

源信電腦報稅公司


GOLDEN CAPITAL ELITE INC.

15 Elizabeth Street, Rm# 410
 New York, NY 10013
 Phone#: 212-226-2070



 **Gather your documents**  **Drop off at Office...**
and complete the drop off Form **front desk** 


DROP-OFF & MAIL IN FORM **MUST SUBMIT THIS FORM WITH YOUR PAPERWORK**

Name of person who dropped off: _____ Date of Drop-Off: _____

 **REQUESTED PREPARER** _____ Request Pick Up Date: _____

First Available
 Preparer Name _____

 Primary Taxpayer	 Spouse
Full Name _____	Full Name _____
Social Security # _____ Date of Birth _____	Social Security # _____ Date of Birth _____
Street Address _____	Street Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Email _____	Email _____
Phone # _____ Follow-up method <input type="checkbox"/> Email <input type="checkbox"/> Phone	Phone # _____ Follow-up method <input type="checkbox"/> Email <input type="checkbox"/> Phone
Occupation(s) _____	Occupation(s) _____
MARITAL STATUS: <input type="radio"/> Single <input type="radio"/> Married-Joint <input type="radio"/> Married-Separate <input type="radio"/> Head of Household	MARITAL STATUS: <input type="radio"/> Single <input type="radio"/> Married-Joint <input type="radio"/> Married-Separate <input type="radio"/> Head of Household
Is anyone claiming you as a dependent? <input type="radio"/> Yes <input type="radio"/> No	Is anyone claiming you as a dependent? <input type="radio"/> Yes <input type="radio"/> No

 **Dependents** Please inform us if any dependents listed did not live at the primary taxpayer's address the entire year.

Name	Relationship	DOB	SSN	Full-Time Student?	Disabled?
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

 **Your Income Tax Situation:** Select all that apply to you or your spouse.

(PLEASE LIST # FORMS YOU HAVE FOR EACH THAT APPLIES TO YOU BELOW)

INCOME SOURCES:

- W2 Income _____
- Unemployment (1099-G) _____
- Social Security (SSA-1099) _____
- Retirement plan distribution (1099-R) _____
- Interest (1099-INT) _____
- Dividend (1099-DIV) _____
- Stock or mutual fund sale (1099-B) _____
- Cancellation of debt (1099-C) _____
- Self-employment / miscellaneous inc _____
- Expenses from self-employment
- Rental property
- Schedule K-1 _____

HOUSEHOLD / DEPENDENTS:

- Changed family or marital status
- Tuition (1098-T) / education expenses _____
- Paid Student loan interest (1098-E) _____
- Enrolled in a health insurance plan through the federal or state marketplace (1095-A) _____
- HSA contribution
- Paid child/ dependent care expenses
 - Fees paid to a licensed day care center
 - Amounts paid to provider care of your child under age 13
 - Expenses paid through a dependent care flexible spending account

ITEMIZATIONS:

- Donated cash or goods to a charity
- Mortgage payments (1098Mort) _____
- Property tax payments

OTHER:

- Sold a home
- Paid or received alimony (prior to January 01, 2020)
- Gambling winnings
- IRA contribution
- Foreign income/ accounts
- Estimated tax payments (federal and state)
- Extension payment
- HUD-1 statement – home purchase or refinance
- Received an IRS PIN Number _____ (please provide copy)
- Other Forms _____

DIRECT DEPOSIT: YES NO

Checking Savings [copy of VOID CK must be on file]

Name of Bank: _____

ABA/Routing No. _____

Bank Account No. _____



Please attach a COPY OF CHECK or DIRECT DEPOSIT FORM from your bank

[Attachment Required if different from prior year Direct Deposit Information or New Request]



Comments, Questions, or Notes you have for us. Please inform us of any information that could affect the calculation of your taxes.

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Your Signature: _____

Date: _____

By signing, you acknowledge that you have thoroughly read through this form and if items were omitted after your final tax return has been completed, you may be subject to a re-print and/or reprocessing fee.

It is further understood and agreed that the completed income tax return will not be released until full payment of the preparation fee for the completed income tax return is received by us.