



3833 N Linden Drive STE B, Columbus, Georgia 31907
Office (706)221-8922 Fax 1(888)336-7119

Due diligence

Due to increased fraud prevention, this tax year we must make sure all information on your tax forms are as accurate as possible. Providing as much information as possible, helps us ensure that you will be filing the correct forms and getting the correct deductions for tax year 2021.

Dependent Information

What is your relationship to the dependent on your return? _____

Have you been disallowed from claiming dependents in the past? ___ Yes or ___ No

Can you provide documentation for your dependents to prove that your dependent(s) have lived with you over 6 months in 2021, and you provided over 50% of their care? (Check all that apply)

- Medical Records School records birth Certificates
- Child Care Provider records Church Statement Copy of Lease
- Placement Agency Statement Social Services records or statement

Business Information

Do you or did you own a business in the tax year 2021? ___ Yes or ___ No

Can you provide proof of your businesses income and expenses? ___ Yes or ___ No

(Check all that apply to your business)

- Income summary Bank Statements 1099k Records of Expenses
- Gross Receipts Sales Tax returns Forms 1099 Business License

Household Help

Were you considered to be a household help worker for the year of 2021? ___ Yes or ___ No

How much money did you earn for your services? _____ Which of the following task/s did you perform?

- Babysitter Butler Caretaker Cook Housekeeping
- Health Aides Private nurse Maid Yard Worker Domestic Worker

PLEASE NOTE: ALL MS. SALES FAST TAX SERVICE REFUND CUSTOMERS (10-21 DAYS): Ms. Sales Fast Tax has service charges (preparation fees); there are also other fees such as transmitting, processing, loan origination and bank fees. By signing this form, I release Ms. Sales Fast Tax and its employees from any liability and accept such fees.



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School Credits

Did you or your dependent attend school or college in the 2021 tax year? ___ Yes or ___ No

If you under the age of 24 can you be classified as a dependent on another person’s tax return?
___ Yes or ___ No

Are you under 24 and classified as an independent student? ___ Yes ___ No or ___ N/A

Have you been convicted of a felony possession or distribution of a controlled substance before
the end of 2021? ___ Yes or ___ No

Health care Coverage

Everyone in my house hold had health insurance coverage for tax year 2021 yes / no

Circle tax return identifier of who didn’t have insurance for tax year 2021 if applicable

Myself	Spouse
Dependent 1	Dependent 3
Dependent 2	Dependent 4

X box below for month or months **NOT** covered on insurance for tax year 2021.

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

By signing this page, I have been as accurate and as forthcoming with the information that I have provided Ms. Sales Fast Tax and my tax preparer.

Your Signature: _____ Spouse’s Signature: _____

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