

## Tax Documents and Materials Checklist

### Income:

- |   |  |
|---|--|
| <input type="checkbox"/> Wages (W2)   | <input type="checkbox"/> IRA Distributions (1099-R)                    |
| <input type="checkbox"/> Interest /Dividend Income (1099-INT, 1099-DIV)                     | <input type="checkbox"/> Social Security Income (1099-G)               |
| <input type="checkbox"/> Self Employed Business Income with Associated Expenses (1099-MISC) | <input type="checkbox"/> State Tax Refunds (1099-G)                    |
| <input type="checkbox"/> Capital Gains and Losses (1099-B)                                  | <input type="checkbox"/> Partnership K-1s                              |
| <input type="checkbox"/> Rental Income with Associated Expenses                             | <input type="checkbox"/> S-Corporations K-1s                           |
| <input type="checkbox"/> Pensions (1099-R)  | <input type="checkbox"/> LLC K-1s                                      |
|   | <input type="checkbox"/> Other Income (gambling winnings/losses, etc.) |

### \*Deductions:

- |  |  |
|--|--|
| <input type="checkbox"/> Out- of-Pocket Medical Expenses: (Exclude if less than 10% of Income) | <input type="checkbox"/> Taxes Paid: (during the tax year only)            |
| <input type="checkbox"/> Insurance Premiums  | <input type="checkbox"/> State Taxes Paid                                  |
| <input type="checkbox"/> Co-pays   | <input type="checkbox"/> Real Estate Taxes Paid                            |
| <input type="checkbox"/> Prescriptions   | <input type="checkbox"/> DMV (vehicle license fees only)                   |
| <input type="checkbox"/> Dental and Vision   | <input type="checkbox"/> Charitable Contributions (name, address, amount)  |
| <input type="checkbox"/> Other Expenses (chiropractor, therapy, etc.)                          | <input type="checkbox"/> Misc Expenses (Exclude if less than 2% of Income) |
| <input type="checkbox"/> Medical Miles (and all other out-of-pocket expenses)                  | <input type="checkbox"/> Unreimbursed Employee Expenses                    |
| <input type="checkbox"/> Interest Paid:  | <input type="checkbox"/> Investment Expenses and Fees                      |
| <input type="checkbox"/> Home Mortgage Interest (1098)   | <input type="checkbox"/> Tax Prep Fees                                     |
| <input type="checkbox"/> Home Mortgage Points / Closing Costs (1098/Title Documents)           | <input type="checkbox"/> Union Dues  |
| <input type="checkbox"/> Student Loan Interest (1098-E)  |  |

\* Many deductions may be unavailable if you don't qualify for itemized deductions. Contact us for questions.

### Payments and Credits:

- Federal Tax Payments and Estimated Payments
- Child/Dependant Care Expenses (Include name, address, phone, amount paid and SSN or EIN for each care provider)
- Healthcare Insurance (1095-A, B or C)
- Retirement Contributions
- Alimony/Child Support (amounts paid or received)
- HSA/FSA/MSA Distributions (1099-SA)