

**TAXPAYER CHECKLIST**

Name of Taxpayer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Your Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Your Date of birth: \_\_\_\_\_  
 Name of your spouse (if applicable): \_\_\_\_\_  
 Spouse Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Spouse Date of Birth: \_\_\_\_\_

<u>Names of Dependents</u>	<u>Date of Birth</u>	<u>Soc.Sec.No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If your spouse died, what was the date of death? \_\_\_\_\_  
 Are you divorced or legally separated? (Yes) or (No). If yes, give the date: \_\_\_\_\_  
 Are you or your spouse blend? Self: Yes: \_\_\_ No: \_\_\_ Spouse: Yes: \_\_\_ No: \_\_\_

Can either you or your spouse be claimed as a dependent on someone else's Tax Return?  
 Yes: \_\_\_\_\_ or No: \_\_\_\_\_  
 Amount of interest income received last year? \$ \_\_\_\_\_  
 Amount of Dividend income received last year? \$ \_\_\_\_\_  
 Is all of your other income from wages or salaries? Yes: \_\_\_\_\_ or No: \_\_\_\_\_  
 Do you own or rent your home? Own \_\_\_\_\_ or Rent \_\_\_\_\_  
 Did you pay alimony last year? Yes: \_\_\_\_\_ or No: \_\_\_\_\_  
 If yes, to whom? \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_  
 Did you make any IRA contributions? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, how much did you contribute? \$ \_\_\_\_\_  
 Did you have any medical bills? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Did you make any gifts to charity? Yes \_\_\_ No \_\_\_\_\_

When completed you may return the form to us via the following methods:

Fax to: 702.310.4653

or Mail to:  
 Fradon Bookkeeping & And Tax Services, Inc  
 2950 E. Flamingo, Suite D-4, Las Vegas, NV 89121

or Email to: info@fradonbookkeepingandtaxes.com