



# Foothills

## INCOME TAX SERVICE

P. O. Box 431, New Hartford, CT 06057

Phone: (860) 738-1040

foothillstaxservice@gmail.com

Fax: (844) 977-1040

**THE ITEMS BELOW WILL BE REQUIRED FOR THE PREPARATION OF YOUR 2021 TAXES:**

<b>Total Advance Child Tax Credit Payments per IRS Letter 6419 or your amounts for each child if no letter.</b> _____
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<b>3<sup>rd</sup> Recovery Payment per IRS Letter 6475 or your amounts received if no letter.</b> _____
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- Copy of all **W-2's** for wages, gambling etc.
- Copy of all **1099's** for Pensions, Retirement Distributions, Interest, Dividends, Social Security Benefits, Unemployment Comp, Non-Employee Comp, Sales Etc.
- Year End **Chart of Account Totals** for Self Employment, Rental Activities Etc.
- Schedule **K-1 forms** for Partnership, Corporations, Trusts or Estate Income Received
- ANY other INCOME received including **Form 1095A** for subsidized Health Insurance.
- IRA Contributions, Contributions, Tuition and Education Expenses Etc.

**RETURNING CLIENTS- PLEASE COMPLETE IF CHANGED FROM PRIOR TAX FILING**

TAXPAYER
Name:
SS#:
Date of Birth:
Occupation:

SPOUSE
Name:
SS#
Date of Birth:
Occupation:

Address:	City:	State:	Zip:
Telephone:	Cell:	Email:	

**CHILDREN AND OTHER DEPENDENTS- RETURNING CLIENT COMPLETE IF CHANGED FROM PRIOR TAX FILING**

Name:	Birthdate:	SS#:
Name:	Birthdate:	SS#:
Name:	Birthdate:	SS#:

*If you are a **NEW** client, please bring a copy of your previous year's tax return.*

*Applicable Printable Deduction Organizers are available on our website.*

**I/We take responsibility for the accuracy of the information and amounts stated above:**

**Sign Here** \_\_\_\_\_