

Taxpayer's			
#	First Name	Last Name	Document Description
1			W2 W2G HSA 1095A 1098E 1098T 1099B 1099C 1099INT/DIV 1099G 1099MISC 1099R 1099S 1099SA 1099SSA/RRB Itemize SelfEmp K1 Alimony AZ-PTC Other:
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