

Killingbeck Tax Service – Drop Off Sheet

Name (Taxpayer): _____ SS #: _____ Date of Birth: _____
 Name (Spouse): _____ SS #: _____ Date of Birth: _____
 Phone: _____ Email: _____ Preferred method of contact: Phone: _____ Email: _____
 Address: _____ City: _____ St: _____ Zip Code: _____
 Was the taxpayer or spouse in college: Yes / No _____
 Taxpayer: Filing Status: Can someone else claim you as a dependent? _____
 Single ____ /Married Joint ____ Head of Household ____
 Married Separate ____ (Spouse Name) _____ SS# _____

Did we prepare your 2021 taxes? _____ Did you take any money of retirement? _____ Did you have unemployment? _____
 Taxpayer County lived in on 1/1/2022: _____ Spouse: County lived in on 1/1/2022 _____

Dependent Name	Claiming	Relationship	Date of Birth	SS Number	No. of Months lived with you in the last calendar year	Full Time Student?
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					

Was any dependent in college? If Yes, upload their Form 1098-T

Renter's Deduction Landlord's Name _____ Address _____ No. of months rented _____ Total paid for the year \$ _____	Child Care Provider's Name _____ Address _____ SS# or FID _____ Amount paid \$ _____	Student Loan Interest Taxpayer \$ _____ Spouse \$ _____	
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Amount of **Property Tax** paid \$ _____
 Would you like your fees taken out of the refund (additional \$40 to do so) _____
 Direct deposit info (if you get a refund) If we did your return last year, can just check same as last year
 Routing# _____ Account# _____ Is this account Checking or Savings: _____
 Same as last year: _____

Any other important information or changes:

I verify all the information on this, and all other papers are true. I know I am responsible for checking over my tax return Sign: _____ Date: _____

