

Tax Checklist

This form is to assist you in gathering your income tax information. Use it as a guide for information you need to provide. Please call or email with any questions.

General Information

- First, middle initial and last names of taxpayers and dependents as written on the Social Security cards, and dates of birth for taxpayers and all dependents, especially new dependents.
- Address (City, State, and Zip), telephone number, and email address.
- Marital Status: Single_ Married_ Head of Household_ Separated_
- Number of Dependents: _ Did any dependents have any income? Yes_ No_
- Do all dependents live with you? Yes_ No_

Types of Income and Tax Reporting Forms

- Wages: All W2's
- Pensions/ Retirement: 1099R
- Social Security: SSA-1099
- Bank Interest: 1099-INT
- Dividends: 1099-DIV
- Commissions: 1099-MISC
- Tips and Gratuities
- Sales of Stock, Mutual Funds: 1099-B
- Income from Rentals: All 1099-MISC
- Business Income: All 1099---MISC and 1099-K
- Farm Income
- Alimony Received: Total Amount
- Unemployment: 1099-G
- State Tax Refund: 1099-G
- Miscellaneous: Jury Duty, Gambling, Other

Business Income & Expense Items

This list is not all encompassing. If you do not see an expense listed below, ask.

- | | |
|---|---|
| <input type="checkbox"/> Total [Gross} Income | <input type="checkbox"/> Dues & Publications |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Equipment/ Supplies |
| <input type="checkbox"/> Auto: Parking & Tolls | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Business Phone Expense | <input type="checkbox"/> License Fees/ Taxes Paid |
| <input type="checkbox"/> Cell Phone Expense | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Subcontractors | <input type="checkbox"/> Education Expense |
| <input type="checkbox"/> Commissions Paid | <input type="checkbox"/> Association Dues |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Bank/Credit Card Fees |
| <input type="checkbox"/> Interest Paid | <input type="checkbox"/> Postage |
| <input type="checkbox"/> General Office Expense | <input type="checkbox"/> Meals/Entertainment |
| <input type="checkbox"/> Rent/Lease Fees Paid | <input type="checkbox"/> Business Miles & Total Miles |
| <input type="checkbox"/> Legal or Professional Fees | <input type="checkbox"/> Asset Purchases |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Hotel/ Travel Expenses |
| <input type="checkbox"/> Cleaning/ Maintenance | |

Additional Items for Rental Properties

- | | |
|--|--|
| <input type="checkbox"/> Keys | <input type="checkbox"/> Termite Treatment Expense |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Management Fees | <input type="checkbox"/> Mileage/ Travel |
| <input type="checkbox"/> Mortgage Statements | <input type="checkbox"/> Other |
| <input type="checkbox"/> Yard Work | |

Estimated Taxes Paid

- Date of payment and amount paid for each Federal and State quarterly tax estimates.

Deductions/Credits to Income

| | |
|---|---|
| <input type="checkbox"/> Self-employed Health Insurance <input type="checkbox"/> IRAs/Keogh/SEPs <input type="checkbox"/> Retirement Saver's Credit <input type="checkbox"/> Medical Savings Account <input type="checkbox"/> Teacher Expenses <input type="checkbox"/> Adoption Expenses <input type="checkbox"/> Penalty on Early Withdrawal of Savings <input type="checkbox"/> Moving Expenses | <input type="checkbox"/> American Opportunity/ Lifetime Learning/ Student Loan Interest/ Education Expenses <input type="checkbox"/> Total Alimony Paid: Must have name and social security number of recipient and the amount paid <input type="checkbox"/> Child Care/ Day Care Credit: Must have name, address, social security number or EIN of provider, and amount paid per child |
|---|---|

Itemized Deductions

Medical

- Medical & Dental bills
- Prescriptions
- Glasses/ Contact Lenses
- Out-of-pocket expenses
- Medical miles
- Lab fees
- Hearing Aids
- Medical/ dental/ long term care insurance

Taxes

- Prior year state tax paid
- City/local tax
- Sales Tax
- Real estate tax
- Personal property tax
- Other

Charitable Contributions

| | |
|--|--|
| <input type="checkbox"/> Church <input type="checkbox"/> Boy/Girls Scouts <input type="checkbox"/> United Way/ CFC <input type="checkbox"/> March of Dimes <input type="checkbox"/> American Heart <input type="checkbox"/> Easter Seals <input type="checkbox"/> Red Cross <input type="checkbox"/> MDA/MS | <input type="checkbox"/> YWCA/YMCA <input type="checkbox"/> Salvation Army <input type="checkbox"/> Food Bank <input type="checkbox"/> Payroll deductions <input type="checkbox"/> Out-of-pocket Volunteer Expenses <input type="checkbox"/> Charitable miles <input type="checkbox"/> Other |
|--|--|