

Orion United Professional Tax Services, LLC

Drop Off Checklist TS 2024

- 1. Complete this form and attach copies of all your supporting tax forms/documents.
- 2. The tax professional assigned to prepare your return will acknowledge receipt of your documents within 24 hours and will communicate with you for any additional information.
- 3. When the return is completed, your tax professional will contact you to finalize your return.

We require that you sign/date the Client Service Agreement (CSA).

□ Primary Taxpayer	Marital State	us on 12/31/2023:		Single		Married		Widowed
Last Name	M.I.			Date of Birth				
SSN or ITIN		Occupation						
Street Number/Name	City		County		State	Zip		
Best Phone Contact / Number:			E-mail cor	ntact:				
Driver's License No.	State	Issue Date	Exp. Date					
Spouse	======							
Last Name	M.I.	First Name				Date of E	Sirth	
SSN or ITIN		Occupation						
						Zip		
Street Number/Name (if different from above)	City		County		State	Ζίρ		
	City		County E-mail cor	ntact:	State	Ζίμ		

N-AME OF	DEPENDENTS	S/ OTHER DEPE	ENDENTS/ OR PE	OPLE WHO LIV	/ED WITH Y	OU	
Full name	SSN/ITIN	Date of Birth	Months lived in Home in 2023	Relationship to taxpayer	College?	Disabled?	Income
SOURCES	OF INCOME						
☐ Employe	er (W-2) 🔲 Inte	erest (1099-INT) [Dividends (1099-	DIV) 🗌 Social Se	ecurity/Retiren	nent 🗌 Unemp	oloyment
Sale of S	Stock/Shares (10	99-B) 🗌 Self-Em	ployment * Rent	al Property* 🔲 1	099K, 1099 N	EC/MISC □ O	ther * (please
EXPENSE	S						
☐ Education	on Medical/D	ental/Vision Care	☐Union dues ☐ U	n-reimbursed job-	related costs	(STATE ONLY)
☐ Self-Em	ployment * 🗌 R	Rental Property*	Other				
CREDITS	& DEDUCTION	NS					
☐ Donation	ons to charity] Paid Student Loa	an Interest Child/	Dependent Care E	Expense 🗌 M	ortgage Interes	t (1098)
☐ IRA Con	tributions 🗌 Pr	operty Taxes	A major taxable purd	chase Advance	Child Tax Cr	edit 🗌 Energy	Credit
HEALTH I	NSURANCE						
☐ Enrolled	through the fede	eral marketplace (1	1095-A)				
MISCELLA							
∐ IRA, 401	(k) or other distri	ibution ∐ Pay/Re	ceive alimony 🗌 Ga	ımbling winnings o	or losses(1099	9-G) ∐ Adoptio	on
☐ Sale of H	Home*	f Rental Property*	☐ Casualty &Theft	losses* ☐ IRS N	lotice Letter		
Signature of	f Taxpayer		Date	_			
Signature of	f Spouse		Date	_			

^{*} Your Tax Professional will contact you for any additional information needed.