

Income Tax Checklist

Bring valid Photo ID and Health Insurance Card

1 TP Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ Occupation _____
2 SP Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ Occupation _____

Home Address: _____
_____ zipcode _____

Phone numbers Cell: _____ Wok: _____
Home: _____

Filing Status: Single _____ Married Joint _____ Married Separate _____ Head Of House _____
Qualifying Widow(er) _____

Did your filing status change from last year? Yes _____ NO _____

Dependents:

3 Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ School _____
4 Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ School _____
5 Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ School _____
6 Last Name _____ First Name _____ MI _____
SSN _____ DOB _____ School _____

**** Bring Copy of dependent social security card(s) and proof of residency (ex: School report card)**

Income

_____ Last year(s) copy of the filed tax return
_____ Original form(s) : W-2
_____ Schedule(s) K-1 : Income from Partnership, S-Corporation, Estate or Trust.
_____ Original form(s) : 1099-R (retirement) and/or 1099-Misc (Self-employment)
_____ Original form(s): 1099-INT (interest) and/or 1099-DIV (dividend)
_____ Brokerage statement(s): Sales of Stock, Bonds, etc :with Date of purchase and purchase price
_____ Original form(s): SSA and RRB : Social Security Benefits Received
_____ Original form(s): W-2G : Gambling winning (include gambling losses)
_____ Alimony Received

Adjustments:

_____ Teacher Expenses : List and amount
_____ Self-Employed Health Insurance Paid
_____ Alimony Paid: Amount _____ Name and SSN: _____

Moving Expenses

_____ Military Move : Yes _____ No _____
_____ Amount Paid to Transport & Store of Household goods
_____ Amount Paid for Travel & Lodging incurred during move
_____ # of miles from OLD residence to NEW Workplace
_____ # of miles from OLD residence to OLD Workplace

Education: American Opportunity (# years taken) _____ or Lifetime Credit _____

_____ Did the student complete the first FOUR year of college Yes _____ No _____

_____ Original form(s): 1098-T Education and Tuition Fees

_____ Cost of Books and Supplies

_____ Student Loan Interest Paid

Credits:

Child Care Expenses:

_____ Provider Name, Address, Amount Paid, and SSN or EIN

Deductions:

Medical & Dental

_____ Health Insurance Premiums : post -tax paid

_____ Number of Medial Miles Driven

_____ Long-term care premiums

_____ Total amounts paid for Co-pays to doctor, dentist, prescriptions, labs, x-rays, glasses.....

Taxes paid:

_____ Real Estate on primary residence

_____ Real Estate on seconary residence and/or land

_____ Personal Property taxes: Cars, boats, RV, etc.....

Interest Paid:

_____ Original form(s): 1098 Mortgage Interest Paid

_____ Closing statement on purchase or sale of home

Cash Contributions

_____ List amount paid by Check, Cash, or Credit Card: Must be to Non-Profit Organization

_____ Non-Cash Donation: Receipt from Non-Profit Organization, List donated goods and valuation

Misc Itemized Deductins subject to limitations

_____ Union & Professional Dues Paid

_____ Job Search Costs Paid

_____ Business Expenses not reimbursed by employer: List and amount

_____ Gambling Loses (up to winnings)

Estimated Tax Payments

List State:

_____ 1st Quarter _____ Federal _____ State _____

_____ 2nd Quarter _____ Federal _____ State _____

_____ 3rd Quarter _____ Federal _____ State _____

_____ 4th Quarter _____ Federal _____ State _____

Health Insuarce Coverage

_____ Original form(s): 1095-A, 1095-B and/or 1095-C

_____ Month(s) each family covered with Health Insurance

January	_____	February	_____	March	_____	April	_____
May	_____	June	_____	July	_____	August	_____
September	_____	October	_____	November	_____	December	_____