

SIMPLIFIED

TAX SOLUTIONS

Please provide any of the following tax documents you have received

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|---|---|
| <input type="checkbox"/> W2 -Wages Earned from Employer/Employers | <input type="checkbox"/> ___# 1099-DIV – From Your Financial Institution |
| <input type="checkbox"/> 1099-Misc – Other Income/Contractor Income | <input type="checkbox"/> ___# 1099-INT – From Your Bank |
| <input type="checkbox"/> SSA-1099 – Taxpayer’s Social Security | <input type="checkbox"/> ___# 1099-R – From Your Pension/Retirement |
| <input type="checkbox"/> SSA-1099 – Spouse’s Social Security | <input type="checkbox"/> ___# 1099-B– From Your Brokerage Account Holder |
| <input type="checkbox"/> RRB-1099 – Taxpayer’s Railroad Retirement | <input type="checkbox"/> ___# 1099-COMP – From Your Financial Institution |
| <input type="checkbox"/> RRB-1099 – Spouse’s Railroad Retirement | <input type="checkbox"/> 1098 Home Mortgage – From your Mortgage Lender |
| <input type="checkbox"/> 1099-G – State Refunds/Unemployment Comp | <input type="checkbox"/> W2G – Gambling Winnings |
| <input type="checkbox"/> 1099-Q/1098-T – Education Programs | <input type="checkbox"/> K-1 – S-Corp/Partnerships/Trusts or Estates |

*If you have any questions, feel free to contact us!

- Did Your filing Status Change? _____ Did You Change Addresses? _____
- Would You Like Direct Deposit or Check Refund? _____ Routing# _____ Account# _____
- Did You Pay Federal or State estimates? _____ Please Provide Dates and Amounts _____
- Did You Contribute to or Take A Distribution from Your HSA? _____ How Much? _____
Was the Distribution Used to Pay for Medical Expenses? _____
- Any Changes in Dependents? _____ Name _____ D.O.B. _____ Social Security# _____
Name _____ D.O.B. _____ Social Security# _____
Name _____ D.O.B. _____ Social Security# _____
- Do You Have Any Child Care Expenses? _____ Provider’s Name: _____ SSN: _____
Address: _____
- Did You Contribute or Take A Distribution from A 529 Plan? _____
- How Much Cash Contribution Did You Make to Charities This Year? _____
- How Much Non-Cash Contribution Did You Make? *Please Bring Receipts _____
- Did You Make A Contribution to An IRA or Roth IRA? _____ How Much? _____
- Do You Have Any Foreign Bank Accounts? _____
- Do You Own or Rent Your Home? _____
- Do You Have A Mortgage? _____ Please Bring Mortgage Statement Please Bring Property Taxes
- Did You Incur Any Casualty or Theft Losses? _____
- Did You Buy or Sell Property? _____ Please Bring Closing Statement/HUD-1
Was This Your Primary Residence? _____ Did You Live There 2 Out of The Last 5 Years? _____
- Do You Own A Rental Property? _____ # Days Rented: _____ Income: _____ Expenses: _____
- Did You Receive A K-1? _____
- Are You Self-Employed? _____ Please Bring Income and Expenses
- Did You Have Any Truck or Car Expenses? _____ Vehicle Make: _____ Model: _____
Date Placed in Service: _____ Total Miles Driven from January 1st to December 31st _____
Personal Miles Driven: _____ Business Miles Driven: _____

Please List Any Questions or Concerns You Would Like to Address.
