# 2017 CHECKLIST FOR ACCURATAX LLC

***Please check the items you have and please bring this list along with all you tax documents.***

## **NEW CLIENT INFORMATION ONLY:

** Please bring a copy of your 2016 tax return.(NEW CLIENTS ONLY)

Address _________________________________ City_______________ Zip __________

Phone No._____________ Cell No.____________ Email___________________________

Names & dates of birth of all household members:

Name __________________ DOB___________ Name _________________ DOB__________

Name __________________ DOB___________ Name _________________ DOB__________

Name __________________ DOB___________ Name _________________ DOB__________

## **CURRENT CLIENT START HERE:

__W2 Forms (Wages)
__1099_MISC (Contract Work)
__1099-INT or December Bank Statement (Banking Interest)
__Last year's State Refund Card
__Unemployment (Form 1099-G)
__Retirement Benefits (1099-R)
__Social Security Benefits
__Alimony received
__Daycare expenses
__College Education loan interest
__College Education Expenses for dependents (1098T and books/materials)
__Moving Expenses
__Educators Credit (Limit of $250 school supplies)

IF YOU OWN A HOME AND/OR ITEMIZE
__1098 (House Interest)
__Property taxes (2016 taxes paid in 2017)
__New Vehicle Purchase in 2017 (Please supply sale receipt)
__Vehicle registrations (ownership portion only - on back of registration)
__Cash contributions paid to Non-Profits
__Gift contributions given to Non-Profits
__Medical Expenses (Need to be over 10% of AGI)
__Long Term Care Payments
__Work expenses you expect to deduct (Need to be over 2% of AGI)
__Investment Expenses (Stock, Mutual Fund or IRA Expenses)(2% of AGI)

STOCK, MUTUAL FUNDS, or IRA's
__1099-B if you sold mutual funds or stock (Need Sell & Buy amounts)
__1099-DIV if you receive dividends from Mutual Funds or Stock
__IRA Contributions for 2017 (Don't need Roth Information)
__HSA Contributions for 2017 (Individual or Family)

AFFORDABLE ACT DOCUMENTS
Were you covered by a health insurance policy all year. Yes___ No___
(If yes, you can skip to next page of additional questions, if No proceed.
__ If you were covered some months I will need information of which months each person was covered.
__If you are eligible for an exemption by Healthcare.gov. You will need an approval letter with you Exemption Certificate Number. ECN)
__Did you receive the advance Premium Tax Credit through Healthcare.gov. If so, Form 1095-A must be provided to complete your return.
__Other - Explain:

## ADDITIONAL QUESTIONS

| | Yes | No |
|---|---|---|
| Did you receive any correspondence from the IRS? | ___ | ___ |
| If yes please supply a copy of the letter. | | |
| Did you sell or buy a home during 2016? | ___ | ___ |
| Do you have a new address? | ___ | ___ |

If yes: Address_____________________City___________State________Zip______

| | | |
|---|---|---|
| Do you have any new dependents in 2016? | ___ | ___ |

If Yes: Name_______________ Soc Security___________ DOB Birth________

Additional information that I may need to know to complete your taxes?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Notes from client below:

**(PAGE 3 IS FOR RENTAL PROPERTY AND BUSINESSES)**

# RENTAL PROPERTY

**Rental Property**

__Rent received
__Rental Mortgage Interest
__Rental Property Taxes
__Rental Property Insurance
__Depreciation - (need Closing statement if purchase in 2016)
__Mileage to rental (Must have log of miles)
__Utilities (Heat, electric, trash)
__Supplies
__Repairs
__Capital Improvements

## BUSINESS TAX RETURN (Sole Proprietor or LLC)

**Name of Business**______________________________________
**EIN or Social Security Number**___________________________
**Describe Business**_____________________________________

__Date started business
__Income for the year
__Advertising
__Contract Labor
__Payroll & Payroll Taxes
__Office expenses
__Rent or Leases paid
__Taxes & Licenses
__Travel expenses
__Meals & Entertainment WITH CLIENTS
(You get 50% of these expensed - as a rule)
__Meal & Entertainment WITH EMPLOYEES (100%)
__Gifts to Clients (Limit is $25 per client)
__Interest or Penalties on any loans or credit cards for business.
__Legal & Professional expenses
__Cell phone or Business phone expenses (reasonable % for Business)
__Internet (reasonable % used for Business)
__Repairs and Maintenance
__Tools and/or Material expenses
__Insurance expense (Business and Medical Premiums)
__Other

VEHICLE EXPENSES - Any vehicle expenses need miles log.
__Vehicle Year and Model
__Purchase Price
__Date vehicle put in business
__Odometer reading beginning of year and end of year
__(Miles Method) Business miles driven / Personal miles driven
__(Actual Expenses Method)-(Gas, Oil, Insurance, License, Maintenance)
NOTE: Need miles driven for the business with both methods.

HOME OFFICE EXPENSE
__Full House square footage
__Home Office square footage
__House Market Value at time business started
__Land value at time business started
__Cost of any major improvements to property this year
__Utilities (Gas, Electric, Trash)
__House Insurance
__Rent paid

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