

Tax Service Checklist

Contact Information

Name..... Phone #

Address

e-mail..... cell

Personal Information check one or print information, use back for additional information

SS# Birth date Occupation

Single Married claimed as dependent on other return(parents)

Spouse Name SS# dob..... Occupation.....

Dependents: none children living with taxpayer not living with taxpayer other

Name	relationship to taxpayer	dependents SS#	date of birth
.....
.....
.....

Child Care Provider Name, Address, SS# or EIN, Amount paid to provider, for which dependent
.....

Please attach ALL income documentation and tuition or mortgage forms and contribution letters

Did you give cash to charity give non-cash to charity
 pay home mortgage interest have medical expenses pay tuition & books

Did everybody in your household have medical insurance?

From employer Through Medicaid/VA/Medicare Through Marketplace/Obamacare
please attach form 1095-A, 1095-B or 1095-C

With my signature I warrant that all information given is true and accurate.

I want my tax return prepared and will pick it up in person want it emailed want it snail mailed
 I paid \$..... down and will pay the balance COD
 I will pay the invoice check Cash Paypal Zelle Credit Card Square Invoice

Signature Date