



# TAX PREP CHECKLIST

## EVERYONE

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Full name, SSN &amp; DOB (Dependents SSN &amp; DOB)</li><li><input type="checkbox"/> Past 2 years of tax returns (New client only)</li><li><input type="checkbox"/> W2's from all employers</li><li><input type="checkbox"/> 1099 forms for all other income or benefits</li><li><input type="checkbox"/> Voided check</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Charitable contributions totaled</li><li><input type="checkbox"/> Medical expenses (including mileage)</li><li><input type="checkbox"/> Health insurance premiums</li><li><input type="checkbox"/> Form 1095-A if you are enrolled in an insurance plan (exchange)</li></ul> |
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## IF YOU OWN A PERSONAL RESIDENCE

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Mortgage interest (1098 form)</li><li><input type="checkbox"/> Receipts from energy-efficient upgrades</li><li><input type="checkbox"/> Closing documents if bought or sold real estate during the year</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Real estate taxes paid</li><li><input type="checkbox"/> Personal property statement</li></ul> |
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## IF YOU OWN A BUSINESS

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Tax ID #</li><li><input type="checkbox"/> List of capital assets and equipment</li><li><input type="checkbox"/> Business income and expenses</li><li><input type="checkbox"/> Quarterly taxes paid</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Bank balances as of December 31st</li><li><input type="checkbox"/> Business use of home information (if applicable)</li><li><input type="checkbox"/> Yearly totaled mileage from log</li></ul> |
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## OTHER

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Retirement plan contributions</li><li><input type="checkbox"/> Childcare expenses</li><li><input type="checkbox"/> Educational expenses - loan interest, tuition &amp; supplies</li><li><input type="checkbox"/> Gambling income (with expense records)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Sales tax from vehicle purchase</li><li><input type="checkbox"/> Record of estimated tax payments</li><li><input type="checkbox"/> Long term care insurance premiums</li><li><input type="checkbox"/> Bank account / routing numbers</li><li><input type="checkbox"/> Record of alimony paid / received with ex-spouses name &amp; SSN</li></ul> |
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**\*\*\*Please categorize and summarize all expenses\*\*\*  
(Keep supporting documents for your records)**