



## Expanded Tax Checklist

### GENERAL INFORMATION:

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Marital Status:  Married  Single  Separated

### **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](http://www.itlaccounting.com) for a detailed FMV list)**