

# Checklist Tax Year 2018

**NOTICE: IRS and the State of Ohio now require that tax preparers verify additional documents in order to prevent identify theft and taxpayer fraud.**

- DRIVER'S LICENSE:** If your tax filings include an Ohio return, we will need to see your driver's license or state ID (and your spouse's, if applicable). Please notify us if you do not have one.
- EDUCATION CREDITS:** We will need to see an account statement (Bursar Statement).
- NEW CLIENTS:** Please include your last 1-2 years tax returns, copies of your driver's license and social security card (and those of your spouse, if applicable). If you have dependants, include copies of their social security cards and birth certificates.
- ADDITIONAL DOCUMENTATION:** New clients, and existing clients who qualify for refundable credits (Additional Child Tax Credit, Earned Income Tax Credit, American Opportunity Credit) may be asked to provide additional documentation.

Yes	No	GENERAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	I have a state driver's license or state ID. Please provide a copy (include your spouse's, if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes to your filing status or number of dependents during 2018? Include copies of the social security card and birth certificate for any new dependants.
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you move during 2018? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you reside in more than one state during 2018? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any notices from the IRS, the state, or local taxing agencies?

Yes	No	INCOME INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Have you received all W-2s from all employers? How many W-2s? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an employer-provided vehicle which you drove home or used personally?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn income from a state other than the state in which you live?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stocks? (Even if the funds were reinvested into other stocks)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage in any bartering transactions during 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you surrender any U.S. Savings Bonds during 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take an IRA or pension distribution?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-1 from a partnership, S-corporation, or trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any social security or railroad retirement benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of prize, award, or gambling winnings during 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received?
<input type="checkbox"/>	<input type="checkbox"/>	Did you discharge any debt due to bankruptcy or have a home go through foreclosure?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income not shown in your tax documents?

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Yes	No	<b>BUSINESS INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you close or sell a business during 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, please list the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of any business assets (including real estate)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own rental property? What percentage of time did you spend managing your rentals?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any gasoline, diesel or special fuels for non-highway business use?

Yes	No	<b>OTHER INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were any tuition costs paid during 2018 (even if classes were attended in another year)? Include an account statement from the college or university (Bursar Statement)
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your household attend higher education classes in 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any student loan interest? <b>Include Form 1098-T</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home for your personal residence between April 8, 2008 and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your principal home or your second home or make a home equity loan during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell a home that you used as a principal residence? <b>Include HUD Statements - pages 1 and 2</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you install solar water heaters or solar panels in 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any gifts to any one person in 2018 in excess of \$14,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay wages to any household employees (babysitters, housekeeper, nanny, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year? <b>Include ALL Forms 1095 received</b>
<input type="checkbox"/>	<input type="checkbox"/>	If yes, where did you purchase the health care coverage? <input type="checkbox"/> Employer <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any internet purchases for which you owe use tax to the state of Ohio? (If no sales tax is collected by the retailer, then use tax is owed to Ohio) What is the amount of the purchases?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any estimated payments? Federal, state, or city

Yes	No	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, if not subsidized by employer
<input type="checkbox"/>	<input type="checkbox"/>	Mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest
<input type="checkbox"/>	<input type="checkbox"/>	Real estate and personal property taxes paid in 2018
<input type="checkbox"/>	<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	<input type="checkbox"/>	Fair market value of property donated to charity and charity mileage. <b>Include receipts</b>
<input type="checkbox"/>	<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work