

CHECKLIST

General Information:

____ Dependent Addition or Change in current dependents – Required on each change: Social security card and dates of birth.

____ Address, e-mail or phone change – List changes.

____ If you were married or divorced during the tax year, please check here and list date of change. If you have dependents to claim, please provide which dependents you will claim on the tax return

Income

____ W-2s from Employers

____ Retirement Income-1099Rs

____ Social Security Income

____ Interest Income – 1099INT

____ Dividend Income – 1099DIV

____ Unemployment – 1099G

____ Tax Refunds – 1099G

____ Stock Sales-1099S

____ Sale of Assets sale and purchase info required

____ Miscellaneous Income

____ Health Savings Account Disbursements

____ 1099-K

Itemized Deductions

____ Medical Insurance

____ 1095A (must have a copy)

____ Pharmacy Costs

____ Doctors, Dental, Clinics, Hospitals

____ Medical Equipment/Supplies

____ Medical Miles

____ Auto Licenses: copy of registrations

____ Real Estate Taxes

____ Home Mortgage Interest -1098

____ Contributions – receipts required

Information for Credits

____ Child Care Expenses

____ Education Costs for College Students-1098T

____ Health Savings Account Information

General Deductions

____ IRA Contributions

____ Student Loan Interest

____ Teacher Expenses

Energy Credits

An invoice for each purchase is required showing date, amount and detail of item purchased.

Call for your appointment early: (406)821-3362

Appointment Date _____ Time _____