



ANNUAL 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. Collect all of the receipts needed to substantiate your deductions. Write on a separate sheet of paper any other pertinent information, as needed. Please call me at 727-412-3874 (cell) or e-mail me at sergioa@nfocustax.com with any questions you might have.

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 ___
- Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?
- Number of Dependents: ___ Did any dependents have any income? Yes ___ No ___
- Do all dependents live with you? Yes ___ No ___

TYPES OF INCOME AND TAX REPORTING FORMS:

- Wages: All Forms W-2
- Pensions/Retirements: 1099-R
- Social Security: SSA-1099
- Bank Interest: 1099-INT
- Dividends: 1099-DIV
- Commissions: 1099-MISC
- Tips and Gratuities
- Sales of Stock, Mutual Funds: 1099-B
- Income from Rentals: All 1099-MISC
- Business Income: All 1099-MISC & 1099-K
- Farm Income
- Alimony Received: Total amount
- Unemployment: 1099-G
- State Tax Refund: 1099-G
- Miscellaneous: Jury Duty, Gambling, Other

Foreign Income Matters:

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust [Y/N]? _____

Did you have a financial interest in or signature authority over a financial account located in a foreign country [Y/N]? _____

Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity [Y/N]? _____

BUSINESS INCOME & EXPENSE ITEMS: This list is not all encompassing. If you don't see an expense listed below, please be sure to ask.

- | | | |
|--|---|--|
| <input type="checkbox"/> Total (Gross) Income | <input type="checkbox"/> Advertising Expense | <input type="checkbox"/> Auto: Parking &Tolls |
| <input type="checkbox"/> Business Phone Expense | <input type="checkbox"/> Cell Phone Expense | <input type="checkbox"/> Subcontractors |
| <input type="checkbox"/> Commissions Paid | <input type="checkbox"/> Insurance Paid | <input type="checkbox"/> Interest Paid |
| <input type="checkbox"/> General Office Expense | <input type="checkbox"/> Rent or Lease Fees Paid | <input type="checkbox"/> Legal/Professional Fees |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Cleaning and Maintenance | <input type="checkbox"/> Dues & Publications |
| <input type="checkbox"/> Equipment and Supplies | <input type="checkbox"/> Work Tools | <input type="checkbox"/> License Fees/Taxes Paid |
| <input type="checkbox"/> Utilities Paid | <input type="checkbox"/> Education Expenses | <input type="checkbox"/> Association Dues |
| <input type="checkbox"/> Bank & Credit Card Fees | <input type="checkbox"/> Postage Paid | <input type="checkbox"/> Meals & Entertainment |
| <input type="checkbox"/> Hotel & Travel Expenses | <input type="checkbox"/> Asset Purchases (Date, amount and item): _____ | |
| <input type="checkbox"/> Mileage & Travel (<u>mileage log is required</u>): <input type="checkbox"/> Business travel miles: _____ | | |
| <input type="checkbox"/> Commuting miles: _____ <input type="checkbox"/> Personal miles: _____ | | |
| <input type="checkbox"/> Make and year of the vehicle: _____ <input type="checkbox"/> Date placed in service (for rental use): _____ | | |

ADDITIONAL ITEMS FOR RENTAL PROPERTIES:

Description of property (type and address): _____

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Date purchased: | Original cost: _____ | Improvements—describe each by: |
| | Type: _____ | Date completed: _____ Cost: _____ |
| <input type="checkbox"/> Mortgage Statements (1098) | <input type="checkbox"/> Management Fees: _____ | |
| <input type="checkbox"/> Yard Work: _____ | <input type="checkbox"/> Property Insurance: _____ | <input type="checkbox"/> PMI: _____ |
| <input type="checkbox"/> Mortgage Interest Paid: _____ | <input type="checkbox"/> Utilities: _____ | |
| <input type="checkbox"/> Cleaning & maintenance: _____ | <input type="checkbox"/> Termite Treatment Expense: _____ | |
| <input type="checkbox"/> Mileage & Travel (<u>mileage log is required</u>): <input type="checkbox"/> Rental travel miles: _____ | | |
| <input type="checkbox"/> Commuting miles: _____ <input type="checkbox"/> Personal miles: _____ | | |
| <input type="checkbox"/> Make and year of the vehicle: _____ <input type="checkbox"/> Date placed in service (for rental use): _____ | | |

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: _____
- Education Expenses: _____ Student Loan Interest Paid: _____
- 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.

ESTIMATED TAXES PAID:

Date of payment and amount paid for *each* Federal and State quarterly tax estimate (1040-ES).

HEALTH CARE INFORMATION:

Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2015 for you, your spouse and all members of your family as claimed on your tax return [Y/N]? _____

Did you or anyone in your family qualify for an exemption from the health care coverage mandate [Y/N]? _____

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

Did you make any contributions to or receive distributions from a Health Savings Account (HSA), a Flexible Savings Account (FSA) or a Medicare Advantage MSA [Y/N]? _____

ITEMIZED DEDUCTIONS:

INTEREST and TAXES

- Mortgage Interest, Form 1098 (from your bank or financial institution)
- Prior year state tax paid: _____ City/local taxes paid: _____
- Real estate property tax paid: _____ Personal property tax: _____ Other:

MEDICAL EXPENSES

- Medical & Dental bills Prescriptions Glasses/Contact Lenses

- Out-of-pocket expenses
- Medical miles
- Lab fees
- Hearing Aids
- Medical/dental/long term care insurance

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 donee 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.

Identity Theft:

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