## 2021 Income Tax Checklist

Only complete Page 1 if any of this information has changed since last year.

TP Last Name		First	t Name	MI
SSN	DOB		Occupation	
SP Last Name		First	t Name	MI
SSN	DOB		Occupation	
Home Address:				
Phone Numbers: Home:				
TP Cell:		SP Cell:		
TP Email:				
SP Email:				
Dependents:				
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		

Income (check	those being submitted and indicate how many of each will be submitted)
0	riginal form(s): W-2
Sc	hedule(s) K-1: Income from Partnership, S-Corp, Estate or Trust
0	riginal form(s): 1099-R (retirement) and/or 1099-Misc (Self-employment
0	riginal form(s): 1099-INT (interest) and/or 1099-DIV (dividend)
	Brokerage statement(s): Sales of Stocks, Bonds, etc (include date of burchase and purchase price)
(	Original form(s): SSA (Social Security) and RRB (Railroad Benefits)
(	Original form(s): 1099-SA (distributions from HSA)
	Original form(s): W-2G (gambling winning) f there are gambling winnings, include gambling losses:
A	Alimony Received
	Jnemployment Benefits
<i>F</i>	Any other income not reported on an original form
<u>Adjustments</u>	(check those that apply)
7	eacher expenses
	Self-Employed Health Insurance
	Alimony Paid: Amount paid
	Name & SSN of recipient:
	Date Divorce was finalizedContributions to an IRA (Traditional or Roth)
	Contributions to a Health Savings Account

Education:
American Opportunity (# years taken) or Lifetime Credit
Did the Student complete the first FOUR years of college Yes No
Original form(s): 1098-T Education & Tuition Fees  Cost of Books and Supplies  Student Loan Interest Paid  Amount contributed to BrightStart or Bright Directions 529 plan
<u>Credits:</u>
Child Care Expenses:
Provider Name, Address, Amount Paid, and SSN or EIN
Deductions:
Medical & Dental:
Health Insurance Premiums: post -tax paidNumber of Medial Miles DrivenLong-term care premiumsTotal amounts paid for Co-pays to doctor, dentist, prescriptions, labs x-rays, glasses.
Taxes paid:
Real Estate on primary residence Property Tax PIN Real Estate on secondary residence and/or land Property Tax PIN Personal Property taxes: Cars, boats, RV, etc.
Interest Paid:
Original form(s): 1098 Mortgage Interest PaidClosing statement on purchase or sale of home
Cash Contributions:
List amount paid by Check, Cash, or Credit Card (Must be to Non-Prof Organization) Non-Cash Donation: Receipt from Non-Profit Organization, List donated goods and thrift store value

Quarter	Federal	State	Date Paid
1st			
2nd			
3rd			
4th			

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Direct Deposit:					
Direct Deposit:					
If you'd like any refur the following informa	=	osited into y	our accou	nt, please provide	
Bank Name:					
Routing #:	Ac	count #:			
Account Type (check or	ne) Checking:	Savings:	_ Other:_		
Health Insurance Cov	verage:				
Original f	form(s): 1095-A, 10	95-B and/or	1095-C		
Month(s)	each family cover	ed with Hea	lth Insurai	nce	
Indicate months covered (Y or N)					
January	February	March		April	
May	June	July		August	
September	October	November	r	December	
Stimulus Payments:					
Please provide the exact amounts of the 3 <sup>rd</sup> EIP payment received March 2020.					
This was the payment of up to \$1400 per person.					
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## Please note that stimulus payments are not taxable income to you. They were an advance of a 2021 tax credit and need to be reconciled on your tax return.

<u>Advanced</u>	Child	Tax	Credit:

Total amount of Adv	anced Child Tax Cre	edit received:	
i Otai ailioulit ol Auv	anced Cilia Tax Cie	ait received	

In July 2021, monthly payments of the Advanced Child Tax Credit began for qualifying taxpayers with dependents. The total amount of these payments needs to be included on your return. This is not taxable income to you; however, it does reduce the amount of Child Tax Credit received on the tax return. This can reduce refunds and, in some cases, will result in a balance due.