**(608)634-6887**

**evenstadtax@gmail.com**

**www.evenstadtax.com**

**Tax Checklist**

**This form is to assist you in gathering your income tax information. Use it as a guide for information you need to provide. Please call or e-mail with any questions.**

**GENERAL INFORMATION**:

□ First, middle initial, and last names of taxpayers and dependents as written on the Social Security cards, and dates of birth for taxpayers and all dependents, ***especially*** new dependents.

□ Address (city, state, ZIP), telephone number and e-mail address.

□ Marital Status: Single \_\_\_ Married \_\_\_ Head of Household \_\_\_ Separated \_\_\_

□ Number of Dependents: \_\_\_ Did any dependents have any income? Yes \_\_\_ No \_\_\_

**TYPES OF INCOME AND TAX REPORTING FORMS**:

□ Wages: All Forms W-2 □ Income from Rentals: All 1099-MISC

□ Pensions/Retirements: 1099-R □ Business Income: All 1099-MISC & 1099-K

□ Social Security: SSA-1099 □ Farm Income

□ Bank Interest: 1099-INT □ Alimony Received: Total amount

□ Dividends: 1099-DIV □ Unemployment: 1099-G

□ Commissions: 1099-MISC □ State Tax Refund: 1099-G

□ Tips and Gratuities □ Miscellaneous: Jury Duty, Gambling, Other

□ Sales of Stock, Mutual Funds: 1099-B

**Foreign Income Matters:**

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

Did you have a financial interest in or signature authority over a financial account located in a foreign country?

Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

**ESTIMATED TAXES PAID**:

Date of payment and amount paid for ***each*** Federal and State quarterly tax estimate.

**DEDUCTIONS/CREDITS TO INCOME**:

Self-employed Health Insurance IRAs /Keogh/SEPs Retirement Saver’s Credit

Health Savings Account (HSA) Teacher Expenses Adoption Expenses

Penalty on Early Withdrawal of Savings Moving Expenses

\* American Opportunity/Lifetime Learning/Student Loan Interest/Education Expenses – 1098-T Please bring a detailed billing/payment statement from the educational institution.

\* Total Alimony Paid: Must have name and Social Security number of recipient, and amount paid.

\* Child Care/Day Care Credit: Must have name, address, Social Security number or EIN of provider, and amount paid per child.

**ITEMIZED DEDUCTIONS**:

**INTEREST**

Mortgage Interest, Form 1098

**MEDICAL**

Medical & Dental bills Prescriptions Glasses/Contact Lenses

Out-of-pocket expenses Medical miles Lab fees

Hearing Aids Medical/dental/long term care insurance

**TAXES**

Prior year state tax paid City/local tax Real estate tax

Personal property tax

**CHARITABLE CONTRIBUTIONS**

Church Boy/Girl Scouts United Way/CFC

March of Dimes American Heart Easter Seals

Red Cross MDA/MS YWCA/YMCA

Salvation Army Food Bank Payroll Deductions

Out-of-pocket Volunteer Expenses Charitable Miles Other

For donations, please provide evidence such as a receipt from the done organization, a canceled check, or record of payment to substantiate all contributions made. An itemized listing of all non-cash donations must be maintained with the receipts. List must include the Fair Market Value for each donation of non-cash items.

**HEALTH CARE INFORMATION:**

Did you acquire health care coverage through the Marketplace under the Affordable Care Act? If yes, provide Form(s) 1095-A.

If you had other healthcare insurance provide Form 1095-B or 1095-C.

Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA?

**Identity Theft:**

Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If so, please provide the IRS letter.

**BUSINESS INCOME & EXPENSE ITEMS:** This list is not all encompassing. If you don’t see an expense listed below, ask.

Total (Gross) Income Advertising Auto: Parking &Tolls

Business Phone Expense Cell Phone Expense Subcontractors

Commissions Paid Insurance Interest Paid

General Office Expense Rent/Lease Fees Paid Legal or Professional Fees

Repairs Cleaning/Maintenance Dues & Publications

Equipment/Supplies Tools License Fees/Taxes Paid

Utilities Education Expense Association Dues

Bank/Credit Card Fees Postage Meals/Entertainment

Business Miles & Total Miles (A Mileage log is required) Hotel/Travel Expense

Asset Purchases (Date, amount and item)

**ADDITIONAL ITEMS FOR RENTAL PROPERTIES**:

Keys Condo/PUD Fees Management Fees

Mortgage Statements Yard Work Termite Treatment Expense

Utilities Mileage/Travel Other