

MIAN TAX SERVICES

Phone: 443-840-7222

Integrity: Do the right thing

fax :410-521-1098

Trust: starts with Honesty

Email: myea.us@gmail.com

General Information

Taxpayer	Spouse
Name	Name
SSN	SSN
DOB	DOB
Phone	Phone
Email	Email
Address	Address

Children/dependent

Name				
SSN				
DOB				
# of months in home				
Day care expenses				
College expenses				
Earned income				
Disability?				
Earned income				

Document List (in the parentheses write the Number)

W-2 () W-2G () 1099 G () 1099 Misc() 1099SSA() 1099R() 1099SA ()

1099-INT() 1099-B() 1065K1/1120K1 () 1098 () 1098 -E () 1098-T ()

CHARITABLE CONTRIBUTION _____

LIST ANY OTHER FROM NOT LISTED ABOVE/COMMENTS

ACA(AFFORDABLE CARE ACT)

Do you have health insurance? Y/N

Did you receive Health insurance through market place? Y/N

Did you receive form 1095-A? Y/N (if yes then provide a copy of form 1095-A)

Your tax return will be prepared according to the documents/information you have submitted to us.

Name and Signature: _____