

PERSONAL TAX RETURN - 2016 CHECKLIST

(Please complete, sign and return this checklist with your tax information. Thank you!)

This list is **not** inclusive and some items may not apply. It is a guide to assist you in gathering your information for our office to prepare your personal tax return for the year. Backup documentation for all deductions will be required in the event of an audit.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Filing status change (i.e. married, single, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Address change
<input type="checkbox"/>	<input type="checkbox"/>	New dependents (birth date, social sec card) / No longer eligible- (is child claiming self)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of estimated taxes paid--provide check #s or copies showing dates and amounts)
<input type="checkbox"/>	<input type="checkbox"/>	FOREIGN bank accounts (do you have any?)
<input type="checkbox"/>	<input type="checkbox"/>	DIRECT DEPOSIT: bank _____ chk or sav? _____ Rt# _____ Acct # _____
<input type="checkbox"/>	<input type="checkbox"/>	W-2s
<input type="checkbox"/>	<input type="checkbox"/>	Interest and/or Dividend Income - Form 1099-INT and/or Form 1099-DIV
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received or paid
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/IRA withdrawal/rollover - Form 1099-R
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment received
<input type="checkbox"/>	<input type="checkbox"/>	Social Security received - Form 1099-SSA
		Stock/Mutual Funds sales transactions - Form 1099-B
<input type="checkbox"/>	<input type="checkbox"/>	Need BASIS information (purchase date, purchase price, and number of shares)
		Itemized Deductions
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses paid out of pocket AFTER insurance or FSA reimbursement (mileage _____)
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care Insurance Policy # _____ Premium _____ Holder _____ Carrier _____
<input type="checkbox"/>	<input type="checkbox"/>	***Form 1095-B or 1095-C Health Coverage*** NEW IN 2015 (shows health insurance coverage)
<input type="checkbox"/>	<input type="checkbox"/>	***Form 1095-A Health Insurance Marketplace Statement*** (may include premium tax credit)
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on all personal homes
<input type="checkbox"/>	<input type="checkbox"/>	License tabs for vehicles
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage interest statements - Form 1098 (principal residence and/or 2nd home)
<input type="checkbox"/>	<input type="checkbox"/>	If refinanced, loan origination fees, date, length of mortgage (closing statement is preferable)
<input type="checkbox"/>	<input type="checkbox"/>	Charitable Contributions--must have receipts (cash/check _____ / noncash _____ / mileage _____)
<input type="checkbox"/>	<input type="checkbox"/>	Non-reimbursed employee business expenses/job hunting/tax prep/investment fees/safe dep
<input type="checkbox"/>	<input type="checkbox"/>	K-1's from Partnerships, S Corporations, Trusts, Estates
<input type="checkbox"/>	<input type="checkbox"/>	Rental property income and expenses (expenses must be itemized) must have complete address
<input type="checkbox"/>	<input type="checkbox"/>	Sale or purchase of real estate - include closing stmt
<input type="checkbox"/>	<input type="checkbox"/>	Education - Tuition Stmt Form 1098-T or student loan interest - Form 1098-E
<input type="checkbox"/>	<input type="checkbox"/>	MSA/HSA: \$ contributed (Form 5498-SA) and \$ distributed (Form 1099-SA)
<input type="checkbox"/>	<input type="checkbox"/>	IRA contributions - Traditional or Roth
<input type="checkbox"/>	<input type="checkbox"/>	Daycare provider information (Federal ID #, address) and amount paid per child
<input type="checkbox"/>	<input type="checkbox"/>	Prior Year Federal and State Tax Return (new clients only)
<input type="checkbox"/>	<input type="checkbox"/>	State of Minnesota only: kindergarten thru 12th grade school expenses (must have receipts)

TAXPAYER SIGNATURE _____

PRINTED NAME _____

DATE _____

SPOUSE SIGNATURE _____

PRINTED NAME _____

DATE _____

(over)