



Expanded Tax Checklist

GENERAL INFORMATION:

- Name: _____ DOB: _____ Spouse: _____ DOB: _____
 Dependent: _____ DOB: _____ Dependent: _____ DOB: _____
 Dependent: _____ DOB: _____ Dependent: _____ DOB: _____
 Address: _____ Phone: _____
 Marital Status: Married Single Separated **ANY NEW DEPENDENTS?**

PROOF OF HEALTH INSURANCE COVERAGE FOR EACH OF THE 12 MONTHS FOR EVERYONE IN THE HOUSEHOLD

ADDITIONAL INFORMATION NEEDED FOR NEW CLIENTS

- Copy of last year's tax return
 Copy of Social Security Card and photo ID of all people on return
 Copy of a check for direct deposit of any refunds
 How you were referred

INCOME & INCOME REPORTING FORMS:

- Wages: All W-2's Pensions/Retirements: 1099-R Social Security: SSA-1099
 Rental Income Bank Interest: 1099-INT Dividends: 1099-DIV
 Unemployment: 1099-G State Tax Refund: 1099-G Stock & Mutual Fund Sales: 1099-B
 Misc: Alimony, Jury Duty, Gambling all other income Business/Farm Income: All 1099-Misc & 1099-K form

BUSINESS/FARM EXPENSES: This is not all encompassing. If you don't see an expense listed below, ask.

- Advertising Cell Phone Subcontractors Insurance
 Commissions Business Interest Paid Office Supplies Rent/Lease
 Legal/Professional Repairs/Maint. Small Tools Dues & Publications
 Supplies Taxes & Licenses Utilities Continuing Education
 Hotel/Travel Postage Meals & Entertainment Bank/Credit Card Fees
 Documented Business Miles & Total Miles Driven Assets Purchased (description, date purchased, cost)
 Business Phone (not home line)

ADDITIONAL ITEMS FOR RENTAL PROPERTIES:

- Advertising Condo Fees Management Fees Mortgage Statement
 Repair/Maint. Utilities Documented Mileage/Travel
 Misc: Keys, Termite, Supplies Assets Purchased (description, date purchased, cost)

ESTIMATED TAXES PAID:

- Date of payment and amount paid for **EACH** Federal and State tax estimated payment.

POSSIBLE CREDITS:

- Teacher Expenses
- Adoption Expenses
- Student Loan Interest
- College Education Expenses
- Total Alimony Paid: Must have name, social security number of recipient, and amount paid
- Child Care/Day Care Credit: For all children **UNDER** age 13; must have name, address, social security number or EIN of provider, and amount paid **PER** child.

ITEMIZED DEDUCTIONS:

MEDICAL

- All out of pocket medical & dental expenses **totaled from receipts**
- Documented medical miles
- Health, Dental, Long Term Care & Cancer Insurance

OTHER

- Mortgage interest (Form 1098)

TAXES:

- Prior Year State Tax Paid
- Real Estate/Property Tax Paid

INSURANCE:

- La Citizen's Assessment** - Homeowner's Declaration page(s) beginning with current tax season. Must include assessment charge amount, policy number, name of insured person, and location of insured property

CHARITABLE CONTRIBUTIONS: Include **ALL** letters & receipts issued from the recognized organization. To confirm the organization is recognized, visit: <http://apps.irs.gov/app/eos/>

- All Letters From Churches, Ministries, other Recognized Organizations
- Out-of-pocket Volunteer Expenses
- Documented Charitable Miles
- Household Goods and Clothing: **(receipt from organization including date donated, list Fair Market Value for EACH donation item. See the link on www.itlaccounting.com for a detailed FMV list)**