

Tax Checklist

GENERAL INFORMATION:

- First, middle initial, and last names of taxpayers and dependents as written on the Social Security cards.
- Dates of birth for taxpayers and all dependents, *especially* new dependents.
- Address (city, state, and 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 ___
- 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

- | | |
|---|--|
| <input type="checkbox"/> Pensions/Retirements: 1099-R | <input type="checkbox"/> Income from Rentals: All 1099-MISC |
| <input type="checkbox"/> Social Security: SSA-1099 | <input type="checkbox"/> Business Income: All 1099-MISC & 1099-K |
| <input type="checkbox"/> Bank Interest: 1099-INT | <input type="checkbox"/> Farm Income |
| <input type="checkbox"/> Dividends: 1099-DIV | <input type="checkbox"/> Alimony Received: Total amount |
| <input type="checkbox"/> Commissions: 1099-MISC | <input type="checkbox"/> Unemployment: 1099-G |
| <input type="checkbox"/> Tips and Gratuities | <input type="checkbox"/> State Tax Refund: 1099-G |
| <input type="checkbox"/> Affordable Care Act Reporting: Form 1095-A | <input type="checkbox"/> Miscellaneous: Jury Duty, Gambling, Other |
| <input type="checkbox"/> Sales of Stock, Mutual Funds: 1099-B | <input type="checkbox"/> 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

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

ADDITIONAL ITEMS FOR RENTAL PROPERTIES:

- | | | |
|---|---|--|
| <input type="checkbox"/> Days Rented ____ | <input type="checkbox"/> Room Rentals (in home) | <input type="checkbox"/> Vacation Rental |
| <input type="checkbox"/> Condo/PUD Association Fees | <input type="checkbox"/> Mileage/Travel | <input type="checkbox"/> Keys/Other |
| <input type="checkbox"/> Gardening/Yard Work | <input type="checkbox"/> Mortgage Interest | <input type="checkbox"/> Property Tax |
| <input type="checkbox"/> Management Fees | <input type="checkbox"/> Termite Treatment | <input type="checkbox"/> Utilities |

DEDUCTIONS/CREDITS TO INCOME:

- | | |
|---|--|
| <input type="checkbox"/> Adoption Expense | <input type="checkbox"/> Medical Savings Account (5498-SA/1099-SA) |
| <input type="checkbox"/> Alimony Paid* | <input type="checkbox"/> Moving Expenses |
| <input type="checkbox"/> Child Care Expenses: ____ Provider Name
____ Phone Number ____ EIN ____ Amount Paid
(employer) | <input type="checkbox"/> Penalty on Early Savings Withdrawal |
| <input type="checkbox"/> Education Expenses | <input type="checkbox"/> Retirement Contributions (not through employer) |
| <input type="checkbox"/> IRAs/Keogh/SEPs (Form 5498) | <input type="checkbox"/> Self-employed Health Insurance |
| | <input type="checkbox"/> 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 2015 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

- | | |
|--|---|
| <input type="checkbox"/> Medical & Dental Bills | <input type="checkbox"/> Lab Fees |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Medical Miles |
| <input type="checkbox"/> Glasses/Contact Lenses or Hearing Aids | <input type="checkbox"/> Out-of-pocket Expenses |
| <input type="checkbox"/> Medical Insurance Premiums ____ Medical ____ Dental ____ Long-term Care | |

TAXES & INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Local Tax (found on previous year's return) | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Sales Tax | <input type="checkbox"/> Mortgage Insurance Premiums |
| <input type="checkbox"/> Real Estate Tax | <input type="checkbox"/> Investment Interest |
| <input type="checkbox"/> Personal Property Tax (Vehicle License Fee) | |

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