

Accounting Plus Inc.

"Smart solutions for individuals and businesses"

LIST OF ITEMS NEEDED TO COMPLETE YOUR TAX RETURN

(Bring these items with you to complete your return)

- _____ 1095 Health Coverage Form
- _____ W-2's, 1099 and K-1 Forms
- _____ Form 1098 Year end mortgage loan statements
- _____ Escrow statements & Property tax payments
- _____ Copy of Tax payer & Spouse's Driver License
- _____ 1099 Stock transaction forms as well as purchase dates and cost
- _____ 1099 Unemployment compensation, State tax refunds, Social Security and Railroad Retirement
- _____ 5498 Form reporting IRA balances and IRA deposits
- _____ Names, Social Security #'s and Date of birth for all dependents
- _____ Completed itemized deduction checklist-On back of this page
- _____ 1099 IRA Forms for IRAs transferred or roll over dates
- _____ Record of estimated tax payments Federal and State
- _____ Name, address and SSN/FEIN of all child care providers
- _____ Business Income and Expenses (Sch C)
- _____ Rental Income and Expenses (Sch E)
- _____ Farm Income and Expense (Sch F)
- _____ Capital Assets purchased and sold
- _____ Alimony paid/received
- _____ 1098-T Form Tuition and Fees paid
- _____ Student Loan Interest Statement
- _____ 1099C Cancellation of Debt
- _____ Letter 6419 Child Tax Credit Letter

ITEMIZED DEDUCTIONS PAID IN

MEDICAL EXPENSES

Prescription drugs \$ _____

Health Ins. Premiums \$ _____

Long Term Disability Premiums \$ _____

Dental Ins. Premiums \$ _____

Medical Expenses \$ _____

Doctors \$ _____

Dentist \$ _____

Hospital \$ _____

Medical Mileage \$ _____

Medical Lodging \$ _____

Lab & X-Ray \$ _____

Hearing Aids, Glasses, & Contacts \$ _____

TAXES

Real Estate Taxes \$ _____

Other Property Taxes \$ _____

Tax on Auto License State Returns Only \$ _____

Boat Property Taxes \$ _____

Other _____ \$ _____

INTEREST EXPENSE

Home Mortgage 1st \$ _____

Home Mortgage 2nd \$ _____

Interest Paid to Individual \$ _____

Name \$ _____

Address _____ \$ _____

_____ \$ _____

SSN/FEIN _____ \$ _____

CONTRIBUTIONS

Church Donations \$ _____

Payroll Deduction \$ _____

United Way/Red Cross \$ _____

Goodwill/Rescue \$ _____

Other _____ \$ _____

ITEMIZED DEDUCTIONS PAID IN

MISCELLANEOUS

Alimony Payments \$ _____

Name of Recipient _____

SSN of Recipient _____

IRA Deposits \$ _____

SEP Deposits \$ _____

Quarterly Federal Tax Payments \$ _____

Quarterly State Tax Payments \$ _____

Daycare Expense \$ _____

Provider Name _____

Address _____

SSN/FEIN _____

CHANGE OF ADDRESS

Address/Phone # _____

NEW DEPENDENTS

Name _____

Date of Birth _____

SSN _____

EMAIL: _____

SPOUSE EMAIL: _____

DRIVER'S LICENSE INFORMATION

DL # _____ Date of Issue _____

Expiration Date _____ State of Issue _____

DL # _____ Date of Issue _____

Expiration Date _____ State of Issue _____