

INDIVIDUAL TAX CHECKLIST FOR 2018

NAME _____
SS# _____
DOB _____
OCCUPATION _____

SPOUSE _____
SS# _____
DOB _____
OCCUPATION _____

ADDRESS _____
PHONE # () _____

E-MAIL ADDRESS: _____
TAXPAYER: _____
SPOUSE: _____

COPY FORMAT OF YOUR 2018 TAX RETURN:

PDF: _____ PAPER: _____

ANY CHANGE IN MARITAL STATUS FROM PREVIOUS YEAR:

YES _____ NO _____

ANY CHANGE IN ADDRESS FROM PREVIOUS YEAR:

YES _____ NO _____

DO YOU WANT TO E-FILE:

YES _____ NO _____

DO YOU HAVE A WILL:

YES _____ NO _____

DO YOU WANT TO DIRECT DEPOSIT:

YES _____ NO _____

BANK _____
ACCOUNT # _____
ROUTING # _____

IS THIS ACCOUNT:

CHECKING _____
SAVINGS _____

IDENTITY THEFT:

TAXPAYER

SPOUSE

DRIVERS LICENSE#: _____
STATE ISSUED: _____
ISSUE DATE: _____
EXPIRATION DATE: _____

DRIVERS LICENSE#: _____
STATE ISSUED: _____
ISSUE DATE: _____
EXPIRATION DATE: _____

DEPENDENT INFORMATION: (AS LISTED ON SS CARD)

ANY CHANGE IN DEPENDENTS IN THE PREVIOUS YEAR:

YES _____ NO _____

DO YOU HAVE DEPENDENTS THAT FILE A TAX RETURN:

YES _____ NO _____

DID YOU PROVIDE OVER HALF SUPPORT FOR ALL DEPENDENTS:

YES _____ NO _____

DID ALL DEPENDENTS LIVE WITH YOU FOR MORE THAN SIX MONTHS OF THE YEAR:

YES _____ NO _____

HAS THE CHILD TAX CREDIT BEEN DISALLOWED IN ANY PRIOR YEARS:

YES _____ NO _____

HAS THE EIC (EARNED INCOME CREDIT) BEEN DISALLOWED IN PRIOR YEARS:

YES _____ NO _____

NAME	DOB	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD CARE PROVIDER:

NAME OF PROVIDER	AMOUNT	SS#/FEDERAL ID# (CHILD CARE PROVIDERS)
_____	_____	_____
_____	_____	_____

EDUCATION:

TUITION PAID:

SCHOOL:

GRADUATE OR UNDERGRADUATE:

PLEASE PROVIDE FORM 1098-T (MUST HAVE FORM 1098T TO TAKE AMERICAN OPPORTUNITY TAX CREDIT)

IS YOUR CHILD CURRENTLY ENROLLED IN AN INDIANA PRIVATE SCHOOL OR HOME SCHOOLED FOR K-12?

YES _____ NO _____

INDIANA 529 PLAN: ACCOUNT # _____ AMOUNT _____
(PLEASE PROVIDE YEAR END STATEMENT)

INCOME:

DID YOU RECEIVE ANY PENSION OR IRA DISTRIBUTIONS: YES _____ NO _____

DID YOU ROLL OVER A PENSION OR IRA: YES _____ NO _____

PLEASE PROVIDE FORM 1099R

NAME	AMOUNT
_____	_____
_____	_____

DID YOU OR DO YOU WANT TO CONTRIBUTE TO AN IRA OR ROTH ACCOUNT: YES _____ NO _____

DID YOU RECEIVE ANY INTEREST INCOME: YES _____ NO _____

NAME	AMOUNT
_____	_____
_____	_____
_____	_____

DID YOU RECEIVE ANY DIVIDENDS: YES _____ NO _____

NAME	AMOUNT
_____	_____
_____	_____

DID YOU SELL ANY STOCK: YES _____ NO _____

(PLEASE PROVIDE BROKER STATEMENT IF APPLICABLE)

NAME	DATE PURCHASED	ORIGINAL PURCHASE AMT	SOLD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DID YOU RECEIVE ANY SOCIAL SECURITY BENEFITS YES _____ NO _____

DID YOU HAVE ANY GAMBLING WINNINGS/LOSSES YES _____ NO _____

DID YOU RECEIVE ANY UNEMPLOYMENT BENEFITS YES _____ NO _____

DID YOU HAVE ANY FOREIGN INCOME OR PAY ANY FOREIGN TAX YES _____ NO _____

WERE YOU A GRANTOR OR TRANSFEROR FOR A FOREIGN TRUST, HAVE AN INTEREST IN OR A SIGNATURE OR OTHER AUTHORITY OVER A BANK ACCOUNT, SECURITIES ACCOUNT, OR OTHER FINANCIAL ACCOUNT IN A FOREIGN COUNTRY

YES _____ NO _____

DID YOU RECEIVE A 1099K (Merchant card and third party payments) YES _____ NO _____

DID YOU HAVE ANY DEBTS CANCELLED OR FORGIVEN: (PLEASE PROVIDE 1099C) YES _____ NO _____

DEDUCTIONS:

DID YOU MAKE ANY ESTIMATED PAYMENTS: YES _____ NO _____

DATE PAID	FEDERAL AMOUNT	STATE AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DID YOU HAVE HEALTH INSURANCE? YES _____ NO _____

IF SO, DATES COVERED FROM _____ TO _____

IS YOUR HEALTH INSURANCE FROM: EMPLOYER MARKET-PLACE PRIVATE INSURER

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD: _____

DID YOU RECEIVE (PLEASE PROVIDE A COPY): 1095A FROM MARKET PLACE YES _____ NO _____

1095B HEALTH INSURANCE PROVIDER YES _____ NO _____

1095C FROM EMPLOYER WITH 50+ EMPLOYEES YES _____ NO _____

DID YOU PAY PRETAX HEALTH INSURANCE (CAFETERIA PLAN) : YES _____ NO _____

DID YOU PAY LONG TERM CARE PREMIUMS: YES _____ NO _____

NAME	AMOUNT
<i>Self</i> _____	_____
<i>Spouse</i> _____	_____

DOES THE LTC POLICY QUALIFY UNDER INDIANA LONG TERM CARE PROGRAM FOR MEDICAID ASSISTANCE PROTECTION: YES _____ NO _____

DID YOU MAKE ANY CONTRIBUTIONS TO A HSA, MSA: YES _____ NO _____
(PLEASE PROVIDE FORM 5498SA)

DID YOU RECEIVE ANY DISTRIBUTIONS FROM A HSA, MSA: YES _____ NO _____
(PLEASE PROVIDE FORM 1099SA)

MEDICAL, DENTAL, VISION & PRESCRIPTION EXPENSES:

NAME	AMOUNT
_____	_____

MILES DRIVEN FOR MEDICAL: _____

TAXES PAID:

PROPERTY	AUTO
_____	_____
_____	_____
_____	_____

CONTRIBUTIONS/DONATIONS (NONCASH CONTRIBUTIONS, I.E. SALVATION ARMY, GOODWILL)

NAME	AMOUNT	DESCRIPTION OF PROPERTY DONATED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE WRITTEN DOCUMENTATION FOR CHARITABLE CONTRIBUTIONS: YES _____ NO _____
PLEASE PROVIDE DOCUMENTATION FOR ALL DONATIONS OVER \$250

OTHER EXPENSES (APPLIES TO CERTAIN STATES ONLY NOT FEDERAL):
(I.E. PERIODICALS, UNIFORMS, BUSINESS EXPENSES NOT REIMBURSED, UNION DUES, LOCK BOX FEES)

EXPENSE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

DO YOU OWN OR RENT: OWN _____ RENT _____

MORTGAGE HOLDER OR LANDLORD	INTEREST PD	RENT PD
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE COPY OF 1098 MORTGAGE STATEMENT

MISCELLANEOUS:

DID YOU HAVE AN EXPENSE ACCOUNT OR ALLOWANCE : YES _____ NO _____

DID YOU HAVE ANY MEALS AND ENTERTAINMENT DEDUCTIONS: YES _____ NO _____

DID YOU USE YOUR CAR ON THE JOB OTHER THAN COMMUTING: YES _____ NO _____

ANY EXPENSE FOR SEEKING A NEW JOB: YES _____ NO _____

DO YOU HAVE WRITTEN PROOF OF THESE DEDUCTIONS: YES _____ NO _____

DID YOU PURCHASE ANY INSULATION, DOORS, WINDOWS OR HVAC UNIT
(ANY ITEM APPLICABLE TO ENERGY CREDIT): YES _____ NO _____

HAS THIS CREDIT BEEN CLAIMED ON A PAST RETURN? YES _____ NO _____

DID YOU MAKE ANY GIFTS OF MORE THAN \$15,000 : YES _____ NO _____

STATE:

DID YOU MAKE ANY OUT OF STATE PURCHASES (INTERNET, PHONE): YES _____ NO _____

PLEASE BRING ALL 2018 W-2 FORMS, 1099 STATEMENTS AND OTHER INFORMATION
YOU FEEL MAY BE RELEVANT.

RENTAL PROPERTY:

PROPERTY ADDRESS: _____

RENTAL INCOME:

GROSS RENTS _____ SALE OF PROPERTY _____

OTHER _____

RENTAL EXPENSES:

ADVERTISING: _____

AUTO & TRAVEL _____

CLEANING & MAINTENANCE _____

COMMISSIONS _____

INSURANCE _____

LEGAL & PROFESSIONAL _____

INTEREST _____

REPAIRS _____

TAXES _____

UTILITIES _____

WAGES & SALARIES _____

OTHER: _____

MEALS & ENTERTAINMENT _____

MILEAGE _____

THANK YOU FOR YOUR PATRONAGE.