



ELEV8 FINANCIAL GROUP LLC

2020 TAX INFO NEEDS - DOCUMENT CHECKLIST

Please use this guide to compile your 2020 tax information that you will submit to our office to prepare your tax returns.

Once you have completed and signed this Tax Info Needs checklist, please print and send to our office with your supporting tax documents. They can be returned to us in any of the following ways:

1. Place on your **Cloud Cabinet**
2. **Fax:** 866-773-6470
3. **Mail:** Elev8 Financial Group, PO Box 5005, Bozeman, MT 59717
4. **Drop off:** Elev8 Financial Group, 1871 S 22nd Avenue, Suite 1, Bozeman, MT 59718

WE WILL NEED THIS COMPLETED QUESTIONNAIRE BEFORE WE CAN START YOUR TAX RETURN.

<input type="checkbox"/>	Prior year's tax return (<i>new clients only</i>)
<input type="checkbox"/>	Copy of driver's license (<i>new clients, or if yours expired in 2017</i>)
<input type="checkbox"/>	Social Security numbers and dates of birth for all dependents (<i>new clients/new dependents</i>)
<input type="checkbox"/>	W-2 forms for wages and last paystub of the year (<i>if available</i>)
<input type="checkbox"/>	1099 forms for interest, dividends, retirement, unemployment, stock/mutual fund sales, gambling and other income
<input type="checkbox"/>	Year-end statements from mutual funds and brokerage accounts
<input type="checkbox"/>	IRA year-end statements
<input type="checkbox"/>	K-1 forms from partnerships, S-corporations, estates and trusts
<input type="checkbox"/>	Rental income and expenses
<input type="checkbox"/>	Self-employment income and expenses
<input type="checkbox"/>	Closing document/HUD statement from purchase, sale, or refinance of your home
<input type="checkbox"/>	Any information, forms, or statements relating to foreign income
<input type="checkbox"/>	All other statements of income
<input type="checkbox"/>	Medical expenses - (if anticipated to exceed 7.5% of your income)
<input type="checkbox"/>	1099-SA from Health Savings Accounts
<input type="checkbox"/>	Health Insurance Verification Forms (Form 8965, 8962, 1095-A, 1095-B and/or 1095-C)
<input type="checkbox"/>	Records of all income taxes paid during year including prior year taxes and/or estimated tax pymts (<i>dates/amounts</i>)
<input type="checkbox"/>	Property tax statements
<input type="checkbox"/>	1098 forms for mortgage or student loan interest
<input type="checkbox"/>	Donations of money to charity - (letter from organization if any single gift exceeds \$250)
<input type="checkbox"/>	Donations of property to charity - (letter from organization if any single gift exceeds \$250)
<input type="checkbox"/>	Charitable organization volunteer expenses and mileage
<input type="checkbox"/>	Copy of vehicle registrations
<input type="checkbox"/>	Statements of amounts paid for higher education & student loans
<input type="checkbox"/>	Job-related expenses - unreimbursed (<i>union dues, safety gear, conferences, meals, travel expenses, tools, equipment, legal fees, mileage</i>)
<input type="checkbox"/>	Investment-related expenses (<i>including legal, advisor, and the cost of a P.O. Box if used for investment purposes</i>)
<input type="checkbox"/>	Child care provider's name, address, taxpayer identification number, and amount paid for each child (<i>including amounts paid for summer day camp</i>)



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PLEASE BE SURE TO MARK EACH ROW WITH YES OR NO

SECTION 1: PERSONAL INFORMATION				YES	NO	NOTES
1	ADDRESS CHANGE - Did you have a change in address during the year? If so, please provide new address.					
2	TELEPHONE OR EMAIL CHANGE - Please provide any changes in your telephone number or email addresses.					
3	PRIOR YEAR TAX RETURN COPIES - Please provide a copy of your prior year tax return if we did not prepare it.					
4	MARITAL STATUS CHANGE - Did you have a change in your marital status? Please provide the date of any change.					
CHILDREN AND OTHER DEPENDENTS				YES	NO	NOTES
5	DEPENDENTS - Please provide the names, birthdates and social security numbers or other changes in your dependents.					
6	OTHER DEPENDENTS - Did you provide over half of the support for a family member that is not your child?					
7	DEPENDENCY EXEMPTIONS - If divorced, which of your children are you entitled to claim on your income tax return as a dependent?					
8	DEPENDENT'S INCOME FROM WORK - Did any of your dependents have income > \$4,300?					
9	DEPENDENT'S INVESTMENT INCOME - Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?					
10	MILITARY - Were either you or your spouse in the military or National Guard?					
11	COLLEGE - Did any dependent child 19–23 years of age attend school full-time for more than 4 months during the year?					
12	COLLEGE - Did you pay education expenses for your dependent children?					
13	COLLEGE - Did anyone in your family receive a scholarship of any kind during 2020?					



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	INCOME	YES	NO	NOTES
14	W-2s - Please provide W-2s from your employers.			
15	BANK ACCOUNTS - Please provide your year-end bank statements and/or 1099-INT showing interest income earned during the year.			
16	INVESTMENT ACCOUNTS - Please provide your brokerage/investment account year-end statements.			
17	INVESTMENT ACCOUNTS - IMPORTANT CHANGE - Please provide a file of your brokerage transactions. This detail is now required on your income tax return.			
18	WORTHLESS ACCOUNTS/INVESTMENTS/DEBTS - During this year, did you have any securities that became worthless or loans that became uncollectible?			
19	SAVINGS BONDS - Did you surrender any US savings bonds?			
20	SALES TAX - <i>Non-Montana clients only</i> . Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?			
21	FOREIGN BANK ACCOUNTS - Did you have an interest in or signature authority over a financial account in a foreign country?			
22	FOREIGN INCOME - Did you have an interest in or signature authority over a financial account in a foreign country?			
23	FOREIGN INCOME - Did you receive income from a foreign source or pay taxes to a foreign government?			
24	TAX EXEMPT INCOME - Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?			
25	PENSIONS RECEIVED - Please provide the year-end statements for any pension payments you received. 401(k), IRA, SEP, etc. - Form 1099-R			
26	IRA DISTRIBUTION - Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution (Form 1099R)?			



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	INCOME - CONTINUED	YES	NO	NOTES
27	PRIOR YR. TAX REFUNDS - Please provide any Form 1099-G , check copies and/or amounts of any tax refunds you received in the year.			
28	TIP INCOME - Did you receive tip income not reported to your employer?			
29	ALIMONY PAYMENTS - Please provide the amount of any alimony payments you received as well as the name & social security # of the person who made the payments to you.			
30	ALIMONY PAYMENTS - Please provide the amount of any alimony payments you paid as well as the name & social security # of the person you made the payments to.			
31	DISABILITY INCOME - Did you receive disability income?			
32	LONG-TERM CARE PAYMENTS - Did you receive payments from a Long-Term Care insurance contract?			
33	GAMBLING - Do you have gambling winnings? (If yes, include a schedule of gambling expenses).			
34	BITCOIN AND OTHER DIGITAL CURRENCIES - Did you buy/sell any or engage in a transaction involving virtual currencies? Please provide details as these transactions are reportable on Sch. I.			
35	529 EDUCATION SAVINGS PLANS - Did you make any withdrawals from an education savings account or 529 plan? If so, please provide the year-end statement for the 529 plan.			
36	SUB-S OR PARTNERSHIP K-1s - If you own or invested in a partnership or subchapter S, please provide the K-1 from that activity.			
37	FARM, GAS OR OIL OWNERSHIP - If you have an ownership interest in a farm or oil and gas business activity we will need a summary of all income and expenses incurred for the business.			
38	UNEMPLOYMENT INSURANCE - Provide your 1099-G showing any unemployment insurance you received or paid back during the year.			
39	SOCIAL SECURITY BENEFITS RECEIVED. - Please provide statements showing any Social Security benefits you received last year - Form SSA-1099.			



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INCOME - CONTINUED		YES	NO	NOTES
40	OTHER INCOME - Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.			
41	INSTALLMENT SALE - Did you receive proceeds from a prior year installment sale?			
42	DEBT FORGIVENESS - Did you declare bankruptcy, have a property foreclosed on or have any debt cancelled?			
43	ROTH CONVERSION - Did you convert a traditional IRA to a Roth IRA?			
SECTION 2: RENTAL OR BUSINESS INCOME		YES	NO	NOTES
<i>(if you do not own a business, skip to Section 3)</i>				
44	NEW BUSINESS - Did you start or acquire a new business last year?			
45	BUSINESS SALE - Did you sell any part of an existing business, or sell business assets?			
46	BUSINESS INCOME/EXPENSES - If you operated a business in 2020, we will need a summary of all income and expenses incurred for the business. If we do not provide accounting services for you, please provide a RECONCILED QuickBooks file to our office. This file needs to be reconciled through the end of the year for all accounts. If a statement has a closing date other than the last day of the month, your account will need to be reconciled through the January 2021 statement to ensure all 2020 transactions are entered into the file. If you do not use accounting software contact us and we will provide a template for you to organize the info needed to complete your income tax return. If you need assistance, please contact us.			
47	BUSINESS FORM 1099s - Did you receive any non-employee compensation? (include form(s) 1099-NEC)			
48	ACCOUNTS RECEIVABLE - Is your AR balance accurate as of 12-31-2020? If not, please advise which invoices or credit balances need written off the books.			



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	RENTAL OR BUSINESS INCOME - CONTINUED	YES	NO	NOTES
49	ACCOUNTS PAYABLE - Is your AP balance accurate as of 12-31-2020? If not, please advise which bills or credit balances need written off the books.			
50	BANK - For every bank, investment and credit card account, please provide a copy of the December 2020 statement.			
51	LOAN - For every loan with an outstanding balance during 2020, please provide a year end loan statement which shows the beginning principle balance, total interest paid in 2020, and ending principle balance. (Please include loan statements for loans paid off during 2020 as well).			
52	VEHICLE - If you purchased or sold a vechile or other business asset in 2020, please provide a copy of the bill of sale or other document showing the total paid, trade in value, etc.			
53	2020 PAYROLL - If ELEV8 did not process your 2020 payroll, please provide us a copy of your 2020 payroll forms including Form 940, Q1-Q4, Forms 941, State Unemployment Forms, W3 and W2s. Also provide a detailed payroll report for the year and record of tax payments made during the year.			
54	HEALTH INSURANCE - Did you have health insurance other than through your employer? If so, is that in your QB file? If not, what is the total amount paid for the year?			
55	PPP LOAN - Did you receive a PPP loan for your business? If so please provide the date and the amount.			
56	PPP LOAN - If the PPP was forgiven, please provide the date it was forgiven.			
57	SBA-EIDL LOAN - Did you receive an SBA EIDL loan? If so, please provide the date on the SBA note and the amount. The accrued interest on this note should be reflected in your accounting records.			



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RENTAL OR BUSINESS INCOME - CONTINUED		YES	NO	NOTES
58	HOME INTERNET USE - Did you use your home internet for business purposes? If yes, what was the total amount paid for this? What proportion did you use your internet for business versus personal (ie. 85% Biz/15% Pers)? Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.			
59	CELL/HOME PHONE - Did you use your cell/home phone for business purposes? If yes, what was the total amount paid for this? What proportion did you use your phone for business versus personal (ie. 85% Biz/15% Pers)? Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.			
60	HOME OFFICE USE - Did you use an office in your home solely for business purposes? If yes, please provide the following information. Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.			
	Total Home Square Footage			
	Home Office Square Footage			
	Totals Paid for Home Office Expenses During 2020:			
	Home Owners Insurance			
	HOA Fees			
	Utilities (electric/gas/water/sewer/trash)			
	Office Furnishings & Supplies			
	Rent (If you rent your home)			
	Other:			



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RENTAL OR BUSINESS INCOME - CONTINUED		YES	NO	NOTES
61	<p>PERSONAL VEHICLE USE - Did you use your personal vehicle for business purposes? If yes, please provide the following information. Also indicate what amount(s) of the expenses were paid with business funds. Provide information for multiple vehicles SEPARATELY if necessary.</p> <p>Vehicle Description (Year/Make/Model)</p> <p>1/1/20 Odometer Reading</p> <p>12/31/20 Odometer Reading</p> <p>Amount of Miles Driven for Business Purposes (do not include commuting miles/miles driven to get to and from work/home)</p> <p>Totals Paid for Vehicle Expenses During 2020:</p> <p>Fuel</p> <p>Repairs & Maintenance</p> <p>Insurance</p> <p>Registration</p> <p>Other:</p>			
62	<p>BUSINESS FORM 1099s - If you operated a business, did you <i>make</i> any payments to vendors > \$600 that would require a 1099 to be filed?</p> <p>IF YOU ARE A BUSINESS OWNER YOU MUST ANSWER THIS QUESTION AS YOU ARE ATTESTING TO THIS ON THE TAX RETURN QUESTION.</p>			<p>Yes _____ No _____</p>
63	<p>BUSINESS FORM 1099s - If you operated a business did you <i>file</i> the 1099s as indicated in the preceding item?</p> <p>IF YOU ARE A BUSINESS OWNER YOU MUST ANSWER THIS QUESTION AS YOU ARE ATTESTING TO THIS ON THE TAX RETURN QUESTION.</p>			<p>Yes _____ No _____</p>
64	<p>RENTAL PROPERTY - If you own rental property, do you qualify as a Real Estate Professional?</p>			
65	<p>RENTAL PROPERTY - Did you cease operating any business or rental property?</p>			



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RENTAL OR BUSINESS INCOME - CONTINUED		YES	NO	NOTES
66	RENTAL PROPERTY - If you have a rental property we will need a summary of all income and expenses <u>by property</u> for the year. Contact us and we will send you a template that you can use to provide us the information needed for your tax return.			
67	RETIREMENT PLAN CONTRIBUTIONS - Did you make any contributions to a Keogh or a self-employed SEP plan for 2020?			
SECTION 3: HEALTH INSURANCE		YES	NO	NOTES
68	HEALTH INSURANCE - Did anyone in your family NOT maintain health insurance for the entire year? Please provide coverage dates to/from for each family member.			
69	HEALTH INSURANCE - Did you or a member of your family have minimum essential coverage in 2020? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)			
70	HEALTH INSURANCE - SELF EMPLOYED - If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?			
SECTION 4: MISCELLANEOUS DEDUCTIONS		YES	NO	NOTES
71	TEACHER EXPENSES - If you are a teacher, what was the total that was paid by you personally (and not reimbursed by your employer) for books and teaching supplies for your classroom?			
72	HEALTH SAVINGS ACCOUNTS - Please provide a copy of your year-end statements.			
73	MONTANA CLIENTS ONLY - MT MEDICAL SAVINGS ACCT. - Please provide a copy of your year-end statement.			
74	MONTANA CLIENTS ONLY - Political Contributions are deductible up to \$ 100/taxpayer. Please provide amounts by taxpayer.			



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MISCELLANEOUS DEDUCTIONS - CONTINUED		YES	NO	NOTES
75	MONTANA CLIENTS ONLY - If you are 62 or older as of 12/31/20 provide a copy of your Real Estate property tax bill or the amount of home rents that you paid for in 2020.			
76	RETIREMENT PLAN CONTRIBUTIONS - If you made a contribution to a retirement plan other than through your employer, please provide a copy of the year-end retirement account statement evidencing the contribution.			
77	MOVING EXPENSES - If you moved more than 50 miles during the year please let us know. Provide purpose of move, total miles moved and total moving costs not reimbursed by an employer (do not include meals).			
78	STUDENT LOAN INTEREST - Please provide the amount of student loan interest you paid.			
SECTION 5: ITEMIZED DEDUCTIONS		YES	NO	NOTES
79	TUITION EXPENSES - Please provide the name and address of the college you or your dependent attended, what was studied, if you/dependent attended full-time or part-time, and the tuition paid. Please provide Form 1098-T for any tuition paid.			
80	MEDICAL EXPENSES - Please provide a list of your medical expenses, medical insurance, long-term care insurance and mileage for medical care purposes that <u>were not paid</u> as part of a pre-tax employer arrangement or paid out of an HSA. These expenses are only deductible to the extent they exceed 7.5% of your adjusted gross income.			
81	MEDICAL TRAVEL AND AUTO USAGE - Please provide an itemized list of any travel or auto usage (miles) related to medical needs.			
82	HOME REAL ESTATE TAXES - Please provide a copy of your real estate tax statements if not paid by your mortgage.			



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	ITEMIZED DEDUCTIONS - CONTINUED	YES	NO	NOTES
83	TAX PAYMENTS - If you made any federal, state or local income tax payments other than through your employer, please provide copies of the checks, forms filed and/or the amounts, dates and year/quarter the payment was applied to. This includes tax payments made for prior years.			
84	AUTOMOBILE REGISTRATIONS - Please provide copies of your vehicle registrations/receipts you paid for during the year. (Receipt needs to show the breakout of taxes vs fees paid)			
85	MOTOR VEHICLE OR BOAT PURCHASE - Do you own or did you purchase a motor vehicle or boat? If a new purchase, please provide the purchase statement. If purchased in a prior year but you have a loan on it please provide the interest which was paid on the loan.			
86	HOME PURCHASE OR SALE - If you purchased or sold a home please provide a copy of the settlement stmt. from the sale.			
87	HOME PURCHASE - If you purchased a home since 2008, which you had received a home buyer credit or other government sponsored incentive, please provide any related information.			
88	HOME REFINANCE - If you refinanced a home please provide a copy of the settlement statement from the closing.			
89	HOME MORTGAGE INTEREST - Please provide a copy of your year-end mortgage statements and Form 1098s .			
90	CHARITY - Cash contributions - A deduction for cash contributions up to \$ 300 is allowed as an above-the-line deduction. Please provide a list of the charities and the total amount given to each.			
91	CHARITY - Non-cash contributions - Please provide the name of the charities, their addresses, what was given, and the value of what was given.			
92	CHARITY - Mileage - Please provide the number of miles you drove for charitable purposes.			



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ITEMIZED DEDUCTIONS - CONTINUED		YES	NO	NOTES
93	UNINSURED ACCIDENTS OR THEFTS - If you had an uninsured or underinsured accident or theft during the year, please let us know what it was and the uninsured amount of your loss.			
94	EMPLOYEE BUSINESS EXPENSES - If you had unreimbursed employment related expenses > \$750 which your employer didn't reimburse you for, please provide a listing with a description and amounts.			
95	UNION DUES - Provide the amount which you paid in union dues during the year.			
96	TAX PREPARATION FEES - Please provide the amount you paid during the year for tax preparation and tax consulting if we didn't prepare your prior year taxes.			
97	INVESTMENT RELATED EXPENSES - If you incurred expenses related to your investment activities, please provide a listing of the expenses and amounts (P.O. boxes, safe deposit boxes, investment newsletters/classes, etc).			
98	CASUALTY LOSS - Did you lose property or have damage to a property due to a casualty, theft, or condemnation?			
99	CHILD CARE - If you incurred child care expenses so that you could be employed, please provide the name, address, and social security/FEIN # of the provider which children were cared for and the amount paid for the care of each child.			
SECTION 6: CREDIT AND TAX PAYMENTS		YES	NO	NOTES
100	ADOPTION - Did you adopt a child or begin the adoption process during the year?			
101	HOME ENERGY IMPROVEMENTS - if you made any energy improvements to your home, please provide receipts for these improvements.			
102	FUEL EFFICIENT AUTO - Did you purchase a 'clean fuel' or electric hybrid vehicle?			
103	ESTIMATED TAX PAYMENTS - Did you make any estimated federal or state tax payments? Please provide copies of the checks, receipts, tax forms and/or coupons for the payments.			



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CREDIT AND TAX PAYMENTS - CONTINUED		YES	NO	NOTES
104	OTHER STATES - Were you a resident of (or did you have income in) more than one state?			
105	HOME CREDIT - Did you claim a First-time Homebuyer Credit for a home purchased in 2008?			
106	HOME CREDIT - Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?			
107	STIMULUS CHECKS -Form 1040 Line 30 requires that any stimulus payments be reported and reconciled. Please provide the amount of any payments received, who received them and the date received.			
108	TAX REFUND - If you are due a refund, how do you want to receive it? CHECK APPLY TO NEXT YEAR DIRECT DEPOSIT <i>*Please provide a copy of a voided check if you want your refund direct deposited into your bank account.</i>			
109	TAX OWED - If you owe taxes, how do you want to pay them? CHECK CREDIT CARD DIRECT DEBIT INSTALLMENT AGREEMENT <i>*Please provide a copy of a voided check if you want to pay your taxes via a direct debit.</i>			
SECTION 7: MISCELLANEOUS ITEMS		YES	NO	NOTES
110	GIFTS - Did you give a gift of more than \$ 15,000 to one or more people?			
111	REQUIRED MINIMUM DISTRIBUTIONS - Did you or your spouse reach age 70 1/2 in 2017? If so, did you take your Required Minimum Distribution (RMD) from your retirement accounts?			
112	TAX NOTICES - Did you receive any notifications from either the IRS or any state taxing agency? If so please provide copies of the notices to us.			



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MISCELLANEOUS ITEMS - CONTINUED		YES	NO	NOTES
113	HOUSEHOLD EMPLOYEE - Did you pay any household employee (domestic services) over age 18 wages of \$2,000 or more? If yes, provide copy of Form W-2 issued to each household employee. If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?			
114	PRESIDENTIAL CAMPAIGN FUNDING - Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund? This contribution won't impact your refund or tax owed.			
115	PERMISSION FOR GOVT. TO SPEAK WITH US - Can the IRS and state tax authority discuss questions about this return with the preparer?			
116	ID Theft - Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?			
117	BANK ACCOUNT - Did your bank account information which you want to use for electronic tax payments change from last year?			
118	NEW IRA - If you are interested in opening a new IRA and would like assistance with this, please contact us.			
119	RETIREMENT PLAN ROLLOVER - If you are changing jobs or leaving your current employer you have the opportunity to roll over your retirement plan. Doing so can enhance your investment selections while giving you more direct control and access to the funds. If you would like assistance with this, please contact us.			
120	BUDGETS AND INVESTMENTS - TEACHING YOUR CHILDREN - We encourage you to spend the time and energy to provide your children guidance as to how to plan, budget and execute their financial desires. If you would like assistance with this please contact us. <i>The younger you get them trained the more likely they will have a brighter future!</i>			



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OTHER NOTES, QUESTIONS, ETC.

PLEASE SIGN BELOW SHOWING THAT YOU HAVE RECEIVED AND REVIEWED THIS INFORMATION

Signature

Date

Signature

Date

Please indicate how you would like documents delivered in the future

Client Information Needs

Regular Mail _____

Cloud Cab _____

Completed Tax Return

Regular Mail _____

Cloud Cab _____

Invoices

Regular Mail _____

Cloud Cab _____

Thank you so much for completing this form - it helps us tremendously when preparing your taxes!