

# Client Checklist



## Check all Income Sources you had in 2017 – Provide all Supporting Documentation

### General Taxable Income

- |   |   |
|---|---|
| <input type="checkbox"/> W-2 Form(s) for Wages, Salaries, and Tips            | <input type="checkbox"/> State Tax Refunds: Form 1099-G           |
| <input type="checkbox"/> Interest Income Statements: Form 1099-INT & 1099-OID | <input type="checkbox"/> Alimony Received or Paid                 |
| <input type="checkbox"/> Dividend Income Statements: Form 1099-DIV            | <input type="checkbox"/> Unemployment Compensation (EDD) Received |
| <input type="checkbox"/> Sales of Stock, Land, etc.: Form 1099-B              | <input type="checkbox"/> Miscellaneous Income: Form 1099-MISC     |
| <input type="checkbox"/> Sales of Real Estate: Form 1099-S                    | <input type="checkbox"/> Gambling winnings: Form W-2G             |

### **\* New This Year: One of the Following Documents for ACA \***

- |  |   |
|--|---|
| <input type="checkbox"/> Exemption Coverage Number Document            | <input type="checkbox"/> 1095-B Health Coverage   |
| <input type="checkbox"/> 1095-A Health Insurance Marketplace Statement | <input type="checkbox"/> 1095-C Employer Provided Health Insurance Offer and Coverage Insurance |

### Retirement Income

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement Income: Form 1099-R                 | <input type="checkbox"/> Form SSA-1099 |
| <input type="checkbox"/> Social Security and Railroad Retirement Income |  |

### Business Income

- |   |  |
|---|--|
| <input type="checkbox"/> Business Income and Expenses         | <input type="checkbox"/> Farm Income and Expenses                                      |
| <input type="checkbox"/> Rental Income and Expenses           | <input type="checkbox"/> Form K-1 Income from Partnerships, Trusts, and S-Corporations |
| <input type="checkbox"/> Miles Traveled for Business Purposes |  |

## Check all Expenses and Deductions you had in 2017 – Provide all Supporting Documentation

### Expenses and Tax Deduction Checklist

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Expenses for the Family                          | <input type="checkbox"/> Unreimbursed Expenses Related to Volunteer Work |
| <input type="checkbox"/> Doctor and Dentist Payments                              | <input type="checkbox"/> Miles Traveled for Volunteer Purposes           |
| <input type="checkbox"/> Prescription Medicines and Drugs                         | <input type="checkbox"/> Casualty and Theft Losses                       |
| <input type="checkbox"/> Doctor and Dentist Payments                              | <input type="checkbox"/> Unreimbursed Expenses Related to Your Job       |
| <input type="checkbox"/> Hospital and Nurse Payments                              | <input type="checkbox"/> Miles Traveled for Work Purposes                |
| <input type="checkbox"/> Miles Traveled for Medical Purposes                      | <input type="checkbox"/> Union and Professional Dues                     |
| <input type="checkbox"/> Home Mortgage Interest from Form 1098                    | <input type="checkbox"/> Investment Expenses                             |
| <input type="checkbox"/> Second Mortgage Interest Paid Form 1098                  | <input type="checkbox"/> Job-searching Expenses                          |
| <input type="checkbox"/> Real Estate Taxes Paid                                   | <input type="checkbox"/> First Time Home Buyer Credit Repayment          |
| <input type="checkbox"/> State Taxes Paid with Last Year's Return (if itemized)   | <input type="checkbox"/> IRA Contributions                               |
| <input type="checkbox"/> Personal Property Taxes Paid                             | <input type="checkbox"/> Student Loan Interest Paid                      |
| <input type="checkbox"/> Cash Contributions to Charities                          | <input type="checkbox"/> Moving Expenses                                 |
| <input type="checkbox"/> Fair Market Value of Non-cash Contributions to Charities | <input type="checkbox"/> Last Year's Tax Preparation Fee                 |

### Tax Credits Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Child Care Provider Address, I.D. Number and Amounts Paid | <input type="checkbox"/> Farm Income and Expenses                          |
| <input type="checkbox"/> Rental Income and Expenses                                | <input type="checkbox"/> Form K-1 Income from Partnerships, Trusts, and S- |
| <input type="checkbox"/> Miles Traveled for Business Purposes                      |  |



Montano Tax Services, LLC

Tax Estimate Payments Checklist

<input type="checkbox"/> Estimated Payments Made with ES Vouchers	<input type="checkbox"/> Off Highway Fuel Taxes Paid
<input type="checkbox"/> Last Year's Tax Return Overpayment Applied to This Year	

**Please provide the following documents on your scheduled preparation date:**

General Information Checklist

<input type="checkbox"/> Copy of Last Three Year's Tax Returns	<input type="checkbox"/> Child Care Expenses for Each Dependent
<input type="checkbox"/> Social Security Numbers for You and Your Spouse	<input type="checkbox"/> Identity Theft Personal Identification Number (IP PIN)
<input type="checkbox"/> Educational Expenses for You and Your Spouse	<input type="checkbox"/> Routing Transmit Number (RTN)(For direct deposit/debit purposes)
<input type="checkbox"/> Dependents Post High School Educational Expenses	<input type="checkbox"/> Bank Account Number (BAN)(For direct deposit/debit purposes)
<input type="checkbox"/> Dependents Names, Years of Birth, and Social Security Numbers	

**Returning & New Client's-** *If claiming children and Total taxable income is less than \$50,000 the following documents must be provided to fulfill the compliance set by the IRS in Section 1.6695-2(b)(1)(i):*

Expenses and Tax Deduction Checklist

*School Records and Statements	*Social Service Records or Statements
*Health Care Provider Statement	*Place of Worship Statement
*Landlord or Property Management Statement	*Social Security Card (Actual Document)
*Medical Records (Vaccination Records)	*Statement of Guardianship
*Placement Agency Statement	*Employer Statement
*Birth Certificate (Actual Document or Certified Copy)	

*Montano Tax Services LLC will be collecting at least 5 of the 11 stated documents.*