



# 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 are a new client or have had a change of address, email, or phone number, please complete the demographic information on page 3 of this checklist.
- Did you have a child or other dependent that should be added to your return in 2017? If so, please complete the demographic information on page 3 of this checklist.

### 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 \_\_\_\_\_

**New Clients**

	<b>Taxpayer</b>	<b>Spouse</b>
Name		
Date of Birth		
Address		
Phone Number		
Email Address		

**Children/Dependents:**

<b>Name</b>	<b>Does the Child have Income over \$2,100</b>	<b>Date of Birth</b>	<b>Social Security Number</b>