

What To Provide for Tax Preparation

Personal Information for Each Family Member:

- Name
- Date of Birth
- Social Security Card/Number
- Last Year's Tax Return
- Valid Driver's License
- Form 8332 showing that the child's custodial parent is releasing their right to claim a child to you, the noncustodial parent (if applicable)

Income and Tax Information:

- W-2's
- Interest (1099-INT or substitute)
- Dividend (1099-DIV or substitute)
- Stock Sales (1099-B or Broker Statement)
- Royalty Income
- Trusts
- Self-Employment Income
 - Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
- Sale of Personal Residence
- Rental Income
- Sale of any Business Assets
- Gambling or Lottery Winnings
 - Prizes or awards
- Hobby Income and Expenses
- State Income Tax Refund (1099-G)
- Pension Income (1099-R)
- Estimated Taxes Paid (1040-ES)
- Social Security or Railroad Retirement
- IRA or 401(k) Distribution (1099-R)
- Unemployment Compensation
- Health Savings Account and Long-term Care Reimbursements (1099-SA or 1099-LTC)
- Record of Alimony Paid/Received with Ex-spouse's Name and SSN

Deductions/Adjustments:

- Medical Expenses
- Health Insurance – Form 1095A if you are enrolled in an insurance plan through the market place/exchange; Form 1095B and/or C if you had insurance coverage through any other source (employer or insurance company), market place exemption certificate
- Real Estate and/or Personal Property Taxes
- Mortgage Interest
- Charitable Contributions
- Employee Business Expenses
 - Business use of asset information (cost, date placed in service, etc.)
 - Office in home information, if applicable
- Gambling Losses
- Moving Expenses
- Traditional IRA Contributions
- Certain Education Expenses

Tax Credits:

- Child Care Provider/Address and Social Security Number or Employer Identification Number
 - Fees paid to a licensed day care center
 - Wages paid to a baby-sitter
 - Don't include expenses paid through a Flexible Spending Account (FSA) at work
- Adoption Expenses
- Retirement Saving Contributions

Personal Information:

	You	Spouse
Name		
Social Security Number		
Birth Date/Birthplace		
Citizenship		
Current Address		
Drivers License State		
Drivers License Number		
Drivers License Issue Date		
Drivers License Expiration Date		
Home Phone		
Cell Phone		
Work Phone		
Occupation		
Email Address		
Alias/Maiden Name		

	Dependent 1	Dependent 2
Name		
Social Security Number		
Birth Date/Birthplace		
Citizenship		
Current Address		
Home Phone		
Cell Phone		
Email Address		
Months Living At Your Address?		

Student?		
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*Add additional pages for additional dependents

Family History and Important Numbers:

	You	Spouse
Former Spouse Name		
Date of Divorce		

Insurance Policies:

Did you have health insurance that meets ACA? _____

Was this insurance paid through your business? _____

Real Estate:

Primary Residence:

Address: _____

Purchase Date: _____

Mortgage Company: _____

Contact Information: _____

Assets:

Description	Date Acquired	Cost	Fair Market Value	Date Sold

*Please supply any 1099 received from sale

Debts:

Creditor	Balance Owed	Interest	Liens

*Please supply mortgage interest statements or 1098

Income:

Salary:

	You	Spouse
Company		
Amount for Year		
Company 2		
Amount for Year		
Tip Income Amount		
Unemployment Received		

*Please supply W-2

Other:

	You	Spouse
Alimony Received		
Gambling Winnings		
Other		

Interest:

Account Name	Account #	Interest Amount

*Please provide all 1099-INT or other documents received

Dividend Income:

Account Name	Long Term Capital Gains	Short Term Capital Gains	Bonds

*Please provide all 1099-OID, 1099-DIV, or other documents received

Stock Sales:

Stock Name	Acquisition Date	Cost	Sales Date	Gross Proceeds	Net Profit (Loss)

*Please provide all 1099-B, 1099-S, or other documents received

Rental Property Income:

Address	Income	Expenses

*Please provide all records of income and expenses for your rental properties

Expenses:**Medical:**

	You	Spouse	Dependent
Insurance Premiums			
Long Term Care Insurance			
Medicare Premiums			
Doctor/Dentist Visits			
Prescriptions			
Hospital			

Nursing Home/Nursing Care			
Lab Fees/X-rays			
Eye Exams/Glasses			
Hearing Aids/Batteries			
Ambulance			
Travel (for medical purposes)			
Lodging (for medical purposes)			
Modification to Home (for medical purposes)			
Physical Therapy			
Medical Equipment/Supplies			

*Documentation for all medical expenses should be provided/kept for back up

Child Care:

Child Name	Provider	Employer ID/SSN	Cost

Education:

	Dependent 1	Dependent 2	Dependent 3
Part-time/Full-time?			
Tuition & Fees			
Books and Supplies			
Room/Board			

*Please provide forms 1098-T from educational institutions, receipts that itemize qualified educational expenses, records of any scholarships or fellowships received, and form 1098-E if you paid student loan interest

Continuing Education for You or Spouse:

	You	Spouse
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Tuition & Fees		
Seminars		
Books and Supplies		
Travel		

*Please provide forms 1098-T from educational institutions, receipts that itemize qualified educational expenses, records of any scholarships or fellowships received, and form 1098-E if you paid student loan interest

Casualty Losses:

Description	Date of Loss	Amount of Loss	Insurance Reimbursement	Fair Market Value

Vehicle Mileage:

	You	Spouse
Mileage for Employer		
Mileage for Self-Employed Position		

TOTAL MILEAGE: _____

Vehicle Expenses (If not using mileage):

Maintenance	Repairs/Tires	Insurance	License & Taxes	Lease Payment	Employer Reimbursement

Moving Expenses (must exceed 50 miles and move must be done due to employment change):

Movers	Truck Rental	Tolls	Meals	Lodging	Travel	Other
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Sale of Home:

Address: _____

Date Purchased: _____ Purchase Price: _____

Improvements: _____ Date of Sale: _____

Sales Price: _____ Sales Expenses: _____

*Provide all documentation related to the sale of home

Rental Property:

Property 1

Address: _____

Cleaning and Maintenance: _____ Management Fees: _____

Insurance: _____ Legal Fees: _____

Mortgage Interest: _____ Repairs: _____

Taxes: _____ Utilities: _____

Improvements: _____ Other: _____

Property 2

Address: _____

Cleaning and Maintenance: _____ Management Fees: _____

Insurance: _____ Legal Fees: _____

Mortgage Interest: _____ Repairs: _____

Taxes: _____ Utilities: _____

Improvements: _____ Other: _____

Property 3

Address: _____

Cleaning and Maintenance: _____ Management Fees: _____

Insurance: _____ Legal Fees: _____
 Mortgage Interest: _____ Repairs: _____
 Taxes: _____ Utilities: _____
 Improvements: _____ Other: _____

*Provide all records of expenses, rental asset information for depreciation, and record of estimated tax payments made (1040ES)

Taxes Paid:

Estimated Taxes:

	You	Spouse
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

Income Tax:

	You	Spouse
Federal		
State		
Taxes Paid to Another State		
City, County, Local Taxes		

Property Tax:

	Main Residence	Investment Property
Total Amount	_____	_____

Personal Property Tax:

Vehicles	Other Property
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Total Amount _____

Deductions:

	You	Spouse
Alimony		
Attorney Fees		
Union Dues		
Gambling Losses		
Investment Publications		
Job Seeking Expenses		
Tax Preparation Fees		

Charitable Contributions Cash:

Charity Name	Amount Given	Date

Charitable Contributions Non-Cash:

Charity Name	Items Given	Date	Fair Market Value

Travel for Charity:

Charity Name	Miles	Date

Out of Pocket Expenses for Charity

Charity Name	Description	Amount

*Please provide back up documentation for all deductions and charity related activities

Business Information:

	You	Spouse
Business Name		
Tax ID		
Type of Business		
Gross Income		
Net Income		

***Please provide formal business income and expenses – profit and loss statement, balance sheet, and trial balance.**

In-House Offices Expenses (used exclusively as principle place of business):

Total Square Feet of Home: _____

Total Square Feet of Office Space: _____

Total Square Feet of Storage Area: _____

Rent: _____

Utilities: _____

Insurance: _____

Office Repairs: _____