

ATANSYON: Nan menm lide pou nou swiv protokòl “Rete lakay” la epi evite pou moun rasanble an group epi bay asistans pa nou nan anpeche korona viris la ogmante, nou decide pou nou kenbe sèvis “Drop off (Depoze dokiman)” la Selman. Nou nan prosesis pou nou rele kliyan yo epi fè yo konnen nan ki lè ak ki dat ke yo pral kapab vini depoze dokiman taks yo.

Nou regrèt pou enkonvenyan sa, tanpri pran prekosyon!

Byenvini nan Lageho Community ekip volontye kap travay nan Tax sou revni pou asistew planifye randevou.

Tanpri pran nòt: Si plis ke yon moun lakay ou ap chache pou fè Tax sou revni yo, yap bezwen pran pròp randevou pa yo.

BAGAY KI NESESÈ:

- **KAT SOSYAL OU** (actual card or a copy) or **Individual Tax Identification Number (ITIN)** letter (For **ALL** individuals listed on the return (includes client, spouse and dependents). *(Anyone with a Medicare Card with SSN printed on card can use that instead of an SSN Card.)*
 - **FOTO IDANTITE** (license, passport, Resident Alien Card, ID from the registry, etc.). - If filing jointly **BOTH** taxpayer and spouse must be present.
 - **FOM KONSANTMAN VITYÈL** (Form 14446)
-
- **DENYE TAX OU TE FÈ ANE PASE** (Form 1040)

INCOME: (Please bring all that apply)

- Wages or Salary - (Form W-2)
- Tip Income
- Scholarships - (Forms W-2, 1098-T)
- Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage - (Forms 1099-INT, 1099-DIV)
- Refund of state/local income taxes - (Form 1099-G)
- Alimony income or separate maintenance payments

- Self-Employment income - (Form 1099-MISC, cash)
- Cash/check payments for any work performed not reported on Forms W-2 or 1099
- Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home) - (Forms 1099-S, 1099-B)
- Disability income - (such as payments from insurance, or workers compensation)- (Forms 1099-R, W-2)
- Retirement income or payments from Pensions, Annuities, and or IRA - (Form 1099-R)
- Unemployment Compensation - (Form 1099G)
- Social Security or Railroad Retirement Benefits - (Forms SSA-1099, RRB-1099)
- Income (or loss) from Rental Property
- Other income - (gambling, lottery, prizes, awards, jury duty, Schedule K-1, royalties, foreign income, etc.) (Please Specify)

EXPENSES: (Please bring all that apply)

- Alimony or separate maintenance payments - If yes, do you have the recipient's SSN?
- Contributions to a retirement account - IRA, 401K, Roth IRA, Other
- College or post-secondary educational expenses for yourself, spouse or dependents - (Form 1098-T)
- Deductions - Medical & Dental (including insurance premiums), Mortgage Interest (Form 1098), Taxes (State, Real Estate, Personal Property, Sales), Charitable Contributions
- Child or dependent care expenses such as daycare - (Providers Name, Address & Tax ID Number)
- Educator/ Teacher Expenses - (ex. Classroom supplies, books, etc...)
- Expenses related to self-employment income or any other income you received
- Student loan interest - (Form 1098-E)

LIFE EVENTS: (Please bring all that apply)

- Health Savings Account (HAS) - (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
- Credit card or Mortgage debt cancelled/forgiven by a lender or have a home foreclosure - (Forms 1099-C, 1099-A)
- Child Adoption

- Earned Income Credit, Child Tax Credit or American Opportunity Credit **disallowed in a prior year** - If yes, for which tax year?
- Purchased and installed energy-efficient home items - (such as windows, furnace, insulation, etc.)
- Live in an area that was declared a Federal disaster area - If yes, where?
- Received the First Time Homebuyers Credit in 2008
- Made estimated tax payments or apply last year's refund to this year's tax? If so how much?
- File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D
- Received a letter from the IRS - (Might require a PIN to e-file)

HEALTHCARE COVERAGE: (Please bring all that apply)

- Marketplace Exchange Insurance - (Form 1095-A)
- If Applicable, were advance credit payments made to help pay health care premiums?
- If yes, is everyone listed on Form 1095-A being claimed on this tax return?
- Health Insurance Coverage - (Form 1095-B)
- Employer - Provided Health Insurance Offer & Coverage - (Form 1095-C)
- Marketplace Certificate - (If Approved for Healthcare Coverage Exemption)

Bank Information for Direct Deposit or Direct Withdrawal:

- Bank Name
- ABA/Routing Number
- Savings or Checking Account Number