



Date Promised \_\_\_\_\_

Fed Ref Due \_\_\_\_\_

WI Ref Due \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

CHECK IF: New Address Cell Phone Add/Delete Dependent Deceased date \_\_\_\_\_

Status: Single MFJ MFS HOH (need qualifying child) QW (w/child & used 2 years after death)

# of Dependents \_\_\_\_\_ If new dependent, we need their date of birth and a copy of their social security card.

How many months did they live with you? \_\_\_\_\_ If over 18, were they a full-time student for at least 5 mo. \_\_\_\_\_

Can non-custodial parent claim them this year? \_\_\_\_\_ Need 8332 signed by custodial parent or copy of divorce decree

\*\*\* Did ALL the members of the household have medical coverage all year? \_\_\_\_\_

Was the medical insurance purchased through the healthcare website? \_\_\_\_\_ Received 1095-A? \_\_\_\_\_

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# W-2s \_\_\_\_\_

# 1099 INT \_\_\_\_\_ (Includes dividends from Credit Unions) Gov't Int Tax Exempt Int Early W/D Penalty

# 1099 DIV \_\_\_\_\_ Foreign Tax

1099 R \_\_\_\_\_ (Includes both pension and IRAs)

1099 G \_\_\_\_\_ Unemployment Repayment

1099 SSA \_\_\_\_\_ Social Security Amount of Medicare premiums deducted \_\_\_\_\_ (All categories)

State Refund \_\_\_\_\_ if itemized on last year's return (automatically figured for returning clients)

Alimony Received \_\_\_\_\_

Stock Sales \_\_\_\_\_ Is basis needed? Sale of property or home \_\_\_\_\_ (Need to see closing statement for the sale.)

Sale of home— Lived there 2 of last 5 yrs.? \_\_\_\_\_ When was previous home sold? \_\_\_\_\_ Was home rented out? \_\_\_\_\_

Rental Income \_\_\_\_\_ (See separate rental worksheet)

Self-Employed \_\_\_\_\_ (See separate worksheet)

K-1s received \_\_\_\_\_ Partnership S Corp Other \_\_\_\_\_

Misc. Income: Gambling Jury Duty Spiffs Inheritance Other \_\_\_\_\_

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Educator expense \_\_\_\_\_ Student Loan Interest Paid \_\_\_\_\_

Health Savings Account (HSA) Contributions (not by paycheck) \_\_\_\_\_ Distributions used for Medical Expense \_\_\_\_\_

IRA Contributions:

Traditional IRA Contributions \_\_\_\_\_ (H) \_\_\_\_\_ (w) ROTH \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Alimony Paid: \_\_\_\_\_

Paid to: \_\_\_\_\_ Social Security # \_\_\_\_\_

Education: Tuition & fees paid \_\_\_\_\_ School \_\_\_\_\_ (need 1098T) Books & Supplies \_\_\_\_\_

Full time Student? \_\_\_\_\_ How many years of Post Secondary Education \_\_\_\_\_ Scholarship/Grants \_\_\_\_\_



**ORGANIZER**

**Credit for Dependent Care:** Name of Dependent(s) \_\_\_\_\_

Statement or Receipt from Child Care Provider (need Name, Address, and SS# or EIN, amount paid .

Were Dependent Care Benefits withheld on W-2? \_\_\_\_\_

**Residential Energy Credit:** What was installed? \_\_\_\_\_ Total cost including installation \_\_\_\_\_

**Earned Income Credit:**

MUST have proof that a dependent child lived with them. Proof includes: School records (not report card), Medical records, Child care provider records, employment statement.

**ESTIMATED TAX PAYMENTS:** If itemizing, was last year's Jan estimate paid in the current year? \_\_\_\_\_ Amount? \_\_\_\_\_

| IRS                |                  | State              |                 |
|--------------------|------------------|--------------------|-----------------|
| Due April 15 _____ | Date Paid: _____ | Due April 15 _____ | Date Paid _____ |
| Due June 15 _____  | Date Paid: _____ | Due June 15 _____  | Date Paid _____ |
| Due Sept 15 _____  | Date Paid _____  | Due Sept 15 _____  | Date Paid _____ |
| Due Jan 15 _____   | Date Paid _____  | Due Jan 15 _____   | Date Paid _____ |

**ITEMIZED DEDUCTIONS:**

**Medical:**

Insurance premiums paid with after tax money \_\_\_\_\_ (includes Medicare premiums and supplemental insurance)

Medical bills \_\_\_\_\_ Dental \_\_\_\_\_ Prescriptions \_\_\_\_\_ Eye care (including glasses, contacts) \_\_\_\_\_

Hearing aids and other aids (crutches, sling, CPAP, etc.) \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mileage to and from doctor, hospital, dentist, pharmacy, etc. Roundtrip \_\_\_\_\_ (written record)

**Taxes:**

Prior year state balance due \_\_\_\_\_ Taxes paid on home \_\_\_\_\_ Year of Tax Bill \_\_\_\_\_

Other Real Estate tax \_\_\_\_\_

**Charitable Contributions:** Cash/Check \_\_\_\_\_ (Need receipt for any transaction over \$250. Subtract value of any goods or services received. )

Property donated: \_\_\_\_\_ Need name and address of organization, description of item(s) and value when donated.

Volunteer mileage: \_\_\_\_\_

**Miscellaneous Expenses:**

Unreimbursed business/job expenses (ex union dues, car expenses, safety shoes) \_\_\_\_\_

Investment Fees \_\_\_\_\_ Gambling Losses (if winnings included in income) \_\_\_\_\_

**Casualty Loss:** Type of loss \_\_\_\_\_ Date \_\_\_\_\_ Ins Reimbursement \_\_\_\_\_