

WELCOME TO HERIJ TAXES WHERE WE GUARANTEE THE MAX BACK

TAX YEAR	2021	DETERMINING TAX LIABILITY				START DATE:		SUBMIT DATE:	
TAX AGENT:		DOCUMENT METHOD:	IN-PERSON	FAX	TEXT	UPLOAD	EMAIL	APP	OTHER:
HT CODE		HT EMAIL:		HT PASSCODE:		REFERRED BY:			
FILED LAST BY:		FILE STATUS:		TAX LIABILITY:		AGI:		Fed \$:	State \$:
Citizen:	Legally Married:	Employed:	Retired:	Self Employed:	Homeowner:	Student:			
NOTES:									

DOCUMENT CHECKLIST

<p>Current ID/Passport/Driver's License</p> <p>Current Address</p> <p>Last Year Address</p> <p>Email Address/Phone/Carrier</p> <p>Last year Tax records if you are a new client</p> <p>Social Security Card/Number</p> <p>Date of Birth for yourself, spouse and dependents</p> <p>Dependent Provider, Name, Address, Tax ID and S.S.N.</p> <p>Banking information for Direct Deposit</p> <p>Wages (W2, 1099s) and/or Unemployment</p> <p>Interest and/or Dividend Income</p> <p>State/Local income tax refunded</p> <p>IRS Stimulus Form</p> <p>Health Form 1095-A/B/C</p> <p>Social Assistance Income</p> <p>Pension/Annuity/Stock or Bond Sales</p> <p>Contract/Partnership/Trust/Estate Income</p> <p>Gambling/Lottery Winnings and Losses/Prizes/Bonus</p> <p>Alimony Income</p> <p>Rental Income</p> <p>Self-Employment/Tips</p>	<p>Foreign Income</p> <p>Expense Data Required</p> <p>Dependent Care Costs</p> <p>Education/Tuition Costs/Materials Purchased</p> <p>Medical/Dental</p> <p>Mortgage/Home Equity Loan Interest/Mortgage Insurance</p> <p>Employment Related Expenses</p> <p>Gambling/Lottery Expenses</p> <p>Tax Return Preparation Expenses</p> <p>Investment Expenses</p> <p>Real Estate Taxes</p> <p>Estimated Tax Payments to Federal and Dates Paid</p> <p>Estimated Tax Payments to the State and Dates Paid</p> <p>Home Property Taxes</p> <p>Charitable Contributions Cash/Non-Cash</p> <p>Purchase qualifying for Residential Energy Credit</p> <p>IRA Contributions/Retirement Contributions</p> <p>Home Purchase/Moving Expenses</p>
<p>Send any relevant documents by email, SMS, or APP to: 1040@HerijTaxes.com or 7085455549 or https://wuzup.xyz/5/</p>	

-- > **Dependent** | **Education** | **Itemization** | **Freelancers** | **Interest Income** | **W2** <--

Bank Name		Routing:		Account:		Owner:	
Account Type:	Checking:	Savings:		Open for 90-Days:	Y/N	Payday Advance:	Y/N US or Intl:
Our Debit Card:		Exp:		CVV:		New Activation:	
Citizen of/lived in a foreign country?		Legally Blind:		Disabled:		Dependent on Another Return:	

Main Taxpayer				D.O.B:				Social Security:													
Member Of:		Military		Police		Clergy		Victim of Identity Theft													
Address:				County:		School District:		Past/Mail Address:													
State ID:		Issued:		Exp:		Weight:		State PIN:		Identity PIN:											
Passport ID:		Issued:		Exp:		State:															
USCIS:		Resident Since:		Exp:		Category:															
DL ID:		Issued:		Exp:		Weight:		PIN:													
Green Card ID:				Occupation:																	
Taxpayer email:				Cell No. #:				Carrier:		2nd No. #		Type:									
Health Insurance Provider		Employer:		Y/N		Marketplace:		Y/N		State Based:		Y/N		1095:		A/B/C		Other:			
Listed Months Explanation Etc.:																					
Alimony Paid:		Alimony Received:				Purchased Energy Efficient Car, Truck, or Van:															
Medical Expenses:																					
Receive EIP #1:		Y/N		When?		Amount:		Receive EIP #2		Y/N		When?		Amount:							
Receive EIP #3:		Y/N		When?		Amount:		Received Unemployment:		Y/N		Taxes Withheld:		Y/N							
Involved In (Y/N)		Bankruptcy		Y/N		Foreclosure		Y/N		Repossession		Y/N		Credit Card Cancelled		Y/N		Adoption Expenses		Y/N	
2nd Taxpayer				D.O.B:				Social Security:													
Member Of:		Military		Police		Clergy		Victim of Identity Theft													
Address:				County:		School District:		Past/Mail Address:													
State ID:		Issued:		Exp:		Weight:		State PIN:		Identity PIN:											
Passport ID:		Issued:		Exp:		State:															
USCIS:		Resident Since:		Exp:		Category:															
DL ID:		Issued:		Exp:		Weight:		PIN:													
Green Card ID:				Occupation:																	
Taxpayer email:				Cell No. #:				Carrier:		2nd No. #		Type:									
Health Insurance Provider		Employer:		Y/N		Marketplace:		Y/N		State Based:		Y/N		1095:		A/B/C		Other:			
Listed Months Explanation Etc.:																					
Alimony Paid:		Alimony Received:				Purchased Energy Efficient Car, Truck, or Van:															
Medical Expenses:																					
Receive EIP #1:		Y/N		When?		Amount:		Receive EIP #2				When?		Amount:							
Receive EIP #3:		Y/N		When?		Amount:		Received Unemployment:		Y/N		Taxes Withheld:		Y/N							
Involved In (Y/N)		Bankruptcy		Y/N		Foreclosure		Y/N		Repossession		Y/N		Credit Card Cancelled		Y/N		Adoption Expenses		Y/N	
Experience Covid Sick leave? When/Details:																					

REFER A FRIEND & RECEIVE \$75

DEPENDENT CARE	Any children with < \$2,000 of investment income:		Any children earn < \$4,300 in Income:	
Care Provider:			Tax ID:	
Child Service:	Address:		SSN:	
Care Provider:			Tax ID:	
Child Service:	Address:		SSN:	

DEPENDENTS	Will Any Dependent Be Claimed on Another Tax Return?													
Child 1:				D.O.B:				Social Security:			Disabled:		Lived in Home:	
Type:	Son	Daughter	Grandson	Granddaughter	Nephew	Niece	Foster	Parent	Adopted	D.O.D.				
Child 2:				D.O.B:				Social Security:			Disabled:		Lived in Home:	
Type:	Son	Daughter	Grandson	Granddaughter	Nephew	Niece	Foster	Parent	Adopted	D.O.D.				
Child 3:				D.O.B:				Social Security:			Disabled:		Lived in Home:	
Type:	Son	Daughter	Grandson	Granddaughter	Nephew	Niece	Foster	Parent	Adopted	D.O.D.				
Child 4:				D.O.B:				Social Security:			Disabled:		Lived in Home:	
Type:	Son	Daughter	Grandson	Granddaughter	Nephew	Niece	Foster	Parent	Adopted	D.O.D.				

EDUCATION													
1098-E-Student Interest	Lenders Details:					Lenders TIN:							
Box 1:				Box 2 Checked:	Account Number:			Borrower's SS:					
1098-Tuition	Filer's Contact Details:												
Fed. ID:				Student's SS:				Box 1:			Box 2:		
Box 3:				Box 4:				Box 5:			Box 6:		
Box 7 Checked:				Box 8 Checked:				Box 9 Checked:			Box 10:		
Detailed Expenses:													

INFORMATION FOR ITEMIZATION												
Moving Expenses for Employment:					Miles:							
					Rental Truck, Gas:							
Educator Expenses:												
Charity Contributions:					EIN:				Amount:			
Charity Contributions:					EIN:				Amount:			
MISC Details:												

PROPERTY/CANCELLED DEBT

1098-Mortgage Interest										Lender Info:									
TIN:			Payers SSN:				Account Number:				Box 1:								
Box 2:			Box 3:			Box 4:			Box 5:			Box 6:							
Box 7 Checked:			Box 8 Address of Property:																
Box 9:				Box 10:				Box 11:											
Property Tax Info:							PIN:												
Property Interest Paid:							MISC:												
1099-A Abandoned			Lenders Details:																
Lenders TIN:			Borrower's SS:				Box 1:		Box 2:										
Box 3:			Box 4:		Box 5 Liable?			Box 6:											
1099-C			Creditors Details:				Creditors FIN:			Debtors SSN:									
Box 1 Date:		Box 2 Amount:		Box 3 Interest:		Box 4 Description:													
Box 5 Checked:		Y/N	Box 6:		Box 7:		Account Number:												

BROKERS INCOME

1099-B		Recipient SS/ Details:					Payers TIN:			CUSP No:	
Box 1A:			Box 1B date:				Box 1C date:				
Box 1D:		Box 1E:		Box 1F:		Box 1G:		Box 2 Checked:			
Box 3 Checked:		Box 4:		Box 5 Checked:		Y/N	Box 6 Checked:				
Box 7 Checked:		Y/N	Payers Info:								
Box 8:		Box 9:		Box 10:		Box 11:		Box 12 Checked:		Y/N	
Box 13:		Corrected:		Y/N	Box 14:		Box 15:		Box 16:		

FREELANCE INCOME

1099-NEC		Account No:			Payers TIN:			Recipient's SS:				
Payers Detail's:						Payment to:						
Box 1:		Box 2 Checked:		Y/N	Box 3:		Box 4 Withheld:		Corrected? Y/N			
Box 5 State Withheld:				Box 6 State No:			Box 7 State Income:					
1099-Misc		Account No:			Payers TIN:			Recipient's SS:				
Payers Detail's:								Corrected:		Y/N		
Box 1:		Box 2:		Box 3:		Box 4:		Box 5:		Box 6:		
Box 7 Checked:		Y/N	Box 8:		Box 9:		Box 10:		Box 11:		Box 12:	

REFER A FRIEND & RECEIVE A FREE TRIP TO VEGAS!

ALTERNATE INCOME

1099-INT		Account No:	Payers TIN:		Recipient's SS:	
Company Details:						
Box 1:	Box 2:	Box 3:	Box 4:	Box 5:	Box 6:	Box 7:
Box 8:	Box 9:	Box 10:	Box 11:	Box 12:	Box 13:	Box 14:
Original:	Y/N	Corrected:	Y/N	Box State:	Box ID:	Box Withheld:

1099-DIV		Account No:	Payers TIN:		Recipient's SS:	
Company Details:						
Box 1A:	Box 1B:	Box 2A:	Box 2B:	Box 2C:	Box 2D:	Box 2E:
Box 2F:	Box 3:	Box 4:	Box 5:	Box 6:	Box 7:	Box 8:
Box 9:	Box 10:	Box 11:	Box 12:	Box 13:	Box 14:	Box 15:
Box 16:	Box 13 (2):	Box 14 (2):	Box 15 (2):	Original:	Y/N	Corrected:
Y/N	Any others checked:	FACTA Checked:	Y/N			

SSA-1042S		Box 1 Name:	Box 2 SSN:
Box 3 Benefits Paid:	78541.36	Describe Box 3:	
Box 4:	Describe in Box 4:		
Box 5:	Box 6:	Box 7 Address:	Box 8:

1099-R		Account No:	Payers TIN:		Recipient's SS:		
Company Details:							
Box 1:	Box 2A:	Box 2B Checked:	Not Determined	Y/N	Box 3:	Total Distribution	
						Y/N	
Box 4:	Box 5:	Box 6:	Box 7 Code:	Checked:	Y/N	Box 8:	
Box 9a %:	Box 9a %:	Box 10:	Box 11:	FACTA Checked:	Y/N		
Box 13 Date:	Box 14:	Box 15 State #:	Box 16:	Corrected?	Y/N	Box 17:	Box 18 Name:
							Box 19:

1099-G		Account No:	Payers TIN:		Recipient's SS:	
Company Details:						
Box 1:	Box 2:	Box 3 yr.:	Box 4:	Box 5:	Box 6:	Box 7:
Box 8 Check:	Y/N	Box 9:	Box 10A State:	Box 10B:	Box 11:	

EMPLOYMENT SOURCES

W-2	D Control No:		B Employer EIN:		Recipient's SS:						
Company Details:											
Box 1 Wage:		Box 2 FT:		Box 3 SSWages:		Box 4 SST:		Box 5 MediWage:			
Box 6 MT:		Box 7 SSTips:		Box 8 AlloTips:		Box 9:		Box 10:		Box 11:	
Box 12A:		Box 12B:		Box 12C:		Box 12D:					
Box 14:	Box 13 Checked:			Statutory	Y/N	Retirement	Y/N	Sick Plan	Y/N		
Box 15 State(s):		Box 15 EIN:		Box 16:		Box 17:					
Void:	Y/N	Box 18:		Box 19:		Box 20:					

W-2	D Control No:		B Employer EIN:		Recipient's SS:						
Company Details:											
Box 1 Wage:		Box 2 FT:		Box 3 SSWages:		Box 4 SST:		Box 5 MediWage:			
Box 6 MT:		Box 7 SSTips:		Box 8 AlloTips:		Box 9:		Box 10:		Box 11:	
Box 12A:		Box 12B:		Box 12C:		Box 12D:					
Box 14:	Box 13 Checked:			Statutory	Y/N	Retirement	Y/N	Sick Plan	Y/N		
Box 15 State(s):		Box 15 EIN:		Box 16:		Box 17:					
Void:	Y/N	Box 18:		Box 19:		Box 20:					

W-2	D Control No:		B Employer EIN:		Recipient's SS:						
Company Details:											
Box 1 Wage:		Box 2 FT:		Box 3 SSWages:		Box 4 SST:		Box 5 MediWage:			
Box 6 MT:		Box 7 SSTips:		Box 8 AlloTips:		Box 9:		Box 10:		Box 11:	
Box 12A:		Box 12B:		Box 12C:		Box 12D:					
Box 14:	Box 13 Checked:			Statutory	Y/N	Retirement	Y/N	Sick Plan	Y/N		
Box 15 State(s):		Box 15 EIN:		Box 16:		Box 17:					
Void:	Y/N	Box 18:		Box 19:		Box 20:					