



Your Friendly Neighborhood Tax Office

TAX TIME GROUP CHECK LIST:

Tax Preparer: _____

Client Name: _____

NEW CLIENT REFERRED BY: _____

- Intake Form** (completed with all signatures and dates, especially disclosure pages)
- Picture ID**
- Social Security**
- **** Spouse Picture ID Spouse Social Security
- W-2 form**
- 1099 Form** (if applicable)
- 1040 page 2**
- 8879**
- The Refund Transfer**
- Fee Disclosure**
- Form 8863** education credit / complete with education affidavit
- Obamacare/1095-A Form**
- Advance signature pages** Page 1 Page 2 Page 3 Page 4 Page 5
- Advance Amount \$** _____ Check Card

Other: _____

Other: _____

Dependent(s)

1. Name: _____
 SS | Birth certificate | medical records other: _____

2. Name: _____
 SS | Birth certificate | medical records other: _____

3. Name: _____
 SS | Birth certificate | medical records other: _____

Date Scan: _____ Completed by: _____