1040 CLIENT CHECKLIST

GENERAL INFORMATION (only complete if new info or changes)

	Taxpayer	Spouse	
Name			
Address			
City, State, Zip			
Phone #			
Email address			
County of Residence			
County of Employment			
Social Security #			
Date of Birth			
Occupation			
Dependent(s) name			
Date of Birth			
Social Security #			

TAX FORMS (provide forms; do not write amounts on this list)

ICLUDED		ROVIDE
Ť	•	W-2s (wages)
		1099-INT (interest income)
		1099-DIV (dividend income)
		1099-B (stock/security sales)
		SSA-1099 (Social Security/disability income)
		1099-R (retirement income)
		1099-NEC (nonemployee compensation)
		1099-MISC (miscellaneous income)
		W-2G (gambling income)
		1099-G (unemployment, government & agricultural program payments)
		K-1 (S corp/partnership/fiduciary pass-through income)
		1099-C (forclosure/cancelled debt)
		1099-S (proceeds from sale of real estate)
		1099-K (payment card and third party network transactions)
		1099-SA (HSA distributions)
		1099-Q (education/529 plan distributions)
		1098 (mortgage interest statement)
		1098-E (student loan interest)
		5498-SA (HSA contributions)
		5498 (IRA contributions/FMV)
		1098-T (tuition paid)
		1095-A (marketplace insurance premiums/APTC)

1040 CLIENT CHECKLIST (cont'd)

Did you make all Federal Estimated Inc Date due	April 15, 2024	June 17, 2024	September 16, 2024	January 15, 202
Pate due Date paid	April 15, 2024	June 17, 2024	September 10, 2024	January 15, 2025
mount				
mount				
id you make all State Estimated Incon	ne Tax Payment	s? Please include	verification	
ate due	April 15, 2024	June 17, 2024	September 16, 2024	January 15, 202
ate paid				
mount				
diana College Choice contributions (pro Designated for higher education Designated for K-12 tuition				
Rent paid for Indiana residence Provide landlord name and address		Provi	de months rented	
nergy improvement costs (provide item	purchased, amo	ount, & date)	[
Donations to an India Charitable contribution: *Supporting documentation is required for QC	s - noncash (used Charitable cont QCD (donation	d items in good or ributions - cash, o C ns directly from yo	better condition) check, credit card haritable mileage our IRA to charity)	parity.
Cash and non-cash donations greater than \$250 re				
				ee organization.
Health insurance premiums (exclud	ing Medicare an	d pre-tax emplo	yer deductions) [ee organization.
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