

# Household Employee Income Affidavit

Please complete this form if you or your spouse (if married filing jointly) are hired by individuals to perform household services in their homes.

**\*Please note that you may be required by a taxing authority to prove the legality of your income, please keep any & all documentation pertaining to all household income you are claiming, in the event of an audit, you will have to prove every item you have listed on this form. You hereby certify that the information on this form is accurate and true (please refer to your Client Engagement Letter between you and Your Tax Angels-Jordan & Associates, LLC). If you are unsure of the accuracy of your calculations and would like for us to provide you with bookkeeping services at a rate of \$75.00 per hour let us know, if not, please initial here \_\_\_\_\_ indicating **your waiver of our bookkeeping services\*****

TP First Name: \_\_\_\_\_

TP Last Name: \_\_\_\_\_

SP First Name: \_\_\_\_\_

SP Last Name: \_\_\_\_\_

How many people pay you to perform services in their homes? \_\_\_\_\_

What type of services are you providing to them?

Babysitting/Nanny \_\_\_\_\_

Cooking/Meal Prep \_\_\_\_\_

Cleaning/Maid \_\_\_\_\_

Lawn Maintenance \_\_\_\_\_

Handyman \_\_\_\_\_

House-sitting \_\_\_\_\_

Driver \_\_\_\_\_

Other Services \_\_\_\_\_

If **other services**, please indicate what those other services are:

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Yearly payments received from Household Employers:

Employer 1: \_\_\_\_\_ Employer 2: \_\_\_\_\_ Employer 3: \_\_\_\_\_

Employer 4: \_\_\_\_\_ Employer 5: \_\_\_\_\_ Employer 6: \_\_\_\_\_

Employer 7: \_\_\_\_\_ Employer 8: \_\_\_\_\_ Employer 9: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_