



Certified Public Accountants
Innovation | Growth | Excellence

Tax Preparation Checklist

Checklist of Information Needed to Complete Your Tax Return

If any item listed applies to you, check the box and attach the information

General Information

- If you had any changes in dependents or are a new client, please include information (Name, SSN, Date of Birth) for each
- Change of address/email/phone _____

Income Information

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Foreign bank accounts, income +/- or paid taxes
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
 - Each stock sale: If not included on 1099-B, Date purchased, number of shares bought, amount paid
- Other Income
 - Alimony Received
 - Unemployment Compensation (Form 1099-G)
 - Social Security Benefits (1099-SSA)
 - Disability Income
 - Jury Duty
 - Tip Income
 - Scholarships (Form 1098-T)
 - Education Savings Account Withdrawal (Form 1099-Q)
 - Bartering Income (Form 1099-B)
- Small Business (self-employed or independent contractor business owner)
 - Business Income (Form 1099-MISC plus items not on 1099-MISC)
 - Business Expenses (We will discuss possible deductions and accounting for them)
 - Vehicle Information (Year/Make/Model, business miles driven, total miles driven)
- Rental Property
 - Rental Income (Form 1099-MISC)
 - Related Expenses (Provide list)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Sale of Real Estate
 - Closing Statement – Sale of Property
 - Closing Statement – Purchase of Property
 - List of additions/improvements while you owned the property
 - Forgiveness of Debt income (Form 1099-C or 1099-A)
- Stock Sale Information/Capital Gains (Form 1099-B)
- Pension Distributions (Form 1099-R)
- State / Local Refunds
- Gambling Income (Form W-2G)



Healthcare Information

Did each person on your tax return have health insurance for all of 2016? Yes No

Where was the policy was obtained (Circle One):

Employer / Medicare / Medicaid / Marketplace (Exchange) / Other

If you had coverage for only part of the year, which months?

Deduction Information

- | | |
|---|--|
| <input type="checkbox"/> IRA Contributions | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> SEP, Simple, Keogh Plans | <input type="checkbox"/> Other Taxes (including Sales tax paid on the purchase of autos, boats and RVs for personal use) |
| <input type="checkbox"/> Student Loan Interest (Form 1098-E) | <input type="checkbox"/> Mortgage Interest (Form 1098) |
| <input type="checkbox"/> Alimony Paid | <input type="checkbox"/> Investment Interest |
| <input type="checkbox"/> Recipient Name and SS # | <input type="checkbox"/> Cash and Noncash Charitable Contributions |
| <input type="checkbox"/> Investment Interest | <input type="checkbox"/> Casualty/Theft Loss |
| <input type="checkbox"/> Moving Expense | <input type="checkbox"/> Employee Business Expenses (only include if over 2% of income) |
| <input type="checkbox"/> Medical Expenses (if over 10% of income) | |
| <input type="checkbox"/> Health Insurance | |
| <input type="checkbox"/> Out of Pocket Medical | |

Credit and Payment Information:

- | | |
|--|--|
| <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Tuition Statements (Form 1098-T) & Education Expenses |
| <input type="checkbox"/> Provide name, address, SS# or EIN, and amount paid for each child | <input type="checkbox"/> Closing statement for first time or long time homebuyers credit |
| <input type="checkbox"/> Estimated tax payments (dates and amounts paid) | <input type="checkbox"/> Energy or vehicle tax credit information |
| <input type="checkbox"/> Legal papers for adoption, divorce or separation involving custody of your dependent children | |

Colorado Sales Tax

Total goods purchased for which state sales tax was not paid: _____

Direct Deposit or Refund Information:

- Bank
- Checking Savings Routing _____ Account _____
- Individual Retirement Account
- Routing _____ Account _____
- 529 College Savings Account
- Routing _____ Account _____