



TAX DOCUMENT DROP-OFF

FOR OFFICE USE ONLY



Check-In Staff Member



Date of Drop-Off

① Primary Taxpayer

Full Name

Social Security # / ITIN #

Date of Birth

Street Address

City

State

ZIP Code

Email

Phone #

Select Your Preferred Contact Method

- Liscio Phone Call
 Text Email

Occupation(s)

② Spouse

Full Name

Social Security # / ITIN #

Date of Birth

Street Address (IF DIFFERENT THAN PRIMARY TAXPAYER)

City

State

ZIP Code

Email

Phone #

Select Your Preferred Contact Method

- Liscio Phone Call
 Text Email

Occupation(s)

- ③ Tax Filing Status: Single Head of Household Married Filing Jointly Married Filing Separate
- Is anyone claiming YOU as a DEPENDENT? YES NO

④ Dependents

ALL dependents MUST HAVE lived with you for AT LEAST 6 MONTHS IN 2024.

Proof of Address MUST BE submitted for EACH dependent.

Full Name	Date of Birth	SSN / ITIN	Daughter/Son/Other	Daycare	Grade School	College	After-School / Summer Care Program
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