

# S & D TAX SERVICES

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## CHECK LIST OF COPIES

- Social Security Card     Dependant S.S. Card  
 Drivers License         State I.D.

asdf

## APPLICANT'S INFORMATION

**TAXPAYER**

**SPOUSE**

SOCIAL SECURITY #	SOCIAL SECURITY #
FIRST NAME	FIRST NAME
LAST NAME	LAST NAME
ADDRESS	ADDRESS
ZIP	ZIP
RESIDENT STATE	RESIDENT STATE
HOME TEL. #	HOME TEL. #
WORK TEL. #	WORK TEL. #
DATE OF BIRTH	DATE OF BIRTH
OCCUPATION	OCCUPATION
Email	Email

1) SINGLE    2) MARRIED FILING JOINTLY    3) MARRIED FILING SEPARATE    4) HEAD OF HOUSEHOLD    5) QUALIFYING WIDOW

DRIVER'S LICENSE NO.	EXP.	DRIVER'S LICENSE NO.	EXP.
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## DEPENDENT'S INFORMATION

1) FIRST NAME	LAST NAME	STUDENT?
SOCIAL SECURITY #	DATE OF BIRTH	RELATION
2) FIRST NAME	LAST NAME	STUDENT?
SOCIAL SECURITY #	DATE OF BIRTH	RELATION
3) FIRST NAME	LAST NAME	STUDENT?
SOCIAL SECURITY #	DATE OF BIRTH	RELATION
4) FIRST NAME	LAST NAME	STUDENT?
SOCIAL SECURITY #	DATE OF BIRTH	RELATION

NO. OF W2 SUBMITTED: \_\_\_\_\_

OTHER DOCUMENTS: \_\_\_\_\_

# WHAT TO BRING

## Personal Data

Social Security Numbers  
 (including spouse and children) (must)  
 Child Care Provider: Name, Address and Tax I.D.  
 of Social Security Number  
 Alimony paid: Social Security Number  
 I.D. (Drivers license, passport, State I.D.  
 Military I.D.) (must)

## Employment & Income Data

W-2 forms for this year (must)  
 Unemployment compensation:  
 Forms 1099-G (must)  
 Miscellaneous income including rent:  
 Form 1099-MISC  
 Pensions and annuities: Form 1099-R  
 Alimony received  
 Jury Duty Pay  
 Gambling and lottery winnings  
 Scholarship and fellowship  
 State and local income tax refunds: Form 1099-G

## Acceptable Dependent Residency Documents

School records or statements  
 Landlord or property management statement  
 Healthcare provider statement  
 Medical records  
 Child care provider records  
 Placement agency statements  
 Social service records or statement  
 Place of worship statement  
 Indian tribal official statement  
 Employer statement

## Homeowner/Renter Data

Residential Address for this year  
 Mortgage interest: Form 1098  
 Sale of your home or real estate: Form 1099-S  
 Second mortgage interest paid  
 Real estate taxes paid  
 Rent paid during tax year  
 Moving expenses

Interest income statements:  
 Forms 1099-INT & 1099-OID  
 Dividend income statements: Form 1099-DIV

## Automobile

Personal property tax information

## Expenses

Gift & charity  
 Child care expenses  
 Records to document medical expenses  
 Records to document casualty or theft losses  
 Records for any other expenditures that may  
 be deductible

## Insurance

Full year minimum health coverage  
 Health Insurance through market place

## TAXPAYER DECLARATION

### All Returns:

	NA	Yes	No
Do the names on the return match your Social Security records, children included?	_____	_____	_____
Are you legally married based on your state's legal definition of marriage?	_____	_____	_____
*If yes, did your spouse live in your home at any time during July through December?	_____	_____	_____
Can someone else claim you/spouse as a dependent?	_____	_____	_____
Did you/spouse receive any kind of military pay earnings not reported in the return?	_____	_____	_____
Did you/spouse receive any kind of housing allowance not reported in the return?	_____	_____	_____
Did you/spouse receive any kind of government assistance?	_____	_____	_____
Did you/spouse live with anyone with higher adjusted gross income?	_____	_____	_____
*If yes, but renting a room, do you have a rental agreement?	_____	_____	_____
Have all sources of nontaxable earned income been identified?	_____	_____	_____
Have you verified you dependent birthday information as entered in the return?	_____	_____	_____
Do your EIC qualifying children meet any one of these requirements?			
* Under age 19 and lived in taxpayer's home more than one half or year?			
* Under age 19 and foster child of taxpayer and lived in taxpayer's home full year.			
* Full time student under age 24.			
* Totally disabled and can provide proof.			
Did your EIC qualifying children live with you in the same main home in the U.S.?	_____	_____	_____
Is your qualifying child also a qualifying child of another person with a higher modified AGI, including another household member?	_____	_____	_____
If your qualifying child is married, are you claiming them as a dependent?	_____	_____	_____

I declare that I understand the above questions and have answered them truthfully to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_