

1040 CLIENT CHECKLIST

GENERAL INFORMATION

	Taxpayer	Spouse	
Name			
Address			
City, State, Zip			
Phone #			
Email address			
County of Residence			
School District			
County of Employment			
Social Security #			
Date of Birth			
Occupation			
Dependents			
Date of Birth			
Social Security #			

DEDUCTIONS & CREDITS

College expenses (**provide Form 1098-T and detail of tuition & fees, housing, books**)

Indiana College Choice contributions (**provide account #, owner, and beneficiary**)

Rent paid for Indiana residence Provide months rented
 Provide landlord name and address

Solar electric/water heating property (**provide item purchased, amount, and date**)

Donations to an Indiana college (**provide date, amount, college name**)

Charitable contributions - noncash (**used items in good or better condition**)

Charitable contributions-cash Charitable mileage

Health insurance premiums (**excluding Medicare and pre-tax employer deductions**)

Medical expenses Nursing home costs

Prescription costs Medical mileage

Long-term care premiums for taxpayer Indiana Partnership LTC premiums?

Long-term care premiums for spouse Indiana Partnership LTC premiums?

HSA contributions (**provide Form 5498-SA and year end check stub if through employer**)

HSA distributions (**provide Form 1099-SA**)

HDHP date coverage began HDHP Self or Family Coverage

Investment expense (broker fees, etc) Real estate taxes

Job seeking expenses Personal property taxes

Casualty/theft losses Sales tax on major purchase

Safe deposit box expense Mortgage interest/points (**provide Form 1098**)

Gambling losses Student loan interest (**provide Form 1098-E**)

Job related moving expenses Investment interest expense

Unreimbursed employee expenses Educator expenses

IRA contributions - Roth Private/home school expense

IRA contributions - Traditional Child care expense

1040 CLIENT CHECKLIST (cont'd)

INCOME

Wages (*provide W-2*)

Investment income (*provide 1099-INT/DIV/B*)

Social security income (*provide 1099-SSA*)

Disability income (*provide 1099-SSA or W-2*)

Retirement income (*provide 1099-Rs*)

Gambling income (*provide W-2G*)

Unemployment compensation (*provide 1099-G*)

S Corp / Partnership income (*provide K-1*)

Forclosure/Cancelled Debt (*provide Forms 1099-C and 1099-A if applicable*)

Provide amounts or checklist/summary:

Self-employed income	
Rental income	
Farm income	
Other miscellaneous income	

Did you make all Federal Estimated Income Tax Payments? Please include verification

Date due	April 18, 2017	June 15, 2017	September 15, 2017	January 15, 2018
Date paid				
Amount				

Did you make all State Estimated Income Tax Payments? Please include verification

Date due	April 18, 2017	June 15, 2017	September 15, 2017	January 15, 2018
Date paid				
Amount				

Please answer the following questions marking yes or no. ***For all yes answers please provide us with all pertinent information regarding that transaction.*** All questions pertain to the current tax year.

YES NO

Did you maintain minimum essential health care coverage for everyone listed on your return for the entire year?		
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Give gifts to any individual of more than \$14,000		
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Noncustodial parent claiming your child (include signed Form 8332)		
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Did any dependents under 24 have unearned income over \$2,100		
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Buy or sell a home or investment property		
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Buy, sell, or exercise stock options		
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Sell or exchange investments, stocks, bonds, etc		
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(If yes we will need basis information including date and amount of original purchase)

Have you received any correspondence from the IRS or state government		
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(If yes we will need copies of this correspondence)

Would you like to direct deposit any refund? (no additional charge)		
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**IRS will deposit a maximum of 3 refunds into 1 account, and your name must be on the account.*

Bank Routing Number	
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Bank Account Number	
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Bank Name	
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Bank Account Type (Checking or Savings)	
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