

CHECKLIST FOR TAX YEAR 2018

RETURNING CLIENT ____

NEW CLIENT ____

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TAXPAYER NAME: _____ **Insurance A B C D E F**

Telephone Number _____ **Email:** _____

Please indicate any changes or additional dependents:

Name (as appears on SS card) SS# _____ **Date of Birth** _____

SPOUSE _____

DEPENDENTS: Children up to age 23 (age 19 - 23 must be full time student) or Disabled

_____ A B C D E

_____ A B C D E

_____ A B C D E

Please indicate your healthcare coverage type, as follows:

- A. W-2 showing employer provided insurance (Box 12 Code DD)
- B. Proof of other health insurance for you and your dependents
- C. Certificate of Exemption from Healthcare.gov (form 8965)
- D. Form 1095A Insurance through the Health Insurance Marketplace
- E. Medicare or Medicaid
- F. No coverage

INCOME: Please indicate which of the following documents you are submitting:

- | | |
|--------------------------------------|--|
| _____ W-2 | _____ Unemployment compensation |
| _____ Contract labor (1099) | _____ Social security income (SSA 1099) |
| _____ Interest earned (1099) | _____ Capital gains/losses (1099B) |
| _____ Dividends earned (1099) | _____ Rental income |
| _____ Alimony received | _____ Partnership & S-Corp income (K-1) |
| _____ Pension lump sum distributions | _____ State tax refunds |
| _____ Pension income (1099R) | _____ Debt forgiveness (1099C) |
| _____ Prizes and bonuses | _____ Tips, farm, gambling, trust income |
| _____ Jury duty, fees, commissions | _____ Sale of property (1099S) |
| _____ Barter income | |

DEDUCTIONS: Please indicate which of the following documents you are submitting:

_____ Retirement Plan contribution

Medical - you may be able to deduct any costs that exceed 7.5% of your AGI

- | | |
|--|---|
| _____ H S A taxpayer contributions | _____ Health and dental insurance premiums |
| _____ Prescription drugs and insulin | _____ Hospital and ambulance charges |
| _____ Doctor and nurse charges | _____ Labs and X-rays |
| _____ Medical equipment & Improvements | _____ Glasses, dentures, hearing aids |
| _____ Medical mileage and lodging | _____ Special schools for learning disabilities |

Other Taxes:

- | | |
|--|-----------------------------|
| _____ Real estate taxes | _____ Personal property tax |
| _____ Advalorem (Georgia's new TAVT is considered to be a fee and is not deductible) | |

Interest

- Home mortgage Points paid to finance, refinance home
- Line of credit or home equity loans IF THE MONEY WAS USED FOR HOME IMPROVEMENT
- Investment Interest

Contributions:

- Church tithes (need receipt) Charity
- Foster parents expenses (Net allowance) Uniforms for charitable work
- Property donates (with FMV and Appraisal)
- Appraisal fee for donated property Household and clothing

SCHEDULE C BUSINESS EXPENSES:

Home Office:

- Cost of home Cleaning, repair and maintenance
- Utilities Insurance, taxes and interest
- Rent Security system
- Landscaping Home improvements

Auto Expenses

- Gasoline Oil and lube
- Washing and waxing Insurance
- License and tag fees Parking and tolls
- Garage rent Tires and tubes
- Interest or lease payments Accessories
- Auto clubs Mileage (total for business for year)

Business Travel

- Airfare Car rental
- Hotel Taxi, tips

Miscellaneous (Entertainment expenses are no longer deductible)

- Meals Commissions

Business Supplies and Expenses:

- Stationary & supplies Postage and freight
- Professional dues and subscriptions Business cards
- Office equipment and fixtures Telephone/Cell phone
- Business education costs Laundry and cleaning
- Advertising Office rent and utilities
- Licenses and fees Subcontractor

SCHEDULE E RENTAL PROPERTY

- Legal and professional fees Bank charges
- Mortgage Interest Real estate tax
- Mileage Repairs and maintenance
- Capital expense - improvements Mortgage refinance costs (closing)

IF YOU ARE A NEW CLIENT, PLEASE BRING YOUR PRIOR YEAR TAX RETURN