

Youngs Tax Service - Drop-Off Form - Returning Clients

Taxpayer Name: _____ **Occupation:** _____

Cell Phone: _____ E-Mail: _____

Taxpayer Driver's License –REQUIRED FOR ALL RETURNS: (Include copy of Driver's License or fill out below)

DL Number _____ or State ID Number _____

Issue Date (Ohio DL on bottom center - line 4a ISS) _____ Expiration Date (Ohio line 4b) _____

Spouse Name: _____ **Occupation:** _____

Cell Phone: _____ E-Mail: _____

Spouse Driver's License - REQUIRED FOR ALL RETURNS: (Include copy of Driver's License or fill out below)

DL Number _____ or State ID Number _____

Issue Date (Ohio DL on bottom center - line 4a ISS) _____ Expiration Date (Ohio line 4b) _____

Mailing Address(Only If you moved in the last year): _____

City: _____ State: _____ Zip: _____ County: _____

School District: _____ Date Of Move _____

Banking Information For Refund or Balance Due: (Optional)

Use Account For: Refund _____ Balance Due _____ Date the balance due should be withdrawn from your account _____

Routing #: _____ Account #: _____ Checking _____ Savings _____

Dependents: Any change in dependents? If so, please fill out below: (Circle one: ADD / REMOVE)

Name: _____ DOB: _____ #Months in home _____

Relationship: _____ Social Security Number: _____

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (Circle = Yes / No) Include form 1099 for any sales.

Did you contribute to, or receive funds, from a Health Savings Account? (Include 1099-SA for distributions) (Circle = Yes / No)

Did you pay for Dependent Care? (Include provider statement with address and EIN/SSN of provider) (Circle = Yes / No)

Did you receive a 1099-K (Circle = Yes / No)

Please include any other tax statements/documents that relate to your tax return.