Client Name:

2020 Tax Record Checklist - Retiree

Miller Block Building

165 5th St SE

Pine City, MN 55063
Tel (320) 629-4745
Fax (516) 941-0225
email todd@toddstaxservice.com

Please bring the following items to your appointment:

___ Please bring a copy of your 2019 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.
___Do you or your spouse have an IPIN? (IRS issued ID Theft Pin #)

	YES	NO
Has your marital status changed since 12/31/19?		
Are there **new dependents** in your household since 12/31/19?		
Have you received any correspondence re your 2019 taxes?		
Do you need advice on any special issues now or in 2021?		
Do you have a bank (checking or savings account)?		
Did you sell a home in 2020?		
Are you still waiting for certain tax documents to come?		
Have you filed for bankruptcy or had debt cancelled in 2020?		
Did you receive any nontaxable income?		

___VA Benefits ___MFIP ___Work Comp < Check all that apply.

Contact Info **If different** from 2019 return:

Taxpayer: DOB SSN

Spouse: DOB SSN

New Address: _____

_____

Home Telephone: _____
Cell Phone: _____
Email: _____

New Dependents:

Name SSN DOB

_____
_____
_____
_____

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	

Delivery Preference: Sitdown___ Online___ US Mail___ Pickup at Front Desk___ Pickup out front in car___

INCOME CHECKLIST

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

How much was your stimulus payment? _____

DEDUCTION /CREDIT CHECKLIST

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

	Medical Bills - see reverse
	Mortgage Interest
	Property Taxes
	Contributions
	Casualty/Theft Loss
	Retired Military?
	Disabled?
	Auto Tax (Tabs)
	State:
	Minnesota K-12 School
	Wisconsin Rent/Prop Tax Paid
__Y __N	Wisconsin Rent Heat Paid?

Date of initial submission of info to Todd: __-__-__

Deductions/ Credits Detail

I have received a copy of this checklist:
Taxpayer initials___ Spouse initials___

Income Items:

	Taxpayer	Spouse
Social Security		
401(K) or 403 (B) Distribution		
Traditional IRA Distribution		
Roth IRA Distribution		
Interest Income - List		
Bank 1		
Bank 2		
Bank 3		
US Bond Interest		
K-1 from Estate or Trust		
K-1 from Corp or Partnership		
Sale of Property		
Gambling, Bingo, Lottery		
Capital Gains (Sch D)		
Pension		

Itemized Deductions:

Medical Expenses -out of pocket	
Health Insurance	
Prescriptions	
Co-Pays	
Dental	
Eye	
Chiropractor	
Hospital	
Long Term Care Insurance	
List Name of Insurance Carrier.	
List Policy # LTC	
Other	
List Medical Expenses only if paid out of pocket	
HSA or pretax items are treated separately.	

	Total Fee
Car # 1 Tabs (License Plates)	
Car # 2 Tabs (License Plates)	
Car #3 Tabs (License Plates)	

The personal property tax is deductible and is the amount over $52

Boat, Snow Mobile, RV, Trlr - NOT DED

State Balance Due Paid for 2019	
State Balance Due other years	

Interest on back taxes is not deductible.

Did you buy a new car, boat or RV?

Real Estate Tax Paid

Home	
Cabin/Second Home	
Land	

Penalties and late payment interest not deductible.

Work Expenses	
No Longer Deductible	