



Name: _____
 Tax Year: _____
 Date Completed - _____

Individual Tax Return Checklist

480-331-3316

Please gather the following information for your Taxes

Included	Need	Amount \$	
_____	_____	_____	Copy of prior year tax return (if new client)
_____	_____	_____	IRS Notices
_____	_____	_____	Debt Relief, credit card balances written off, foreclosure, bankruptcy
_____	_____	_____	W-2 (from each employer you had during the year)
_____	_____	_____	Interest & Dividend's (1099-INT or 1099-DIV)
_____	_____	_____	Pension income or Retirement Plan Distributions (1099-R)
_____	_____	_____	Social Security benefits (1099-S)
_____	_____	_____	Unemployment compensation, state tax refunds, gambling/lottery winnings (1099-G)
_____	_____	_____	Independent contractor (1099-MISC)
_____	_____	_____	Sale of Mutual Funds / Stock (1099-B) or Sale of Real Estate (1099-S)
_____	_____	_____	K-1 from partnerships, s-corp, trusts & estates
_____	_____	_____	Alimony paid or received (incl. SSN of recipient - save cancelled checks)
_____	_____	_____	Purchase or sale of personal residence (incl. settlement statement & home improvement costs)
_____	_____	_____	Moving expenses (if moved for work)
_____	_____	_____	IRA contributions
_____	_____	_____	Child care expenses
_____	_____	_____	Payments from Qualified Education Programs (1099-Q)
_____	_____	_____	Tuition or higher education fees (1098-T)
_____	_____	_____	Distributions ~ HSA or MSA (1000-MS)
_____	_____	_____	Casualty losses (from fire, theft or natural disaster)
_____	_____	_____	Medical, Dental, Chiropractor, Psychologist, (not life/business coach), Prescriptions
_____	_____	_____	Mortgage or home equity loan interest paid (1098)
_____	_____	_____	Real estate taxes paid
_____	_____	_____	Auto registration (tags)
_____	_____	_____	Estimated federal, state & local taxes paid
_____	_____	_____	Charitable contributions (cash, donated property - if exceeds \$500; need itemized list)

Small Business on a Schedule C ~

**** We do NOT need receipts, just TOTALS ****

NEED -	Amount \$	<input type="checkbox"/>	Amount \$	Amount \$
Included? ck box	_____	_____	Phone	_____
	_____	_____	Insurance	_____
	_____	_____	Travel	_____
	_____	_____	Computer expenses	_____
_____	_____	_____	Networking / Dues	_____
_____	_____	_____	Postage	_____
_____	_____	_____	Meals & Entertain	_____
_____	_____	_____	Assistant help	_____
_____	_____	_____	Office supplies	_____
_____	_____	_____	New Computer, fax, phone, desks	_____
_____	_____	_____	Mileage log	_____
_____	_____	_____	Advertising / Expos	_____

NEED -	Amount \$	<input type="checkbox"/>	Home Office:	Amount \$	Amount \$
Included? ck box	_____	_____	Rent/Mortgage	_____	_____
	_____	_____	Electric/Utilities	_____	_____
	_____	_____	Water/Gas/etc.	_____	_____
	_____	_____	HOA dues	_____	_____
_____	_____	_____	RE Taxes	_____	_____
_____	_____	_____	Homeowners Ins.	_____	_____
_____	_____	_____	Security	_____	_____
_____	_____	_____	Maintenance/repairs	_____	_____
_____	_____	_____	Exterminator	_____	_____
_____	_____	_____	Landscaping	_____	_____
_____	_____	_____	Internet	_____	_____
_____	_____	_____	Sq. Ft. of office	_____	_____
_____	_____	_____	Sq. Ft. whole house	_____	_____