

# INCOME TAX CHECKLIST

Taxpayer's name	SSN	
Spouse's name	SSN	
Taxpayer's occupation	Birthdate	Blind?
Spouse's occupation	Birthdate	Blind?
Address		
Phone		

## DEPENDENTS

Name	SSN	Birthdate	Relationship
1)			
2)			
3)			
4)			

  

Income	Support by you	Support by others	Months in your home
1) \$	\$	\$	
2) \$	\$	\$	
3) \$	\$	\$	
4) \$	\$	\$	

NOTE: You must provide a social security number for all dependents.

## PAPERWORK TO BRING

<input type="checkbox"/> W-2s	<input type="checkbox"/> 1099-INTs	<input type="checkbox"/> 1099-DIVs	<input type="checkbox"/> Other 1099s
<input type="checkbox"/> K-1s	<input type="checkbox"/> Tax forms with labels	<input type="checkbox"/> Property tax bill	<input type="checkbox"/> Last year's tax return

## INCOME

INTEREST INCOME (if not on 1099-INT)			DIVIDEND INCOME (if not on 1099-DIV)		
T/S/J	Payer	\$	T/S/J	Payer	\$

## OTHER INCOME

SALE OF STOCK OR OTHER PROPERTY	Cost	Sales Price	If you have other income, please bring all figures and supporting data. Examples:
			Tips _____
			Pensions / annuities _____
			Jury duty _____
			Unemployment (1099-G) _____
			Alimony received _____
			Prizes (1099-MISC) _____
			Self-employment _____
			Partnerships and S corporations _____
			Estates & trusts _____
			Social security benefits _____
			Scholarships & fellowships _____
			Tax refunds _____
			Royalties _____
			Nontaxable income _____
			Gambling _____
			Other _____

Please bring supporting documents (Form 1099-Bs and statements)

- If you have a business or rental property, please attach an income/loss statement and supporting documents.
- If you borrow money and the debt is canceled or forgiven, please include Form 1099-A and/or 1099-C.

## DEDUCTIONS AND CREDIT ITEMS

### RETIREMENT

Payments to a Traditional IRA  
 Taxpayer Date \_\_\_\_\_  
 Spouse Date \_\_\_\_\_  
 Payments to a Roth IRA  
 Taxpayer Date \_\_\_\_\_  
 Spouse Date \_\_\_\_\_  
 Penalty for early withdrawal \_\_\_\_\_  
 Alimony paid \_\_\_\_\_  
 Self-employed health insurance \_\_\_\_\_  
 Keogh, SEP & Simple contributions \_\_\_\_\_

### MEDICAL EXPENSES

Medical Savings Account (MSA) contributions \_\_\_\_\_  
 Health Savings Account (HSA) contributions \_\_\_\_\_  
 Insurance & Medicare premiums \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Eyeglasses \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Dentists \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Medical auto mileage \_\_\_\_\_  
 Other medical travel expenses \_\_\_\_\_  
 Hearing aids & batteries \_\_\_\_\_  
 Other medical expenses \_\_\_\_\_  
 Reimbursements \_\_\_\_\_

### TAXES

Real estate tax \_\_\_\_\_  
 Personal property tax \_\_\_\_\_  
 City / county tax \_\_\_\_\_  
 Sales tax \_\_\_\_\_  
 Other \_\_\_\_\_  

Estimated Taxes	State	Federal
Date pd.	_____	_____
Date pd.	_____	_____
Date pd.	_____	_____
Date pd.	_____	_____

### INTEREST EXPENSE

Home mortgage (1098) \_\_\_\_\_  
 Home mortgage – pd. to individuals \_\_\_\_\_  
 (Include name and SSN of individuals)  
 \_\_\_\_\_  
 Investment interest \_\_\_\_\_  
 Interest pd. on student loans (1098-E) \_\_\_\_\_

### CONTRIBUTIONS

Church \_\_\_\_\_  
 Other cash contributions \_\_\_\_\_  
 Charitable auto mileage \_\_\_\_\_  
 Property donated for which you have receipts (fair market value) \_\_\_\_\_  
 Other \_\_\_\_\_

### CASUALTY & THEFT LOSSES

Cost of property lost \_\_\_\_\_  
 Fair market value of property \_\_\_\_\_  
 Insurance reimbursement received \_\_\_\_\_

### JOB-RELATED MOVING EXPENSES

Travel & lodging \_\_\_\_\_  
 Moving household goods \_\_\_\_\_

### BUSINESS AUTO EXPENSES

Total miles \_\_\_\_\_  
 Business miles \_\_\_\_\_  
 Gas & oil \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Tolls & local transportation \_\_\_\_\_  
 Other \_\_\_\_\_

### MISCELLANEOUS

Dues & subscriptions \_\_\_\_\_  
 Education \_\_\_\_\_  
 Safety equipment \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Job seeking expenses \_\_\_\_\_  
 Tax preparation \_\_\_\_\_  
 Tools \_\_\_\_\_  
 Business entertainment \_\_\_\_\_  
 Investment & tax advice \_\_\_\_\_  
 Safe-deposit box \_\_\_\_\_  
 Hobby losses \_\_\_\_\_  
 Gambling losses \_\_\_\_\_  
 Impairment related work expenses \_\_\_\_\_  
 Classroom expenses for teachers \_\_\_\_\_  
 Energy property installed \_\_\_\_\_  
 Other \_\_\_\_\_

### CHILD CARE EXPENSES – Bring list of monthly totals

Provider's name	Address	ID# of provider(s)	Amount pd.

### EDUCATION CREDITS (1098-T)

Name of institution	Tuition pd.	Who attended	When classes began

**LOANS:** If you borrowed money during the year, bring a list showing the amounts, dates and use of proceeds.