



Orion United Professional Tax Services, LLC

Drop Off Checklist TS 2025

- 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).

CLIENT INFORMATION

Primary Taxpayer Marital Status on 12/31/2024: Single Married Widowed

Last Name M.I. First Name Date of Birth

SSN or ITIN Occupation

Street Number/Name City County State Zip

Best Phone Contact / Number: E-mail contact:

Driver's License No. State Issue Date Exp. Date

Spouse

Last Name M.I. First Name Date of Birth

SSN or ITIN Occupation

Street Number/Name City County State Zip

Best Phone Contact / Number: E-mail contact:

Driver's License No. State Issue Date Exp. Date

NAME OF DEPENDENTS/ OTHER DEPENDENTS/ OR PEOPLE WHO LIVED WITH YOU

Full name SSN/ITIN Date of Birth Months lived in Relationship College? Disabled? Income
Home in 2024 to taxpayer

SOURCES OF INCOME

- Employer (W-2) Interest (1099-INT) Dividends (1099-DIV) Social Security/Retirement Unemployment
- Sale of Stock/Shares (1099-B) Self-Employment * Rental Property* 1099K, 1099 NEC/MISC Other * (please describe)

EXPENSES

- Education Medical/Dental/Vision Care Union dues Un-reimbursed job-related costs **(STATE ONLY)**
- Self-Employment * Rental Property* Other

CREDITS & DEDUCTIONS

- Donations to charity Paid Student Loan Interest Child/Dependent Care Expense Mortgage Interest (1098)
- IRA Contributions Property Taxes A major taxable purchase Advance Child Tax Credit Energy Credit

HEALTH INSURANCE

- Enrolled through the federal marketplace (1095-A)

MISCELLANEOUS

- IRA, 401(k) or other distribution Pay/Receive alimony Gambling winnings or losses(1099-G) Adoption
- Sale of Home* Sale of Rental Property* Casualty &Theft losses* IRS Notice Letter

Signature of Taxpayer

Date

Signature of Spouse

Date

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