

## FORMS NEEDED TO PREPARE YOUR TAXES – 2 Pages

CLIENT NAME(S): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Identification for Taxpayer and spouse

W-2 \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE

Copy of last year's taxes – if you are a new client

Unemployment Form 1099G, if applicable

Interest Income, Dividend Income, Reports from stock accounts

Mortgage interest/property tax statements (FORM 1098)

1099's - (R-retirement fund, INT-interest income, DIV-dividends, MISC-miscellaneous, G-government/unemployment, SSA-social security statement, B-stock sales (need cost basis)

Bank Information – Routing # and Account # (direct deposit of refund)

Routing: \_\_\_\_\_ Acct: \_\_\_\_\_

HSA- Health savings accounts

K-1's-Corporations, Partnerships

W-2G- gambling income

Additional dependents

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

College Tuition statements or interest on tuition (form 1098-T)

Any letters from IRS or State taxing agencies

Energy Efficient Home Improvements – include invoices

Childcare information –

Name of Caregiver \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_ Total paid \_\_\_\_\_

Proof of Insurance form 1095 only for Marketplace insurance

**ADDITIONAL IF APPLICABLE:**

Donations receipts

Medical insurance paid (out of pocket and Medicare on your SSA statement)

Vehicle registration

LIST of Expenses IF self-employed and/or home office

Long Term Care Insurance

Medical bills, prescriptions -TOTAL AMOUNT will need to exceed 7.5% of income

Medical Miles, if medical exceeds 7.5% of income

Traditional IRA contributions