

General information you will need for your personal tax return

Please only complete this section if you are new, you have had changes from last year, or you have child care expenses.

Taxpayer

Full name _____
Date of Birth _____
Social Security Number _____
Occupation _____
Current Address _____

Dependent 1

Full name _____
Date of Birth _____
Social Security Number _____
Child care: Cost _____
Provider _____
Address _____
Federal ID # or Individual SS# _____
Phone # _____

Dependent 3

Full name _____
Date of Birth _____
Social Security Number _____
Child care: Cost _____
Provider _____
Address _____
Federal ID # or Individual SS# _____
Phone # _____

Spouse

Full name _____
Date of Birth _____
Social Security Number _____
Occupation _____
Current Address _____

Dependent 2

Full name _____
Date of Birth _____
Social Security Number _____
Child care: Cost _____
Provider _____
Address _____
Federal ID # or Individual SS# _____
Phone # _____

Dependent 4

Full name _____
Date of Birth _____
Social Security Number _____
Child care: Cost _____
Provider _____
Address _____
Federal ID # or Individual SS# _____
Phone # _____

*****Very important things to remember when preparing and gathering your information before your appointment:**

*Always bring ALL documents you receive that say Tax Document.

*For previous clients; A customized checklist can be requested by sending an email with the subject "Checklist"

*We do not need your bank statements unless specifically requested.

*We do not need your full year of investment statements. We only need the Final Year End Summary.

*We do not need receipts. Only final figures that have been calculated.

The following is a list of information you should have with you during your appointment or when you send your information. Having your information all at once will help ensure that your tax return is prepared completely and in a timely manner.

Please check off which documents you are submitting

TOTAL AMOUNTS:

<input type="checkbox"/>	A copy of last years returns (only if I did not prepare them)		
<input type="checkbox"/>	W2 forms from all employers How many W2's are you submitting?		# _____
<input type="checkbox"/>	Health Insurance Statements (1095 A,B,or C) *** Everyone is required to bring this		
<input type="checkbox"/>	State Refund (1099G)		
<input type="checkbox"/>	Unemployment (1099G)		
<input type="checkbox"/>	Social Security (SSA-1099)		
<input type="checkbox"/>	Spouse Social Security(SSA-1099)		
<input type="checkbox"/>	Pension or Retirement Income (1099R)		
<input type="checkbox"/>	Any Interest earned statements. (1099INT) Example: year end checking or savings statement		
<input type="checkbox"/>	Any Dividend income statements. (1099DIV) Example: Credit Union year end statement.		
<input type="checkbox"/>	Any Investment year end statements. (1099B) Please make sure that the information includes an original purchase date and the cost basis (original cost)		
<input type="checkbox"/>	K-1's from business or trust		
<input type="checkbox"/>	Cancellation of Debt (1099C) Example: If you have settled with a Credit Card company during the year.		
<input type="checkbox"/>	Real Estate Taxes & School Taxes paid (sometimes included on your Mortgage Interest statement)		\$ _____
<input type="checkbox"/>	Mortgage Interest Statement(1098)		\$ _____
<input type="checkbox"/>	Medical costs and mileage(17 cents per mile)		\$ _____
<input type="checkbox"/>	State Disability (1099G)		
<input type="checkbox"/>	Mortgage Insurance Premium (this is also sometimes found on your Mortgage Interest statement)		\$ _____
<input type="checkbox"/>	Donations by cash or check		\$ _____
<input type="checkbox"/>	Non-cash donations such as clothing(mileage driven for charity work 14 cents per mile)		\$ _____
<input type="checkbox"/>	Accountant and/or Legal Fees		\$ _____
<input type="checkbox"/>	Investment Fees		\$ _____
<input type="checkbox"/>	Any foreign income statements.		
<input type="checkbox"/>	Volunteer Firefighters/EMS please note your station and it's address.		_____
<input type="checkbox"/>	Any estimated tax payments made to state or federal government	Total from Below:	\$ _____
<input type="checkbox"/>	Sales Tax paid on MAJOR purchases		\$ _____
<input type="checkbox"/>	Tuition information for taxpayer, spouse, or dependent children. Please bring form (1098T) or provide the totals and the Institutions EIN.	Tuition:	\$ _____
		Books:	\$ _____

<input type="checkbox"/>	Cost & details of any Solar Energy systems		\$ _____
<input type="checkbox"/>	Are either you or your spouse a teacher? YES or NO (Circle One)		
<input type="checkbox"/>	If you purchased a new home, provide your HUD 1 or closing statement		
<input type="checkbox"/>	Do you want to do an IRA, if you can? YES or NO	How much have(or will) you contributed?	\$ _____
<input type="checkbox"/>	Did you contribute or withdraw from a qualified Health Savings Account? YES or NO	Amount?	_____
<input type="checkbox"/>	Did you contribute or withdraw from a NYS 529 Educ. Plan? YES or NO	Amount?	\$ _____

The following expenses are only for eligible taxpayers:

Employee Business Expenses

(not self employed expenses)

Mileage(2017 53.5 cents)	\$ _____
Tolls & Parking	\$ _____
Local Travel	\$ _____
Long Day Meals	\$ _____
Phone	\$ _____
Supplies	\$ _____
Business Gifts	\$ _____
Seminars or Classes	\$ _____
Dues and Subscriptions	\$ _____
Resumes	\$ _____
Union Dues	\$ _____
Job Hunting	\$ _____

Moving Expenses (work related move)

(new location is 50 miles or more from previous residence)

Cost to transport household and personal goods	\$ _____
Travel (includes lodging but NOT meals)	\$ _____
Any money reimbursed by employer	\$ _____

Estimated Tax Payments Made:

Dates:	Federal	Dates:	State	Dates:	Local
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____