

### CHILD CARE

Provider's Name \_\_\_\_\_ Provider's FEIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to Provider \_\_\_\_\_

Name of Child (ren) cared for	SSN	Date of Birth	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any additional income and / or expenses that we did not ask you about, please state on comments. Any rental property; partnerships; sale or exchange of stocks, bonds, or property. If you pay a third party for your mortgage interest and principal, please include name, address, and social security number of person paid with the amount.

### USE THIS SPACE BELOW FOR ANY ADDITIONAL INFORMATION FOR THE PREPARATION OF YOUR INCOME TAX RETURN

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### NOTICE \*\* VERY IMPORTANT

***Please send original copy of federal and state tax forms which includes W-2's, 1099's, Social Security income, Unemployment, State Refund payments, partnership K-1 reports, Stock Broker Year End Summary Reports and form 1095. Also send a copy of each Social Security Card for Taxpayer, Spouse, dependent claim on tax return. Due to the Affordable Care Act, you must specify in you are covered a Health Insurance for the tax year 2016. If not, there might be an exemption that can be claimed to avoid the FINE!***

***Taxpayer's Statement to the accountant: To the best of my (our) knowledge and belief, all of the information furnished herewith is true and complete and is to be relied upon by the Accounting House accordingly.***

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ANY QUESTIONS, PLEASE CALL 252-478-1981

### ACCOUNTING HOUSE

108 Circle Dr, Spring Hope, NC 27882

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