Tax Checklist

In addition to your tax organizer this list may assist you in gathering your income tax information.

TYPES OF INCOME & TAX REPORTING		
□ Wages: All W-2s	□ Income from Rentals: AJI 1099-MISC	
□ Pensions/Retirements: 1099-R	□ Social Security: SSA-1099	
□ Bank Interest: 1099-INT	□ Dividends: 1099-DIV	
□ Business Income: All 1099-NEC, 1099-MISC & 1099-K □ Farm Income		
□ Alimony Received	□ Total amount of Unemployment: 1099-G	
□ Commissions: 1099-NEC, 1099-MISC	☐ Tips and Gratuities	
□ State Tax Refund: 1099-G	☐ Miscellaneous: Jury Duty, Gambling, Other	
□ Sales of Stock, Mutual Funds: 1099-B	□ HSA: 1099-SA	
☐ K-1 forms from Partnership, S-Corporation, or Trust		
☐ Affordable Care Act Reporting: Form 1095-A and For	rm 3895	
BUSINESS INCOME & EXPENSE ITEMS		
□ Total (Gross) Income	□ Advertising	
□ Asset Purchases	□ Auto: Parking &Tolls	
□ Bank/Credit Card Fees	☐ Business Phone Expense	
□ Business Vehicle: • Date Placed in Service • Business Miles • Total Miles		
□ Cell Phone Expense	□ Postage	
□ Cleaning/Maintenance	□ Commissions Paid	
□ Contractors/Subcontractors	□ Dues & Publications	
□ Education Expense	□ Equipment/Supplies	
□ General Office Expense	□ Hotel/Travel Expense	
□ Insurance	□ Interest Paid	
☐ Legal or Professional Fees	□ License Fees/Taxes Paid	

□ Meals/Entertainment	☐ Rent/Lease Fees Paid to Repairs	
□ Tools	□ Utilities	
ADDITIONAL ITEMS FOR RENTAL PROPERTIES		
□ Days Rented	□ Condo/PUD Association Fees	
☐ Gardening/Yard Work	□ Management Fees	
□ Room Rentals (in home)	□ Mileage/Travel	
□ Mortgage Interest	□ Termite Treatment	
□ Vacation Rental	□ Keys/Other	
□ Property Tax	□ Utilities	
DEDUCTIONS/CREDITS TO INCOME		
□ Adoption Expense	☐ Medical Savings Account (5498-SA/1099-SA	
☐ Penalty on Early Savings Withdrawal	□ IRAs/Keogh/SEPs (Form 5498)	
□ Teacher Expenses	□ Education Expenses	
☐ Retirement Contributions (not through employer)	☐ Self-employed Health Insurance	
□ Solar Expense	☐ Electronic Vehicle Purchase	
□ Child Care Expenses: • Provider Name • Phone Number • EIN • Amount Paid		
□ Alimony Paid*		
* Total Alimony Paid: Must have Name, Social Security number of recipient, and amount paid		
ESTIMATED TAXES PAID		
□ Date of payment and amount paid for each Federal and State quarterly tax estimate		
ITEMIZED DEDUCTIONS		
MEDICAL		
□ Medical & Dental Bills	□ Lab Fees	
□ Prescriptions	□ Medical Miles	
☐ Glasses/Contact Lenses or Hearing Aids	□ Out-of-pocket Expenses	

□ Medical Insurance Premiums: • Medical • Dental	• Long-term Care	
TAXES & INTEREST		
□ Local Tax (found on previous year's return)	□ Sales Tax	
□ Real Estate Tax	□ Personal Property Tax (Vehicle License Fee)	
□ Mortgage Interest	□ Mortgage Insurance Premiums	
□ Investment Interest		
CHARITABLE CONTRIBUTIONS		
□ Cash Contributions *		
* Documentation required		
□ Non-Cash Contributions **		
** Donation dates, list of items donated with	fair market value for each non-cash donation to	
a charitable organizations are needed		
☐ IRA RMD Charitable Distribution	□ Out-of-pocket Volunteer Expenses	
□ Charitable Miles	□ Other	
FOREIGN INCOME		
• Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?		
• Did you have a financial interest in or signature au foreign country?	thority over a financial account located in a	
• Did you have any foreign financial accounts, foreign entity?	gn financial assets, or hold interest in a foreign	
ADDITIONAL TAX DOCUMENTS		
☐ Year-End Broker Statements	□ Notices Received from IRS or FTB	
☐ HUD Statement (for each home sold, purchased or r	efinanced)	

