

Mian Tax Services LLC

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Integrity: Do the right thing

Trust: starts with honesty

Email: myea.us@gmail.com

General Information

Taxpayer	Spouse
Name:	Name
SSN:	SSN
DOB:	DOB
Phone:	<u>PHONE</u>
Email:	<u>Email</u>
Address:	

Children/Dependent

<u>Name</u>				
<u>SSN</u>				
#of months in home				
DOB				
Earned Income				
Disability				
Day care expenses				

Documents List (in the parentheses write the number)

W-2 () W-2G () 1099MISC () 1099R () 1099K () 1099-INT () 1099B ()

1098 () 1098E () 1098T () 1099G () 1099 SSA () 1065K1/1120K1 ()

CHARITABLE CONTRIBUTION _____

List any other form not listed above/comments _____

Affordable care act/Health insurance

Do you have health insurance? Yes/No Did you receive 1095-A? Yes/No (provide a copy if yes)

Your tax return will be prepared according to the documents/information submitted above.

Name and signature: _____