



## Tax Documents & Info to Bring With You

### Taxpayer information (IF NEW customer)

- Last year's taxes
- Social Security Numbers (including spouse and children) - please bring cards or provide copies
- Driver's license (including spouse) – have available or bring copies
- Birth dates (including spouse and children)
- Birth certificates for children without a license – have available or bring copies
- Date of death (if return is for a decedent, please have death certificate or copy)

### Income

- Form W-2
- Form 1099-INT & 1099-OID (interest from savings accounts, etc.)
- Form 1099-DIV (dividends earned)
- Form 1099-B (Capital Gains and Losses)
- Income from businesses (including K-1's)
- Form 1099-R (distributions from pensions and annuities)
- Form 1099-SSA (Social Security benefits statements)
- Form 1099-MISC (misc. income)
- Form 1099-NEC (non-employee income)
- Form 1099-G (state and local income tax refunds & unemployment)
- Form 1099-S (Sale of Home, and/or purchase of home contracts, also bring "Settlement Statement(s)")
- Form 1099-SA (HSA distributions) – were these used for qualifying medical? \_\_\_Yes \_\_\_ No
- Alimony received \$\_\_\_\_\_ for year
- Scholarships and fellowships
- Gambling, lottery winnings, prizes, and awards
- Jury duty pay
- Any other income documents

### Adjustments

- Educator Expenses (up to \$300)
- Health Savings Account documents (contributions)
- Moving expenses (for Armed Forces members only)
- Self-employed SEP, SIMPLE and qualified plans
- Self-employed health insurance premiums
- Alimony paid (recipient's SSN \_\_\_\_\_)
- Contributions to IRA (ROTH not necessary)
- Student loan interest (1098-E)

- Tuition and Fees (1098-T)

### Deductions

- Un-reimbursed medical expenses (*see worksheet*)
- Real estate taxes paid (often on form 1098)
- Personal property taxes paid
- Form 1098 - Home mortgage interest statement plus points
- Gifts to charity (*see worksheet*)
- Federally-declared disaster losses

### Credits

- Child care expenses – MUST have statements (*see worksheet*)
- Education credits
- Adoption expenses

### Other Taxes

- Statements for early distributions of retirement plans
- Advanced Earned Income Credit
- Household employment taxes
- Additional tax payments

### Payments

- Estimated tax payments (including refunds applied from previous year)
- Earned Income Credit
- Amount paid with request for extension

### Health Care

- Form 1095-A: Health Insurance Marketplace Statement

### Other

- Do you have any foreign accounts?  
\_\_\_Yes\_\_\_No
- If yes, did your accounts total more than \$10,000 USD at any point during the year?  
\_\_\_Yes\_\_\_NO
- Do you have any Virtual Currency?  
\_\_\_Yes\_\_\_No
- Proof of child residence – Please provide a document showing your child(ren) at your address such as medical, school, or other form.

**NOTE:** If you own your own business, please also fill out my Self-Employed Questionnaire, which can be downloaded and printed at [www.aprilstaxes.com](http://www.aprilstaxes.com).

### Un-reimbursed Medical Expenses Worksheet



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Total health insurance premiums paid by you AFTER taxes \_\_\_\_\_

Long-term care insurance premiums paid: \_\_\_\_\_

Co-Pays, Prescriptions, etc. \_\_\_\_\_

Other medical and dental \_\_\_\_\_

Miles driven for medical \_\_\_\_\_

NOTE: Life insurance premiums are NOT deductible.

### Gifts to Charity Worksheet

*NOTE: You must provide receipts issued by the charitable organization.*

Cash Donations:

Organization	Amount Given

Miles driven for volunteer work \_\_\_\_\_

Non-Cash Donations (*NOTE: You must have a dated receipt from the organization.*):

Name of Organization	Address	Description	Date of Donation	Value

If you need assistance with the value of your donations, please visit my website for ideas and links.



**Child Care Expenses Worksheet**

*NOTE: You must provide a statement from each provider.*

Name of Child	Amount Paid

Name of child care provider \_\_\_\_\_

Address of child care provider \_\_\_\_\_

SSN or EIN of child care provider \_\_\_\_\_

Phone number of child care provider \_\_\_\_\_

Amount paid to child care provider \_\_\_\_\_

Name of child care provider \_\_\_\_\_

Address of child care provider \_\_\_\_\_

SSN or EIN of child care provider \_\_\_\_\_

Phone number of child care provider \_\_\_\_\_

Amount paid to child care provider \_\_\_\_\_

Name of child care provider \_\_\_\_\_

Address of child care provider \_\_\_\_\_

SSN or EIN of child care provider \_\_\_\_\_

Phone number of child care provider \_\_\_\_\_

Amount paid to child care provider \_\_\_\_\_