

LB TAX & BUSINESS ADVISORS, LLC

“THE PREMIER TAX COMPANY”

Proudly Serving: Atlanta, GA Houston TX, Nashville, TN New Orleans, LA
and Las Vegas, NV for over 26 years in Business!

Tax Prep Checklist

To ensure optimum tax service and prevent any delays of completion, please provide the attached documents per your situation and complete the attached Customer Data Sheet.

DOCUMENTS NEEDED

- Customer Data Sheet
- Prior Year Taxes
- Social Security Cards (including self, spouse, & dependents)
- Driver's License or ID Card
- W-2 forms for this year
- Child Care Provider: Name, Address, Tax ID# or SSN, & Amount Paid
- Pensions and Annuities: Form(s) 1099-R
- Mortgage Interest Statement: Form(s) 1098
- Unemployment compensation: Form(s) 1099-G
- Miscellaneous income including rent: Form(s) 1099-MISC
- Social Security Benefits: Form(s) SSA 1099
- Education Expense: Form(s) 1098-T
- Interest Income: Form(s) 1099-INT
- Dividend Income: Form(s) 1099-DIV
- Proceeds from Stocks: Form(s) 1099-B
- Cancellation of Debt: Form(s) 1099-C
- Health Insurance Premiums: Form(s) 1095-A

ITEMIZED DEDUCTIONS

- Personal Property Taxes: Ad Valorem
- Charitable Donations
- Church Tithes & Offering
- Unreimbursed Medical Expenses

SELF-EMPLOYMENT DATA

- Business Income: Form(s) 1099-NEC and/or own records
- Business-Related Expenses: P&L Statement or Business Deduction Sheet
- Business Balance Sheet: (if applicable)

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CUSTOMER DATA SHEET

To ensure optimum tax service, always maintain accurate records and to STAY WITHIN IRS GUIDELINES, LB Tax & Business Advisors, LLC. requires all customers to complete this form ANNUALLY.

REFERRED BY (Last Name, First Name) _____

Were you a client of LB Tax & Business Advisors, LLC. last year or prior years? **YES OR NO.**

*PRIMARY NAME _____ *SSN _____ *BIRTHDATE _____

OCCUPATION _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY, STATE, ZIP CODE _____

*PHONE (Cell) _____ (Home) _____ (Work) _____

*SPOUSE NAME _____ *SSN _____ *BIRTHDATE _____

OCCUPATION _____ E-MAIL ADDRESS _____

*PHONE (Cell) _____ (Home) _____ (Work) _____

Dependent's Name (first, initial and last name)	Social Security Number	Relationship	Date of Birth (MDY)

Child Care Information (Note: If there is more than one Provider, please attach the additional information on a separate sheet.)

1. SSN/EIN _____ Provider's Name _____

Provider's Address _____ State, Zip _____ Annual Amount Paid \$ _____

Please check all of items that are applicable to the primary or spouse of the return.

- Do you own a Business or are you a Contractor? If so, please provide form 1099-NEC and Business Expenses (C-Corp, S-Corp, LLC, Partnership, Sole Proprietor).
- Did you receive payments via a Third Party (PayPal, Cash App, Venmo, etc.)? If so, please provide form 1099-K.
- Do you own a Home or Rental Property: Form (1098 or 1099-MISC)?
- Did you receive Health Insurance from the Market Place: Form (1095-A)?
- Did you have an IRS PIN? Please provide 6-digit number.
- Do you have Educational expense: Forms (1098-T or 1098-E)? ___ Tuition & Fees ___ Student Loans INT
- Do you have any outstanding debts? (Defaulted student loans, prior year back taxes, back child support, etc.)

Bank Name _____ Routing# _____ Account # _____ Ckg or Svg

Credit card number _____ Exp _____ Code _____

I attest that all information that is given on this data sheet and to the preparer is true and accurate to the best of my knowledge and is subject to possible IRS or State review. I understand that I am solely responsible for all fees and the Credit Card provided will be charged at the time of service. I understand that the Tax Return will be submitted to the IRS once payment is received. LB Tax & Business Advisors, LLC. will take all necessary steps required to collect outstanding debts (including reporting to our collection dept. via your SSN). I agree to pay a \$150 fee at the time of service, once my data has been entered, if I decide not to have my Tax Return prepared by LB Tax & Business Advisors, LLC.

X _____
Primary's Signature

Date

X _____
Spouse's Signature

Date