

DROP OFF FORM

NAME: _____

DID YOU GET MARRIED/DIVORCED? YES / NO

NEW SPOUSE INFORMATION:

NAME: _____

SSN: _____ DOB: _____

DO YOU HAVE NEW DEPENDANTS? YES / NO

NAME: _____ RELATIONSHIP: _____

SSN: _____ DOB: _____

DID YOU DROP ANY DEPENDANTS? YES / NO

NAMES: _____

DO YOU HAVE ACA MARKETPLACE HEALTH INSURANCE (OBAMACARE)? YES / NO

DID ANY OF YOUR DEPENDANTS ATTEND COLLEGE? YES / NO

- **DID YOU INCLUDE FORM 1098-T?** YES / NO

DID YOUR BANKING INFORMATION CHANGE? YES / NO

BANK: _____ RTN: _____

ACCOUNT NUMBER: _____