

Client Tax Checklist

Tax Year: 20__

Client Name _____

Address _____ Day phone _____

Did you change your name, address, or marital status? _____

Did You Add or Remove any Dependents This Year?

First and Last Name	Date of Birth	SSN	New	Remove

Can you or your spouse be claimed as a dependent on someone else's tax return this year? ___ Yes ___ No

Tax Payments

If you made any IRS estimated tax payments this year please list the following:

	Date paid	Amount paid
Prior year refund applied:		
First quarter payment:		
Second quarter payment:		
Third quarter payment:		
Fourth quarter payment:		

Current Year Changes

- Did you have any major changes in income this year, or do you expect any next year? ___ Yes ___ No
- Did any dependent child under age 18 receive any investment income this year? ___ Yes ___ No
- Did you reside in or receive income from another state this year? ___ Yes ___ No
- Did you or your spouse sell any assets this year? ___ Yes ___ No
- Did you participate in any tax deferred exchanges this year? ___ Yes ___ No
- Did you collect any payments on real estate transactions this year? ___ Yes ___ No
- Did you buy or sell a personal residence this year?
If so please attach a copy of your closing papers ___ Yes ___ No
- Are you or your spouse disabled? ___ Yes ___ No
- Are you or your spouse blind? ___ Yes ___ No
- Did you have any interests in a partnership, S corporation, estate, or trust this year?
If so please attach a copy of each form K-1 you received. ___ Yes ___ No
- Did you receive a Mortgage Credit Certificate for your mortgage interest this year? ___ Yes ___ No
- Did you refinance your mortgage this year?
If so please attach a copy of your closing papers. ___ Yes ___ No
- Do you want to apply this year's refund to next year's tax liability? ___ Yes ___ No

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Income Checklist

Please provide the following documents or information if applicable:

- W2 forms for wages salaries and tips
- Forms 1099 for interest, dividends, and pension payments
- Brokerage statements showing investment transactions
- K-1 forms from partnerships, S corporations, estates, and trusts
- Self-employment income and expense summary
- Rental income and expense summary
- Forms showing unemployment compensation and social security benefits received
- 5498 forms for IRAs
- Attach a list of any other income from any other source

Child Care Provider Information

Amount paid this year? \$ _____	Amount paid this year? \$ _____
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
SSN or EIN _____	SSN or EIN _____
Phone _____	Phone _____

Itemized Deductions

Medical	Contributions	Miscellaneous
Prescription drugs \$ _____	Church \$ _____	Union dues \$ _____
Health ins. premiums \$ _____	United Way \$ _____	Tax prep fees \$ _____
Medicare premiums \$ _____	Heart/Cancer \$ _____	Educational expenses \$ _____
Dental ins. premiums \$ _____	Clothing, furniture, etc. \$ _____	Job seeking costs \$ _____
Doctors & dentists \$ _____	Charitable miles _____	Investment expense \$ _____
Medical mileage _____	_____ \$ _____	Professional licenses \$ _____
Lab and X-ray \$ _____	_____ \$ _____	Trade and prof. journals \$ _____
Glasses, hearing aids \$ _____	_____ \$ _____	Safe deposit box \$ _____
		Safety equipment \$ _____
		Work tools \$ _____
		Business telephone \$ _____
		Uniforms and laundry \$ _____
		Professional societies \$ _____
		Business mileage \$ _____
		Alimony payments \$ _____
		Lottery/Gambling \$ _____
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____

Taxes	Interest Paid
Real estate taxes \$ _____	Home mortgage, 1st \$ _____
State sales tax \$ _____	Home mortgage, 2nd \$ _____
Boat property tax \$ _____	Name _____
Auto excise tax \$ _____	Address _____
State income taxes \$ _____	City, State, Zip _____
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	

Provide New Driver's License

1095-A if you had insurance through the marketplace