

Checklist

Name: _____ SSN: _____

This check list is provided to help you gather necessary information for us to prepare your income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes for the tax year.

Health Care Coverage (for each member of the household)

- Health Insurance Statement (Forms 1095-A, 1095-B or 1095-C)
- Any exemption certificates received from HHS giving you an exemption from having health insurance.

Other Income (provide supporting documentation for income received for the following items)

- Sales of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Contributions to a Health Savings Account
- Alimony
- Student loan interest
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage Interest
- Cash Contributions
- Noncash Contributions
- Gambling losses
- Other payments _____

General Information

YES

NO

- [] [] 1. Were there any changes to your filing status or number of dependents during the tax year?
- [] [] 2. Can you or your spouse be claimed as a dependent by someone else?
- [] [] 3. Can another person qualify to claim any dependent?
- [] [] 4. Did you incur any childcare expenses?
- [] [] 5. Did you have adoption expenses during the year?
- [] [] 6. Did you have a change in residence or job location during the year?
- [] [] 7. Did you reside in more than one state during the tax year?
If yes, which states? _____
- [] [] 8. Did you receive any notices from the IRS or the state taxing agency?
If yes, please attach.

Income Information

YES

NO

- [] [] 1. Have you received all W-2's from all employers? How many W-2's are attached? _____
- [] [] 2. Did you use your vehicle on the job other than commuting for work?
- [] [] 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
- [] [] 4. Did you work out of town at any time during the year?
- [] [] 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
- [] [] 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
- [] [] 7. Did you receive any disability income during the year?
\$ _____. Attach 1099-R.
- [] [] 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
- [] [] 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
- [] [] 10. Did you have any income from, or pay taxes to, a foreign country?
- [] [] 11. Did you engage in any bartering transactions during the tax year?
- [] [] 12. Did you surrender any U.S. Savings Bonds during the tax year?
- [] [] 13. Did you receive any state or local income tax refunds from prior years?
- [] [] 14. Do you or your spouse have any IRA accounts?
- [] [] 15. Did you recharacterize any IRAs this year?
- [] [] 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?

Income Information (Continued)

YES NO

- [] [] 17. Did you receive a Schedule K-1 from a partnership, S Corporation, or trust? If so, please attach.
- [] [] 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
- [] [] 19. Did you receive any type of prize, award, or gambling winnings during the tax year?
- [] [] 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
- [] [] 21. Did you receive an income not shown in this organizer? If so, please list. _____
- [] [] 22. Does anyone owe you money that has become uncollectible?

Comments: _____

Business Information

YES NO

- [] [] 1. Did you start a new business or purchase any rental property during the tax year?
- [] [] 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use?
- [] [] 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
- [] [] 4. Did you own real property? What percentage of time did you spend managing your rentals? _____
- [] [] 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Other Information

- [] [] 1. Were any tuition costs paid during the tax year (even if classes were attended in another year?)
- [] [] 2. Did anyone in your household attend higher education classes in the tax year?
- [] [] 3. Did you purchase a home for your personal residence between April 8, 2008 and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
- [] [] 4. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.

Other Information (continued)

YES

NO

5. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation?
6. If yes to question 5, was the First-Time Homebuyer Credit taken?
7. Did you make any gifts to any one person in 2018 in excess of \$15,000? If so, are you splitting this gift with your spouse?
7. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
8. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
- If yes, where did you purchase the health care coverage?
- Circle One: Employer Medicaid Medicare Marketplace (Exchange) Other
- Did you receive any distributions from Health Savings Account HSA, Archer MSA or Medicare Advantage MSA during the year?

To itemize deductions, bring receipts and documentation for these types of expenses:

- Prescriptions
- Long term care premiums
- State/local income taxes
- Mortgage Interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid during the tax year
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: _____

Information to bring to your appointment:

- [] Driver's license and social security card (for identity verification)
- [] Copy of your prior year income tax return (for comparison and review for all includible information)
- [] Original W-2's and other statements of income received from employers
- [] 1099s and other statements reporting interest/dividend/miscellaneous income
- [] Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- [] Cancelled checking/savings slip (for direct deposit/direct debit information)
- [] 1095-A, 1095-B, 1095-C

Concerns to discuss with preparer: _____

Preparer Notes: