

## **Expanded Tax Checklist**

(Attn: Drop offs after March 31st are subject to an extension)

## **GENERAL INFORMATION:**

□ Name:	DOB:	Spouse:	DOB:		
	DOB:				
☐ Dependent:	DOB:	Dependent:	DOB:		
☐ Address:			Phone:		
☐ E-mail Address:		Spouse Phone:			
	Married □ Single □ Separate				
☐ 1095-A If y	ou had Market Pl	ace health insui	rance		
	NEW CLIENTS: ADDIT	ONAL INFORMATION NEED	<u>ED</u>		
	Convert last year's t	av raturn	_		
	☐ Copy of last year's tax return				
	☐ Copy of Social Security Card for all people on return				
	• •	<ul> <li>Copy of a check for direct deposit of any refunds</li> </ul>			
	, ,	☐ Copy of drivers license for taxpayer and spouse			
	☐ How you were referred				
OME & INCOME REPORT  ☐ Wages: All W-2's		nents: 1099-R 🔲 Social	Security: SSA-1099		
☐ Rental Income	☐ Bank Interest: 1099-INT ☐ Dividends: 1099-DIV				
☐ Unemployment: 109					
• •	ces prior to 2019), Jury Duty, Ga				
	Sales: 1099-B (issue due date 3)	/15)			
☐ Business/Farm Incom	e: All 1099-NEC & 1099-K form				
SINESS/FARM EXPENSES	This is not all encompassing. I	f you don't see an expense lis	sted 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	☐ Bank/Credit Card Fees	_		
	ss Miles & Total Miles Driven	, , , , , , , , , , , , , , , , , , , ,			
	escription, date purchased, cost	for any \$2500 or more)			
☐ Business Phone (not	•				
□ Documented Busine	ss Related Meals				

ADDIT	DITIONAL ITEMS FOR RENTAL PROPERTIES:		
	☐ Repair/Maint. ☐ Utilities ☐ Pro	nagement Fees operty Taxes cumented Mileage/Travel 000 or more)	<ul><li>☐ Mortgage Statement</li><li>☐ Insurance</li></ul>
<u>ESTIM</u>	IMATED TAXES PAID:		
	□ Date of payment and amount paid for <b>EACH</b> Federal and State	tax estimated payment.	
POSSII	SSIBLE CREDITS:		
	<ul> <li>□ Adoption Expenses</li> <li>□ Student Loan Interest</li> <li>□ College Education Expenses (must provide 1098-T)</li> <li>□ Total Alimony Paid (divorces prior to 2019): Must have name,</li> </ul>		
ITEMIZ	MIZED DEDUCTIONS:		
MEDIC	DICAL:		
	□ Documented medical miles	ipts	
<u>OTHE</u>		•	
TAXES	YES:		
	<ul><li>□ Prior Year State Tax Paid</li><li>□ Real Estate/Property Tax Paid</li></ul>		
	ARITABLE CONTRIBUTIONS: Include ALL letters & receipts issued fanization is recognized, visit: <a href="http://apps.irs.gov/app/eos/">http://apps.irs.gov/app/eos/</a>	rom the recognized organ	nization. To confirm the
	<ul> <li>Out-of-pocket Volunteer Expenses for qualified organizations</li> <li>Documented Charitable Miles</li> </ul>	cluding date donated, list	Fair Market Value for <u>EACH</u>