

DROP-OFF FORM

After completing, submit to: **Prestige Tax**
 1518 N. Main St.
 Lima, Ohio 45801

For Questions, call:
 (419) 224-6996

Marital Status: Never Married Married Separated Divorced Widowed

If you *did not* mark Never Married, please list the date of occurrence _____

Taxpayer(s):

Your Name _____
 Social Security # -
 Birth Date --
 Home Phone --
 Work Phone --
 Occupation _____

Spouse Name _____
 Social Security # -
 Birth Date --
 Home Phone --
 Work Phone --
 Occupation _____

Address:

Street _____ School District: _____
 City _____ State _____ Zip _____

If you moved to a different school district, city, or state in 2009, please list old address:

Street _____ School District: _____
 City _____ State _____ Zip _____

Dependents:

First Name Last Name	Social Security #	Birth Date	Relationship	Months in Home*	Are you claiming the exemption Y/N?

* If you list 6 months, we cannot determine the custodial parent. Please indicate a number higher or lower than 6. If you intend on receiving the earned income credit for this child, months in home must be greater than 6.

Bank Information: (if you want your refund to be direct deposited)

Bank Routing Number
 Account Number
 Type: Checking Savings

I do not want a direct deposit. I understand my refund will be mailed to the address listed above.

I understand that Prestige Tax & Business Services, Inc. nor its affiliates will be held responsible for any data I have provided incorrectly that may affect my refund (length or amount) or the outcome of any false or misleading information provided.

Signature _____ Date _____