RA ACCOUNTING & TAX SERVICES

PO Box 19309
San Diego, CA 92159

<u>Checklist: Individuals</u>

Name: ________________________________ Spouse: ________________________________

E-mail: ________________________________ Phones: ________________________________

Please check or enter info for all that apply. Use separate sheet as needed.

- ☐ **<u>NEW CLIENT</u>:** Copy of Last year's tax return, social security numbers and dates of birth for everyone on the tax return. Copy of driver's license of husband and wife are preferred but not mandatory.
- ☐ Did your family have **Health Insurance** all year? Bring Form **1095-A** if though **Marketplace**.
- ☐ **Estimate payments** (both federal and state, including **amounts** and **dates paid**).
- ☐ **Forms W-2 and 1099-R, Social Security, IRA** or **401(k)** distributions, other retirement income, Unemployment Compensation, HSA contributions/deductions, gambling income and losses.
- ☐ Forms **1099** (interest, dividends, stock sales, miscellaneous income, cancellation of debt).
- ☐ **All self-employment income** and **expenses**, equipment bought and sold with dollar amounts and dates. Business miles and total miles on the vehicle for the year. **Office-in-home** expenses (not W-2 employees). Employee business expenses eliminated.
- ☐ **All other income: cash work, foreign income, alimony** (maintenance), **bartending**, etc.
- ☐ Property tax, mortgage interest, home equity interest, points, and **closing statements** form **home sale, purchase** or **refinance.** Home equity loan interest not deductible unless spent on house. Mortgage interest dot deductible on the portion of loans over $750,000.
- ☐ **Sale of Investments**, including **COST, proceeds, and dates of transactions** (if you receive a **1099-B**, you have a sale). Please ask your broker for cost basis.
- ☐ Tuition, books, feed from kindergarten to college – **must bring 1098-T**; student loan interest.
- ☐ Totals for medical expenses, including **health insurance premiums** you paid (not pre-tax) and long-term care premiums (must exceed 7.5% of adjusted gross income to deduct).
- ☐ Total for charitable contributions, cash and non-cash, if itemizing deductions. You must have a proper, **written letter** from the charity if a **single donation of 250** or more. Please bring receipts for non-cash donations and their value for Amvets, Goodwill, etc.
- ☐ Child care expenses (includes pre-school & day-camp) and **provider's SS#** or **EIN** and address.
- ☐ Business miles and total miles on vehicle for the year; miles between jobs or school.
- ☐ IRA, Roth, Section 529 Plans, contributions, distributions or rollovers.
- ☐ Sales tax paid on any large purchases.
- ☐ If you want **<u>direct deposit</u>** of your refund, please provide the following information with your tax package: name of the bank, routing number, account number, and whether it is a checking or savings account (**a copy of a check is preferred**). Otherwise, it defaults to ac check in the mail.
- ☐ Other issues: **Financial Assets Outside USA of $10,000** or more; anyone you support (possible dependents); **Senior Exemption** or **Freeze**; other questions or relevant items.