NAME: ____ YEAR:____________

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

□ Dates of birth and social security numbers for all new dependents.

□ Did any dependents have any income? Yes ___ No ___

□ Did all dependents live with you for 6 months or more? Yes ___ No ___

FOREIGN INCOME

- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account located in a foreign country?
- Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

TYPES OF INCOME & TAX REPORTING FORMS

□ Wages: All W-2s
□ Pensions/Retirements: 1099-R
□ Social Security: SSA-1099
□ Bank Interest: 1099-INT
□ Dividends: 1099-DIV
□ Commissions: 1099-MISC
□ Tips and Gratuities
□ Affordable Care Act Reporting: Form 1095-A
□ Sales of Stock, Mutual Funds: 1099-B
□ Income from Rentals: All 1099-MISC
□ Business Income: All 1099-MISC & 1099-K
□ Farm Income
□ Alimony Received: Total amount
□ Unemployment: 1099-G
□ State Tax Refund: 1099-G
□ Miscellaneous: Jury Duty, Gambling, Other
□ K-1 forms from Partnership, S-Corporation, or Trust

BUSINESS INCOME & EXPENSE ITEMS – If you don't see an expense listed below, please ask.

Total (Gross) Income

□ Advertising
□ Asset Purchases
□ Auto: Parking &Tolls
□ Bank/Credit Card Fees
□ Business Phone Expense
□ Business Vehicle:
____Auto
____Date Placed in Service
____Business Miles
____Total Miles
□ Cell Phone Expense
□ Cleaning/Maintenance
□ Commissions Paid
□ Contractors/Subcontractors
□ Dues & Publications
□ Education Expense
□ Equipment/Supplies
□ General Office Expense
□ Hotel/Travel Expense
□ Insurance
□ Interest Paid
□ Legal or Professional Fees
□ License Fees/Taxes Paid
□ Meals/Entertainment
□ Postage
□ Rent/Lease Fees Paid
□ Repairs
□ Tools
□ Utilities

ADDITIONAL ITEMS FOR RENTAL PROPERTIES

□ Days Rented ___
□ Condo/PUD Association Fees
□ Gardening/Yard Work
□ Management Fees
□ Room Rentals (in home)
□ Mileage/Travel
□ Mortgage Interest
□ Termite Treatment
□ Vacation Rental
□ Keys/Other
□ Property Tax
□ Utilities

DEDUCTIONS/CREDITS TO INCOME

□ Adoption Expense
□ Alimony Paid*
□ Child Care Expenses: ___Provider Name
  ___Phone Number ___EIN ___Amount Paid
□ Education Expenses
□ IRAs/Keogh/SEPs (Form 5498)
□ Medical Savings Account (5498-SA/1099-SA)
□ Moving Expenses
□ Penalty on Early Savings Withdrawal
□ Retirement Contributions (not through employer)
□ Self-employed Health Insurance
□ Teacher Expenses

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

ESTIMATED TAXES PAID

Date of payment and amount paid for ***each*** Federal and State quarterly tax estimate.

HEALTH CARE INFORMATION

□ Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2016 for you, your spouse and all members of your family as claimed on your tax return?
□ Did you or anyone in your family qualify for an exemption from the health care coverage mandate?
□ Did you acquire health care coverage through the Marketplace under the Affordable Care Act? If yes, provide Form(s) 1095-A and 1095-C.
□ Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA?

ITEMIZED DEDUCTIONS:

MEDICAL

□ Medical & Dental Bills
□ Prescriptions
□ Glasses/Contact Lenses or Hearing Aids
□ Lab Fees
□ Medical Miles
□ Out-of-pocket Expenses
□ Medical Insurance Premiums ___Medical ___Dental ___Long-term Care

TAXES & INTEREST

□ Local Tax (found on previous year's return)
□ Sales Tax
□ Real Estate Tax
□ Personal Property Tax (Vehicle License Fee)
□ Mortgage Interest
□ Mortgage Insurance Premiums
□ Investment Interest

CHARITABLE CONTRIBUTIONS

□ Cash Contributions *
□ Non-Cash Contributions **
□ IRA RMD Charitable Distribution
□ Out-of-pocket Volunteer Expenses
□ Charitable Miles
□ Other

* Documentation required.
** Donation dates, list of items donated with Fair Market Value for ***each*** non-cash donation to a Charitable Organizations are needed.

ADDITIONAL TAX DOCUMENTS

□ Completed Organizer
□ Year-End Broker Statements
□ HUD Statement (for each home sold, purchased or refinanced)
□ Signed Engagement Letter
□ Notices Received from IRS or FTB

IDENTITY THEFT

Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If so, please provide the IRS letter.

QUESTIONS: