

THE FOLLOWING DOCUMENTS  
MUST BE PRODUCED TO OUR OFFICE

REQUIRED DISCLOSURES  
Due Date: \_\_\_\_\_

Categories						
<b>WITNESSES</b>						
Name	Address	City	State	Zip Code	Phone Number	Relationship to you / the case
<b>HEALTH AND DENTAL INSURANCE</b>						
Insurance Company Name/Type of Coverage/Last four digits of Policy No.	Produce Declaration Page	Produce 3 months of premium invoices	Which parent pays?	Monthly Premium	Produce Policy	Produce Benefits Summary
<b>FEDERAL TAX RETURNS</b>						
	2022	2021				
Produce two years of returns (if you do not have possession of the return, log into <a href="http://www.irs.gov">www.irs.gov</a> and request a copy of the transcript AND the return)						
Produce W-2s, 1099s, and/or Schedule K-1						

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PAYROLL INFORMATION			Paystub 1	Paystub 2		
Produce complete copies of your two most recent payroll check stubs (log into your employee account, request from your human resources department, request from company office manager/bookkeeper)						
LIST OF ELECTRONICALLY STORED INFORMATION	Name of Item (i.e. bank statements, photos, emails, texts, social media, etc.)	How stored: PC, flash drive, online storage, provider, etc.	Name of person(s) with access to stored info.			