INCOME TAX CHECKLIST

SSN

| Taxpayer's name | | | SSN | | | | | | |
|---|---------------------------------|----------------|---------------------------------|-------------|--------------------------|-----------------|------------------------------|--|--|
| Spouse's name | | | | SSN | | | | | |
| Taxpayer's occupation | | | Birthdate | | | | Blind? | | |
| pouse's occupation | | | Birthdate | | | Blir | Blind? | | |
| Address | | | | | | | | | |
| Phone | | | | | | | | | |
| | | DEPE | IDENTS | | | | | | |
| Name | | | | J | Birthdate | Rε | elationship | | |
| 1) | | | | | | | <u></u> | | |
| 2) | | | | | | | | | |
| 2) 3) | | | | • | | | | | |
| 4) | | | | | | | | | |
| | Support by | / you | | Support | by others | Months in | your home | | |
| 1) \$ | | | \$ | | | | | | |
| 2) \$ | | | \$ | | | | | | |
| 3) \$ | | - - | \$ \$ | | | | | | |
| 4) \$ \$ | | | | | | <u> </u> | | | |
| NOTE: You must provide a social secu | rity numbe | er for all de | pendents. | | | | | | |
| | DΛE | | RK TO BF | SING | | | | | |
| 1000 INT | | LINWOI | | - | Oth- | w 1000a | | | |
| | W-2s | | | | | | r 1099s year's tax return | | |
| K-1s Tax forms wit | niabeis | | | lax biii | Last | years tax re | turri | | |
| | | | OME_ | | | | _ | | |
| INTEREST INCOME (if not on 1099-IN) | Γ) | | DIVIDEN | O INCOME | E (if not on 1099 | -DIV) | | | |
| T/S/J Payer | | 5 | T/S/J | Payer | | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| | | | <u> </u> | | | | | | |
| **!!!!!- ' '-f | | | D.: | 4005 4 5 | C ((-) | | | | |
| **Health insurance coverage inform | iation is r | equirea. | Bring any | 1095 A, I | s, or C form(s) | receivea. | | | |
| | _ | OTHER | INCOME | | | | | | |
| | | | | | | | | | |
| SALE OF STOCK OR OTHER PROPERTY | Cost | Sales Price | | | ncome, please b | ring all figure | es and | | |
| SALE OF STOCK ON OTHER PROPERTY | Cost | Frice | Ť | ng data. E | :xampies: | | | | |
| | | | _ IIPS Pensi | ons / annu | uities | | | | |
| | | | Jury duty Unemployment (1099-G) | | | | | | |
| | | | | | | | | | |
| | | | Alimony received | | | | | | |
| | | | Prizes (1099-MISC) | | | | | | |
| | | ļ | Self-employment | | | | | | |
| | Partnerships and S corporations | | | | | | | | |
| | | | | es & trusts | | | | | |
| Please bring supporting documents (Form 1099- | I Bs and etate | ments) | | security b | | | | | |
| i icase bring supporting documents (Form 1088- | Do and state | ioinoj | | • | fellowships | | | | |
| If you have a husiness or rental property places attach | | | Tax refunds Royalties | | | | | | |
| If you have a business or rental property, please attach an income/loss statement and supporting documents. | | | • | xable inco | ome | | | | |
| | | | | Gambling | | | | | |
| If you borrow money and the debt is | canceled | or | | | | | | | |
| forgiven, please include Form 1099 | | | | | | | | | |
| 5 /1 | | | | | | | | | |

DEDUCTIONS AND CREDIT ITEMS

| RETIREMENT | | CONTRIBUTIONS | | | | |
|---|-------------|------------------------------|----------------------|------------|--|--|
| Payments to a Traditional IRA | | Church | | | | |
| Taxpayer Date | | Other cash contributions | | | | |
| Spouse Date | | Charitable auto mileage | | | | |
| Payments to a Roth IRA | | Property donated for which | h you have | | | |
| Taxpayer Date | | receipts (fair market val | ue) | | | |
| Spouse Date | | Other | | | | |
| Penalty for early withdrawal | | CACHALTY | A THEFT ! 000F0 | | | |
| Alimony paid | | | & THEFT LOSSES | | | |
| Self-employed health insurance | | Cost of property lost | | | | |
| Keogh, SEP & Simple contributions | | Fair market value of prope | | | | |
| MEDICAL EXPENSES | | Insurance reimbursement | received | | | |
| Medical Savings Account (MSA) contributions | | JOB-RELATED | MOVING EXPENS | ES | | |
| The diff Or the Area of (HOA) and Shading | | | | | | |
| Insurance & Medicare premiums | | Travel & lodging | | | | |
| Prescriptions | | Moving household goods | | | | |
| Eyeglasses | | BUSINESS | AUTO EXPENSES | | | |
| Doctors | | Total miles | | | | |
| Dentists | | Business miles | | - | | |
| Hospital | | Gas & oil | | | | |
| Ambulance | | Interest | | | | |
| Medical auto mileage | | Tolls & local transportation | 1 | | | |
| Other medical travel expenses | | Other | | | | |
| Hearing aids & batteries | | <u> </u> | | | | |
| Other medical expenses | | | | | | |
| Reimbursements | | MISCI | ELLANEOUS | | | |
| TAXES | | Dues & subscriptions | | | | |
| Real estate tax | | Education | | | | |
| Personal property tax | | Safety equipment | | | | |
| City / county tax | | Uniforms | | | | |
| Sales tax | | Job seeking expenses | | | | |
| Other _ | | Tax preparation | | | | |
| Estimated Taxes State F | | Tools | | | | |
| Date pd. | | Business entertainment | | | | |
| Date pd. | | Investment & tax advice | | | | |
| Date pd. | | Safe-deposit box | | | | |
| Date pd. | | Hobby losses | | | | |
| INTEREST EXPENSE | | Gambling losses | | | | |
| Home mortgage (1098) | | Impairment related work e | | | | |
| Home mortgage – pd. to individuals | | Classroom expenses for te | eachers | | | |
| (Include name and SSN of individuals) | | Energy property installed | | | | |
| | | Other | | | | |
| <u> </u> | | | | | | |
| Investment interest | · | | · | | | |
| Interest pd. on student loans (1098-E) | <u> </u> | | | | | |
| CHILD CARE | EXPENSES - | Bring list of monthly totals | | | | |
| Provider's name | Address | | ID# of provider(s) | Amount pd. | | |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| ED | UCATION CRE | EDITS (1098-T) | | | | |
| Name of institution | Tuition pd. | Who attended | When clas | ses began | | |
| or monadon | | - The anomada | 7111011 0100 | sogan | | |
| | | | | | | |
| | | | | | | |

LOANS: If you borrowed money during the year, bring a list showing the amounts, dates and use of proceeds.