

E.E. Tax Financial Services

www.eetax.com

6847 E. THOMAS ROAD
SCOTTSDALE, AZ 85251
(480) 941-3421

TOLL FREE 1-888-868-1082
eetax@msn.com

Dear Tax Client:

Enclosed is our checklist which will assist you in remembering and listing deductions. PLEASE USE this list as it will assist us in saving you tax dollars.

Please call for an appointment as early as possible to avoid the rush.

Major tax law changes require answers to all questions below and on reverse.

If you have any questions concerning your taxes, please give us a call.

Name: Taxpayer _____ SSN: _____ Birthdate: _____
 Spouse _____ SSN: _____ Birthdate: _____
 Address: _____ Telephone (Home): _____
 _____ Telephone (Work): _____
 Occupation: Taxpayer _____ Spouse: _____

Dependents	Birthdate	Social Security Number	Relationship	Disabled	Full Time Student	No. of months lived in home
Name						

Check Off List (If Answer(s) are Yes - Supply Detail) Yes No

Did you receive W-2's/1099's/K-1's? - Attach copies Yes No

Interest Income (bring statements) Yes No

Non-Taxable Interest Income (bring statements) Yes No

Dividend Income (bring statements) Yes No

Tip and Gratuities Yes No

Alimony Received Yes No

Annuity and Pension Received (bring statements) Yes No

Was your entire household covered with health insurance for the year? (supply form 1095-A, B or C) Yes No

Bonuses/Commissions (not reported on W-2) Yes No

Jury Duty or Election Board Fees Yes No

Lottery, Contest & Gambling Winnings Yes No

Prizes/Awards Yes No

Royalty Income Yes No

Scholarships/Fellowships Yes No

Unemployment Compensation (bring statements) Yes No

Veterans Benefits (Sch R) Yes No

Social Security (bring statements) Yes No

Hobby Income Yes No

Disability Income Yes No

Did you withdrawal IRA or KEOGH funds during the year Yes No

Sales of Stocks or property (bring statements) Yes No
 Need: Description, Date Purchase, Date Sold, Purchase Price, Sale Price Yes No
 Expenses of Purchase/Sale Yes No

Child Care Deduction Yes No
 Need: Provider Name and Address, SSN or EIN and Amounts Paid

Move During the Year Yes No
 Need: Mileage/Expnses of Move

Rental Income (bring statements) Yes No

Business Income (bring statements) Yes No

Farm Income (bring statements) Yes No

Interest on Student Loans (bring statements) Yes No

DEDUCTION SCHEDULE

MEDICAL EXPENSES PAID

Total Prescription Medicines & Drugs.....	\$	
Total Doctors & Dentists.....	\$	
Total Miscellaneous Medical.....	\$	
Total Health & Dental Insurance.....	\$	
Travel for Medical Treatment.....		Miles
Total Insurance Reimbursements.....	\$	

TAXES PAID

Real Estate Taxes (personal residential only)	\$	
Real Estate Taxes (vacation/2nd residence only)	\$	
Real Estate Taxes (investments only)	\$	
Vehicle License Fee	\$	
No. of Vehicles		
Personal Property Tax (boat, plane, etc.)	\$	
State Taxes Paid	\$	
Sales Tax Paid on Large Purchases	\$	

MORTGAGE INTEREST ON PERSONAL RESIDENCE(S)

Personal Residence Mortgage Interest (1st)	\$	
Personal Residence Mortgage Interest (2nd)	\$	
Vacation/2nd Residence		
Mortgage Interest (1st)	\$	
Vacation/2nd Residence		
Mortgage Interest (2nd)	\$	
Are any above mortgages paid to an individual?		
Yes / No (if yes, provide information)		
Name		
Address		
SSN		

SPECIAL NOTE:

If you purchased a personal residence we will need:

1. Escrow Papers of Purchase

If you purchased or sold a rental/business property:

1. Escrow Papers of Purchase
2. Escrow Papers of Sale
3. Expense of Sale

DEDUCTIBLE HOME EQUITY LOANS

1. Bring Loan Papers

BUSINESS RELATED DEDUCTIONS

Rental Expenses (bring sch. of all expenses)	\$	
Business Expense (bring sch. of all expenses)	\$	
Farm Expense (bring sch. of all expenses)	\$	
Depreciable Business Property	\$	
Purchase/Sale Information	\$	

CONTRIBUTIONS

Church (cash/check/provide proof of contribution)	\$	
March Of Dimes	\$	
United Fund	\$	
Heart Fund/Cancer Fund	\$	
Payroll Deduction	\$	
All Other Charities	\$	
Goodwill/Salvation Army (non-cash)	\$	
AZ State Credit (provide receipt)	\$	
	\$	
	\$	

ADJUSTMENTS TO INCOME

Alimony (to whom paid)	\$	
Name	\$	
SSN	\$	
IRA/SEP Contributions	\$	
Gambling Losses (limited to winnings)	\$	
Health Savings Account Contributions (HSA)	\$	
Student Tuition & Fees Paid (Form 1098-T)	\$	

ESTIMATED TAXES PAID

Date	Federal	State
<u>April 15</u>	\$	\$
<u>June 15</u>	\$	\$
<u>Sept 15</u>	\$	\$
<u>Jan 15</u>	\$	\$
<u>Extension</u>	\$	\$

ADDITIONAL INFORMATION/NOTES
