

INCOME TAX REMINDER CHECKLIST

Taxpayer Name: _____ Spouse Name: _____
 Email address: _____ Phone # _____

For 2018, we MUST verify your direct deposit bank information. Please provide voided check.

For 2018, we MUST enter Driver's License information. Please provide copies of driver's licenses.

2018 IRS Identity Protection Personal Identification Number (if applicable) _____

Yes/No...1095-A, B, or C Health Coverage Statement OR Exemption Certificate Number **MUST ATTACH**

Yes/No...Have you had health insurance all year? Please provide monthly premium payments below

Yes/No...Has your address changed since last tax return?

Yes/No...Do you have any new dependents in 2018?

If yes, provide Social Security Name, Social Security Number and Date of Birth

Yes/No...Do we need to remove any dependent(s) used on your 2018 tax return?

If Yes, name of dependent(s) to remove _____

Yes/No...Do you have a foreign bank account or own property in a foreign country

FORMS AND INFORMATION TO ATTACH

PLEASE ENTER THE NUMBER OF FORMS THAT ARE INCLUDED WITH YOUR DATA
OR THE DOLLAR AMOUNT IN THE SPACE INDICATED BY THE \$

INCOME

_____ W-2s	_____ 1099-Interest Income	_____ 1099-Dividend Income	_____ 1099-R (Retirement)
_____ SSA-1099 (Social Security Benefits)	_____ W-2G (Gambling)	_____ 1099-G (Unemployment)	
_____ 1099-A & 1099-C (Debt Cancellation)	_____ Sale Of Stock Or Other Property (If not listed on 1099-B or 1099-S)		
_____ K-1s for Partnerships, S-Corps, Estates & Trusts			

DEDUCTIONS AND ADJUSTMENTS

_____ 1098-T (Tuition & Fees Paid)	_____ 1098-E (Student Loan Int)
\$ _____ Books, Supplies and Required Equipment for College Classes	
\$ _____ Contributions to Traditional IRA	\$ _____ Contributions to Roth IRA
\$ _____ Contributions to Keogh and Sep	\$ _____ Contributions to Simple
\$ _____ Classroom expenses for K-12 teachers	
\$ _____ HSA Contributions over amounts on W2	
\$ _____ Health Insurance Premiums Paid in 2017 (not payroll deducted)	
\$ _____ Medical expenses (Doctors, Dentists, Hospital, Ambulance, Eyeglasses, Hearing Aids, etc)	
\$ _____ Long-Term Care Premiums (not payroll deducted)	
\$ _____ Prescriptions	
_____ Miles for Medical Purposes	
\$ _____ Real Estate Taxes paid in 2018	
\$ _____ Personal property and auto taxes paid in 2018	
\$ _____ Other taxes (Please provide details)	
\$ _____ Sales Tax on major purchases (Please include details)	
\$ _____ 1098 Mortgage Interest Statement (Please provide the 1098's)	
\$ _____ Home Mortgage interest paid to individuals	
\$ _____ Charitable Contributions by cash/check/or credit card (Provide statements over \$3,000)	
_____ Miles of Volunteer auto mileage	
\$ _____ Value of donations of clothing and household goods **If total is greater than \$500, receipts required	
Name of Organizations clothing and household goods donated to _____	
\$ _____ Energy efficient expenses for home (Insulation, windows, doors, new HVAC, new roof, solar)	
\$ _____ Tax preparation fees paid in 2018	
\$ _____ Safe-deposit box rental	
\$ _____ Out of state purchases with no sales tax paid	
\$ _____ Child Care/Dependent expenses (Provider's Name, Address, ID #, and Amount paid)	

INCOME TAX PAYMENTS

Federal estimated tax	\$	State estimated tax	\$
Date pd _____	_____	Date pd _____	_____
Date pd _____	_____	Date pd _____	_____
Date pd _____	_____	Date pd _____	_____
Date pd _____	_____	Date pd _____	_____