DATE:	+ACCOUNT PERSONAL INCOM	ING PLUS+ ME TAX CHECKLIST	A+:	
NAMES:			PHONE:	
		ALT	ALT. PHONE:	
ADDRESS:				
TAXPAYER DOB:		SPOUSE DOB:		
TAXPAYER SS#:		SPOUSE SS#:		
QUESTIONS FOR SSM:				
WHAT STATE WER	E YOU MARRIED IN?			
**************************************			**********	
FULL NAME	SS#	DOB	STUDENT/LEVEL	
FULL NAME	SS#	DOB	STUDENT/LEVEL	
FULL NAME ************************************	SS# *********		STUDENT/LEVEL **********************************	
DID YOU MOVE HAVE YOU MOVED IN THE	LAST YEAR? IF SO, PLEASE	PROVIDE THE FOLLOW	ING:	
OLD ADDRESS:				
EXACT MOVE DATE:				
*******	*******	*******	********	
DID YOU RECEIVE SOCIAL S			<u>\T)!!!!!!</u> *****************	
REFUND INFORMATION				
MAILED:	_	DIRECT D	EPOSIT:	
BANK NAME:				

OTHIO #:			ACCOUNT #:	
BE SURE	WE HAVE TH	E DOB ON ALL	PERSONS!!!! EN	TERED ON FRONT
QUESTIC	DNS:			
DO YOU	YN			
DID YOU I	YN			
IS YOUR HSA ACCOUNT A SINGLE OR FAMILY PLAN?				SF
DID YOU MAKE A ROTH CONTRIBUTION?				YN
DID YOU Y	yN			
EIC ADDI	TIONAL QUESTION	<u>NS</u>		
WHO LIV	ES IN YOUR HOUSI	EHOLD?		
INCOME	OF EACH			
RENTAL L	EASE IN WHOSE N	AME?		
DID YOU P	AY ANY TAX ESTIN	<u>1ATES</u> - LIST DATE	S AND AMOUNTS	
DATE	FEDERAL	STATE	SCHOOL	CITY
				-