

# TAX PREPARATION CHECKLIST

Use this checklist to ensure we have all documents needed to prepare your tax return.

## PERSONAL INFORMATION

- ☐ Signed **Engagement Letter** and completed **Questionnaire**.
- ☐ Correct **contact information** including any changes to address, phone numbers and email addresses for both taxpayer and spouse.
- ☐ Any **new dependents** and their full name, social security number and date of birth.
- ☐ Copy of last year's tax return if not prepared by this office.

## SOURCES OF INCOME

### Employed

- ☐ Forms **W-2**

### Unemployed

- ☐ Unemployment Form **1099-G**  
(Go online to Unemployment to print no longer mailed).

### Self Employed

- ☐ Forms **1099-NEC**
- ☐ Schedule **K-1**



## RETIREMENT INCOME

- ☐ Social Security – Form **1099-SSA**
- ☐ Pension/IRA/Annuity Income Form **1099-R**

## SAVINGS & INVESTMENTS OR DIVIDENDS

- ☐ Interest from Bank Accounts **1099-INT**
- ☐ Interest from Bonds **1099-OID**
- ☐ Income from sale of stock **1099-B** or other property **1099-S**
- ☐ Dividend Income **1099-DIV**
- ☐ Health Savings Account **1099-SA**
- ☐ Long-term care reimbursements **1099-LTC**

## OTHER INCOME

- ☐ Gambling Income **W-2G**
- ☐ Royalty Income **1099-MISC**
- ☐ Record of **Alimony** paid/received with ex-spouses name and social security number.
- ☐ State Tax Refund **1099-G**

## IF YOU OWN RENTAL PROPERTY

- ☐ Rental **Income**
- ☐ **Expenses** related to rental
- ☐ Mortgage Interest **Form 1098**
- ☐ Real Estate **Taxes** paid
- ☐ **Insurance** Premiums
- ☐ **Mileage** for repairs, inspections etc.

## IF YOU OWN YOUR OWN BUSINESS

- ☐ Business **Income**
- ☐ Business **Expenses**
- ☐ List of **Assets** and **Equipment**
- ☐ Business **Use of Home** if applicable
- ☐ **Mileage** Log

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## TYPES OF DEDUCTIONS

### HOME OWNERSHIP

- ☐ Mortgage Interest Statements **Form 1098**
- ☐ Real estate and personal **property tax records**
- ☐ If bought or sold home during year please provide **HUD** or closing statements

### CHARITABLE DONATIONS

Just a summarized amount of the following:

- ☐ Total **cash** donations to charitable organizations
- ☐ Total **non-cash** charitable donations
- ☐ **Miles** driven for charitable purposes

### MEDICAL EXPENSES

- ☐ Out of pocket paid for healthcare **insurance**
- ☐ Out of pocket expenses paid to **doctors, dentists and hospitals** - summarized amount
- ☐ Amounts paid out of pocket for **prescriptions** - summarized amount
- ☐ HSA contributions **Form 5498-SA**
- ☐ **Miles** driven for medical purposes

### HEALTH INSURANCE

- ☐ **Form 1095-A** if you enrolled in an insurance plan through the Marketplace Exchange.
- ☐ **Form 1095-B** and/or **1095-C** if you had insurance coverage through any other source (i.e. an employer, insurance company or government health plan).

### CHILD CARE EXPENSES

- ☐ **Fees paid to licensed day care center or family day care**
- ☐ **Wages paid to nanny or sitter**
- ☐ **Fees paid to other dependent care facilities**  
(Please provide name, address and **Federal ID number** for all care givers)

### EDUCATIONAL EXPENSES

- ☐ **Form 1098-T** from educational institution
- ☐ **Form 1098-E** if you paid student loan interest
- ☐ **Receipts for qualified educational expenses**
- ☐ **Scholarship or Fellowship** records

### RETIREMENT & OTHER SAVINGS

- ☐ **Form 5498-SA** showing HSA contributions
- ☐ **Form 5498** showing IRA contributions

