

Document Checklist

CLIENT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLEASE BRING THE FOLLOWING (AS APPLICABLE) FOR YOUR TAX APPOINTMENT:

- Last year's income tax return *if it was not prepared by Karyn Vaughn*
- Health Insurance Coverage Worksheet if ALL dependents were not covered ALL year
Include all forms 1095 received
- All copies of original W-2s, 1099s (all types) and Social Security SSA-1099
- All forms mailed to you marked "Important Tax Document Enclosed"
- Records of interest and dividend income (including non-taxable) such as 1099s or statements
- Schedules K-1 for any S-Corporations, partnerships, estates or trusts
- Reporting of any unemployment, pensions or other income
- Social Security cards and dates of birth for yourself, spouse and all dependents
**If previous return prepared by Karyn Vaughn, only new dependents*
***Please indicate whether any dependent lived with you for less than the full year*
- Original 1098 forms for mortgage interest and real estate tax bills you paid yourself
- Closing statements on sale, short sale, purchase or refinance of property and any related 1099s
- Reports of tuition or student loan interest paid and for whom (Form 1098-T)
- Profit and Loss Statements or complete income and expense amounts totaled by type
for any business, farm or rental property you own
**Please call my office for a business or rental worksheet if you would like one*
- Mileage records for business miles driven (not including commuting)
- Any other tax-related document which you received for the tax year
- Information on any item you feel may have tax implications or about which you have questions

If you paid for child care to enable you to work:

Provider 1: _____ 2: _____

Address: _____

SSN or EIN: _____

Amount Paid:	Child 1:	\$	_____	Child 1:	\$	_____
	Child 2:	\$	_____	Child 2:	\$	_____
	Child 3:	\$	_____	Child 3:	\$	_____

Deduction Worksheet

PLEASE PROVIDE AMOUNTS PAID DURING THE TAX YEAR:

Alimony to: _____ SSN: _____ Amount: \$ _____

Mortgage Interest paid to **an individual** or otherwise not reported on form 1098
Including interest paid on an RV or other qualifying second home

Payee name: _____
Address: _____ \$ _____
Social Sec No: _____

Charitable Contributions:

"Cash" Cash and check donations to Churches or Charities \$ _____
"Non-cash" Personal Items donated to Charities (clothing, etc) \$ _____
"Non-cash" Vehicles donated (Must have statement from Charity) \$ _____
Miles driven in your own car to perform charity work _____

Unreimbursed employee business expenses

Union Dues \$ _____
Uniforms, Tools, Safety Shoes, etc required by your job \$ _____
Education and trade publications related to your job \$ _____
Meal and Entertainment expenses not reimbursed \$ _____
Other Expenses not reimbursed \$ _____
Resume or job hunting expenses _____
Unreimbursed mileage on your own car Miles _____

If you used an area of your home regularly and exclusively for your job or business

Homeowners Insurance Premium \$ _____
Repairs and Maintenance on Home \$ _____
Utilities \$ _____
Homeowner's Association Dues \$ _____
Rent (If you are not the home owner) \$ _____

If you were required to move due to a job change:

Transportation of household goods \$ _____
Lodging and travel related to move (not meals) \$ _____
Mileage on your own car due to move Miles _____
Was the sale of your residence forced by your move? _____

Tax preparation fees, tax consultation fees or tax software purchased \$ _____

Penalties on early withdrawal of savings \$ _____

IRA Contributions made Traditional ROTH \$ _____

Energy efficiency improvements made to your home (provide contract) \$ _____

Losses due to damaged or stolen property \$ _____
Provide dates, amounts, insurance reimbursements

Adoption Expenses \$ _____

Tuition, fees, books & supplies paid for self, spouse or dependents \$ _____

Teacher Classroom Expenses \$ _____

Student Loan Interest (provide 1098-E) \$ _____

Medical Deduction Worksheet

**MEDICAL EXPENSES ARE DEDUCTIBLE ONLY AS THEY EXCEED 10% OF YOUR GROSS INCOME
PLEASE COMPLETE THIS WORKSHEET IF YOU BELIEVE YOU MAY EXCEED THIS MINIMUM**

Medical Insurance Premiums	\$	
Long Term Care Insurance Premiums	\$	
Health Savings Account Contributions	\$	
Doctor bills (not including cosmetic procedures)	\$	
Hospital bills (do not include any bills for cosmetic surgeries)	\$	
Prescriptions (do not include over-the-counter medications)	\$	
Eyeglasses, eye doctor services or optical surgery	\$	
Chiropractic fees	\$	
Lab fees	\$	
Acupuncture or other alternative treatments prescribed by physician	\$	
Medical equipment or procedures prescribed by a physician	\$	
Miles driven to obtain medical treatment	Miles	

Taxes Paid Worksheet

State Taxes paid for prior years (such as last year's state tax return)	\$	
Auto registrations for personal vehicles		
Vehicle 1: _____	\$	
Vehicle 2: _____	\$	
Vehicle 3: _____	\$	
Vehicle 4: _____	\$	
Personal Property Taxes Paid (this is a county tax, such as on a boat or plane)	\$	
Real Estate Taxes paid directly by you (not by mortgage company)		
Personal Residence	\$	
Supplemental bills	\$	
Secondary residence or vacation home	\$	
Time Share	\$	
Land held for investment (not rental property)	\$	
Sales Tax paid on large purchases (such as car)	\$	
Estimated Taxes Paid:	\$	
by 4/15 by 6/15 by 9/15 by 12/31 by 1/15 w/extension		
Federal: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
State: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		

Miscellaneous Questions

FOR THIS TAX YEAR:

YES NO

Did taxpayer and ALL dependents have medical insurance for ALL of 2017?
If not, you must complete Health Care Coverage Worksheet

If you have a refund coming, do you wish to have it direct deposited?
If so, do you want to use the same account as last year?

If you owe taxes, do you wish to pay by automatic withdrawal on April 15?
(please provide a voided check from your account)

Were there any changes to your filing status or change in dependents?

Did you have a change in residence or job location?

Are you or any dependent being claimed as a dependent by another person?

Are any of your dependents NOT U.S. citizens or residents?

Have you received W-2 forms from all employers? (Please bring all to your appointment)

Did you receive alimony? (Please provide name and SSN of payer and amount)

Did you cash in any U.S. Savings Bonds?

Did you or your spouse receive any tips not reported to the employer?

Did you work out of town at any time during the year?

Did you start a new business, buy or sell a business or purchase new business property?

Did you sell, abandon or dispose of any business property or equipment?

Did you sell property or equipment on installment?

Did you buy or sell any stocks, bonds or other investments?

Did you have any foreign income or pay any foreign taxes?

Did you have interest or signature authority in a foreign bank or brokerage account?

Did you sell or refinance your principal residence? (Please bring closing statement)

Did you purchase a **new** electric motor vehicle this year? (Bring purchase contract)

Did you make any energy efficiency improvements to your home?

Did you receive any tips which were not reported to your employer?

Did you receive any other income not listed elsewhere in this organizer?

Would you like me to calculate what your tax savings would be if you were
to open or add to an IRA, SEP, etc by April 15?

Do you require a paper copy of your return in addition to the PDF copy on our secure portal?

If yes, please enter the amount you would like to contribute: \$ _____

**Please note limits for 2017: \$5,500 under age 50 / \$6,500 age 50-70*

**SEP contribution limits are based on business income*