

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. Any questions, please call or e-mail.

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, zip), telephone number, and e-mail 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:

- Wages - All W-2's
- Pensions/Retirements - 1099-R
- 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
- 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 don't see an expense listed below, ask.

Total (Gross) Income	Advertising	Auto: Parking &Tolls
Business Phone Expense	Cell Phone Expense	Subcontractors
Commissions Paid	Insurance	Interest Paid
General Office Expense	Rent/Lease Fees Paid	Legal or Professional Fees
Repairs	Cleaning/Maintenance	Dues & Publications
Equipment/Supplies	Tools	License Fees/Taxes Paid
Utilities	Education Expense	Association Dues
Bank/Credit Card Fees	Postage	Meals/Entertainment
Business Miles & Total Miles	Asset Purchases	Hotel/Travel Expense

ADDITIONAL ITEMS FOR RENTAL PROPERTIES:

Keys	Condo/PUD Fees	Management Fees
Mortgage Statements	Yard Work	Termite Treatment Expense
Utilities	Mileage/Travel	Other

DEDUCTIONS/CREDITS TO INCOME:

Self-employed Health Insurance	IRAs /Keogh/SEPs	Student Loan Interest
Medical Savings Account	Teacher Expense	Child Tax Credit
Penalty on Early Withdrawal of Savings		Foreign Tax Paid
American Opportunity/HOPE/Lifetime Learning Expenses		Adoption Expenses

* Total Alimony Paid: Must have name and Social Security number of recipient, and amount paid.

* Child Care/Day Care Credit: Must have name, address, Social Security number or EIN of provider, and amount paid.

ESTIMATED TAXES PAID:

Date payment was made, and the amount paid for each Federal and State quarterly tax estimate.

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

Church	Boy/Girl Scouts	United Way/CFC
March of Dimes	American Heart	Easter Seals
Red Cross	MDA/MS	YWCA/YMCA
Salvation Army	FoodBank	Payroll deductions
Out-of-pocket Volunteer Expenses	Charitable miles	Other

List and Fair Market Value of household goods and clothing items given to Charitable Organizations.