

# Tax Checklist for Individuals

Note: This list is not comprehensive Any changes to your income tax status should be noted.

Taxpayer: \_\_\_\_\_  
 Spouse: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

SSN: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Email: \_\_\_\_\_

Dependents (name)	SSN	DOB

Please check all that apply:

<b>Income:</b>	<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Rental Income & Expense		
	<input type="checkbox"/>	Commissions	<input type="checkbox"/>	Royalties		
	<input type="checkbox"/>	Dividends - (1099 DIV)	<input type="checkbox"/>	Sale of securities/residence or other property		
	<input type="checkbox"/>	Foreclosure (1099A)	<input type="checkbox"/>	Social Security Income (1099SSA)		
	<input type="checkbox"/>	Gambling (W-2G)	<input type="checkbox"/>	State Income Tax Refund (1099G)		
	<input type="checkbox"/>	Cancellation of debt (1099C)	<input type="checkbox"/>	Tips/Gratuities		
	<input type="checkbox"/>	Interest - (1099 INT, 1099 OID)	<input type="checkbox"/>	Unemployment Compensation (1099G)		
	<input type="checkbox"/>	Pension/IRA Dist- (1099R)	<input type="checkbox"/>	Wages - W-2's		
<b>Item Deductions</b>	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Cash Contributions		
	<input type="checkbox"/>	Insurance premiums	<input type="checkbox"/>	Non-cash contributions		
	<input type="checkbox"/>	Medical /Dental Dr's	<input type="checkbox"/>	Other Contributions (motor vehicle 1098C)		
	<input type="checkbox"/>	Medical Drugs*	<input type="checkbox"/>	Purchase home-closing statement		
	<input type="checkbox"/>	Federal and State	<input type="checkbox"/>	Refinance home-closing statement		
	<input type="checkbox"/>	Balance of 20__ paid in 20__	<input type="checkbox"/>	Home Mortgage Interest (1st & 2nd)		
	<input type="checkbox"/>	Real Estate Tax	<input type="checkbox"/>	Other Interest		
	<input type="checkbox"/>	State/Local Tax	<input type="checkbox"/>	Sales Tax		
<b>Other Deductions/ Credits</b>	<input type="checkbox"/>	Alimony Paid	<input type="checkbox"/>	Job Hunting Expenses		
	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Moving Expenses		
	<input type="checkbox"/>	Education Expenses	<input type="checkbox"/>	Retirement Plan (IRA, KEOGH)		
	<input type="checkbox"/>	Employee Expenses	<input type="checkbox"/>	Tuition		
	<input type="checkbox"/>	Employment Fees	<input type="checkbox"/>	Health Insurance Questionnaire		
<b>Profit/Loss from Business</b>	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	Legal & Professional	<input type="checkbox"/>	Repairs & Maintenance
	<input type="checkbox"/>	Car/Truck Expenses	<input type="checkbox"/>	Mileage	<input type="checkbox"/>	Taxes and Licenses
	<input type="checkbox"/>	Commissions & Fees	<input type="checkbox"/>	Office Expense	<input type="checkbox"/>	Telephone
	<input type="checkbox"/>	Employee Benefits	<input type="checkbox"/>	Pension & Profit Sharing	<input type="checkbox"/>	Travel & Meals
	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Postage	<input type="checkbox"/>	Utilities
	<input type="checkbox"/>	Interest	<input type="checkbox"/>	Receipts/Sales	<input type="checkbox"/>	Wages
	<input type="checkbox"/>	Internet Service	<input type="checkbox"/>	Rent or Lease		