



1101 W. Main Street St. Ste K
 League City, TX 77573
 Phone: 281.332.2555
 Fax: 281.332.1240
www.mainstreettaxadvisors.com

Name: _____
 Date: _____
 Phone: _____
 Email: _____

Do not contact by Email _____

Did you and family maintain Qualified ACA Health Insurance for full year?

- If Yes, please provide 1095-A, 1095-B or 1095-C, if received.
- If No, please fill out check list.

Did you move? _____ If so, where? _____ ***Need HUD Statement**

Did you have a baby? _____ Name, DOB and SS# _____

Did a dependent child go to college? _____ **Need 1098T Statement**

Did you buy a car in 2016? _____ **Need Sales Tax Statement if YES**

Please make sure you put the date and amounts on your donation tickets!

For a refund please write the last four digits of the account you would like to use. If it is different than what is in our records we will contact you for the information

Would you like for us to double check your PAID property taxes online for \$15? _____

Any other changes: married, divorced, deceased spouse, retirement, foreign bank acct/trust, etc.

CLIENT PAYMENT AUTHORIZATION

Payment is due when services are rendered, we accept cash, check, and credit/debit cards. By signing below, we are authorized to automatically charge your credit/debit card within 30 days of non-receipt of payment.

Card Type: **MasterCard** **Visa** **American Express** **Discover**

Cardholder Name: _____

Card #: _____ Expiration Date _____

Security Code _____

Signature _____ Date _____

SIGNATURE REQUIRED BEFORE RELEASE OF COMPLETED WORK.