



GOLD STAR TAXES DROP OFF SERVICE

MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
New clients, how did you hear about us?	Who referred you?

TAXPAYER INFORMATION	SPOUSE INFORMATION
Name <i>(First, Initial, Last Name)</i>	Name <i>(First, Initial, Last Name)</i>
Date of Birth	Date of Birth
Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Phone Number
Do you receive texts at above number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive texts at above number? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address	E-Mail Address
Mailing Address	
Have you lived at the above address all year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? *(All that apply)*

<input type="checkbox"/> Wages - W2's _____	<input type="checkbox"/> Sale of Virtual Currency	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> 1099-K <i>(Personal or Business)</i>	<input type="checkbox"/> Sale of Real Estate	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Sale of Stocks	<input type="checkbox"/> Rent <i>(Complete Rent Info 2nd page)</i>
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Mortgage Interest
<input type="checkbox"/> Self-Employment <i>(Complete SE Form)</i>	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Real Estate Taxes
<input type="checkbox"/> Pension & Annuities	<input type="checkbox"/> FIP/FIA/DHS Cash Benefits \$ _____	<input type="checkbox"/> Charitable Donations \$ _____
<input type="checkbox"/> Interest	<input type="checkbox"/> VA Compensation \$ _____	<input type="checkbox"/> Energy Efficient Purchases
<input type="checkbox"/> Dividends	<input type="checkbox"/> College Tuition	<input type="checkbox"/> Form 1095-A <i>(Market Place Insurance)</i>
<input type="checkbox"/> Gambling Winnings	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Other Taxable or Non-Taxable Income
<input type="checkbox"/> Injured Spouse, if so which spouse owes the debt? _____		<input type="checkbox"/> Foreign Income or Assets

DEPENDENT INFORMATION					
First Name, Initial, Last Name	Relationship	# of months in home	Date of Birth	Disabled ✓	College Student ✓
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

(Over)

HEAT CREDIT INFORMATION

Yes No Heat included in Rent or anothers name?
 Heat Provider? Michigan Gas Consumers Other
 Type of heat? Electric Gas Propane Wood Other

RENT INFORMATION *(January 1, 2024 thru December 31, 2024)*

Yes No On Lease? _____ Number of months you paid Rent \$_____ Monthly Rent you paid

Street Address *(Street, City, ST, Zip)*Landlord Name *(Street, City, ST, Zip)***RENT INFORMATION** *(January 1, 2024 thru December 31, 2024)*

Yes No On Lease? _____ Number of months you paid Rent \$_____ Monthly Rent you paid

Street Address *(Street, City, ST, Zip)*Landlord Name *(Street, City, ST, Zip)***PAYMENT OPTIONS**

Cash Check ACH Credit Card *(3% Convenience Fee)* Deduct from Refund *(Additional Fees Apply)*

REFUND OPTIONS

Standard Mail Direct Deposit Refund Advance Card Direct Deposit
 _____ Routing # _____ Account
 _____ Bank Name Checking Savings

By completing this form, you certify that you would like your taxes prepared according to the information provided above. All bank products are subject to Bank fees and approval by the bank. Gold Star Taxes Inc. cannot promise or guarantee refund advances as they are subject to Bank underwriting approvals. Gold Star Taxes Inc. is only a facilitator.

Signature: _____

Date: ____/____/____

COMMENTS / NOTES