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**Tax Forms Received**

**Date:**

**Taxpayers Name:**

Forms (Please indicate quantity)		Company Name
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	

**Spouses Name:**

Forms (Please indicate quantity)		Company Name
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	
<input type="checkbox"/> W-2 _____ <input type="checkbox"/> W-2G _____ <input type="checkbox"/> 1099-R _____	<input type="checkbox"/> 1099-Misc _____ <input type="checkbox"/> Other Specify: _____	

Taxpayer Signature:	Spouse Signature:
Preparer Signature:	