



On Point Tax & Accounting Drop Off Form

NAME(S): _____
CURRENT ADDRESS: _____
COUNTY OF RESIDENCE: _____
PHONE: _____
EMAIL: _____
OCCUPATION(S): _____

FILING STATUS FOR 2020? SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATELY
 QUALIFYING WIDOW(ER) HEAD OF HOUSEHOLD

DEPENDENTS:

NEW LAW - MUST PROVIDE PROOF OF RESIDENCY OF DEPENDENTS *IF NEW DEPENDENT-ADD SOCIAL SECURITY #

NAME: _____ DATE OF BIRTH: _____ *SSN: _____
NAME: _____ DATE OF BIRTH: _____ *SSN: _____
NAME: _____ DATE OF BIRTH: _____ *SSN: _____

LIST ANY DEPENDENTS CLAIMED LAST YEAR THAT YOU ARE NO LONGER CLAIMING: _____

BANK INFORMATION FOR DIRECT DEPOSIT

BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

TYPE: CHECKING SAVINGS

DID YOU OR SPOUSE RENEW DRIVER'S LICENSE IN 2020? YES NO IF YES, PROVIDE COPIES

DID YOU RECEIVE AN ECONOMIC IMPACT PAYMENT (STIMULUS CK) IN 2020 OR 2021? YES NO IF YES, PROVIDE TOTAL AMOUNT(S): _____

DID YOU HAVE INSURANCE FROM OBAMACARE OR MD HEALTH EXCHANGE? YES - NEED 1095A FORM! NO

DID YOU BUY OR SELL ANY VIRTUAL CURRENCY (LIKE BITCOIN)? YES - NEED PURCHASE VALUE/SALE VALUE NO