

Client Name:

## 2018 Tax Record Checklist - Retiree

Miller Block Building

165 5th St SE

Pine City, MN 55063

Tel (320) 629-4745

Fax (516) 941-0225

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Please bring the following items to your appointment:

- Please bring a copy of your 2017 tax return if you are a new client.
- W-2 Forms. Bring final paystub too - it contains info not always on your W-2.
- 1099 Forms. (These could be 1099-R, 1099-MISC, 1099-S, 1099-Int)
- Certificate of Rent Paid if you rent your home.
- Property Tax Statement (most recent) if you own your home.

### INCOME CHECKLIST

<input type="checkbox"/>	Wages	W-2
<input type="checkbox"/>	Unemployment	1099-G
<input type="checkbox"/>	Interest	1099-INT
<input type="checkbox"/>	Gambling	W-2G
<input type="checkbox"/>	Social Security	1099-SSA
<input type="checkbox"/>	IRA/ 401K Distribution	1099-R
<input type="checkbox"/>	Other - please specify:	
<input type="checkbox"/>	Foreign Accounts?	
<input type="checkbox"/>	Open IRS Issues?	
<input type="checkbox"/>	HSA distribution (1099-SA)	
<input type="checkbox"/>	Pension	1099-R
<input type="checkbox"/>	1095-A,B,C (Health Insurance)	

- Has your marital status changed since 12/31/17?
- Are there **new dependents** in your household since 12/31/17?
- Have you received any correspondence re your 2017 taxes?
- Do you need advice on any special issues now or in 2019?
- Do you have a bank (checking or savings account)?
- Did you sell a home in 2018?
- Are you still waiting for certain tax documents to come?
- Have you filed for bankruptcy or had debt cancelled in 2018?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did you receive any nontaxable income?  
 VA Benefits  MFIP  Work Comp < Check all that apply.

Contact Info **if different** from 2017 return:

Taxpayer:                      DOB                      SSN  
 \_\_\_\_\_  
 Spouse:                      DOB                      SSN  
 \_\_\_\_\_

New Address: \_\_\_\_\_  
 \_\_\_\_\_

New Dependents:  
 Name      SSN      DOB

Home Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

State Income Tax -Did you live or work in another state other than your home state? Y\_\_\_ N\_\_\_

Dates of Residence:	ST # 1	_____	ST #2	_____
Spouse Date if diff:	ST # 1	_____	ST #2	_____

### DEDUCTION /CREDIT CHECKLIST

Check all that apply - include documents or show on reverse side of checklist.

<input type="checkbox"/>	Medical Bills - see reverse
<input type="checkbox"/>	Mortgage Interest
<input type="checkbox"/>	Property Taxes
<input type="checkbox"/>	Contributions
<input type="checkbox"/>	_____
<input type="checkbox"/>	Casualty/Theft Loss
<input type="checkbox"/>	Retired Military?
<input type="checkbox"/>	Disabled?
<input type="checkbox"/>	Auto Tax (Tabs)
<input type="checkbox"/>	State:
<input type="checkbox"/>	Minnesota K-12 School
<input type="checkbox"/>	Wisconsin Rent/Prop Tax Paid
<input type="checkbox"/>	___Y ___N Wisconsin Rent Heat Paid?

