

**Expanded Tax Checklist**

**(Attn: Drop offs after March 31st are subject to an extension)**

**GENERAL INFORMATION:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Spouse E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Marital Status: Married Single Separated Qualified Widower □ **ANY NEW DEPENDENTS?**

 **1095-A If you had Market Place health insurance**

**REQUIRED QUESTION**:

 **At any time during 2023, did the taxpayer or spouse (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? YES OR NO**

**INCOME & INCOME REPORTING FORMS:**

 Wages: All W-2’s Pensions/Retirements: 1099-R Social Security: SSA-1099 Rental/Other Income 1099-Misc Bank Interest: 1099-INT Dividends: 1099-DIV

 Unemployment: 1099-G 1099-K for all cash app activity

 Misc: Alimony (divorces prior to 2019), Jury Duty, Gambling all other income

 Stock & Mutual Fund Sales: 1099-B **(issue due date 3/15)**

 Business/Farm Income: All 1099-NEC & 1099-K form

**BUSINESS/FARM EXPENSES: This is not all encompassing. If you don’t see an expense listed below, ask.**

 Advertising Cell Phone Subcontractors Insurance

* Commissions Business Interest Paid Office Supplies Rent/Lease
* Legal/Professional Repairs/Maint. Small Tools Dues & Publications Supplies Taxes & Licenses Utilities Continuing Education Hotel/Travel Postage Bank/Credit Card Fees
* Documented Business Miles & Total Miles Driven
* Assets Purchased (description, date purchased, cost for any $2500 or more)
* Business Phone (not home line)
* Documented Business Related Meals

**ADDITIONAL ITEMS FOR RENTAL PROPERTIES:**

 Advertising Condo Fees Management Fees Mortgage Statement Repair/Maint. Utilities Property Taxes Insurance

 Misc: Keys, Termite, Supplies Documented Mileage/Travel

 Assets Purchased (description, date purchased, cost for any $2500 or more)

**ESTIMATED TAXES PAID:**

* Date of payment and amount paid for **EACH** Federal and State tax estimated payment.

**POSSIBLE CREDITS:**

* Teacher Expenses
* Adoption Expenses
* Student Loan Interest
* Students K-12: Tuition, books, supplies, fees & uniforms
* College Education Expenses **(must provide 1098-T)**
* Total Alimony Paid (divorces prior to 2019): Must have name, social security number of recipient, and amount paid
* Child Care/Day Care Credit: For all children **UNDER** age 13; must have name, address, social security number or EIN of provider, and amount paid **PER** child.

**ITEMIZED DEDUCTIONS:**

**MEDICAL:**

* All out of pocket medical & dental expenses **totaled from receipts**
* Documented medical miles
* Health, Dental, Long Term Care & Cancer Insurance

**OTHER:**

* Mortgage interest (Form 1098) **Allowable for residence & 2nd home only.**

Interest paid on HELOC’S (Home Equity Line of Credit) **Do NOT Qualify**

**TAXES:**

* Prior Year State Tax Paid
* Real Estate/Property Tax Paid

**CHARITABLE CONTRIBUTIONS: Include ALL letters & receipts issued from the recognized organization. To confirm the organization is recognized, visit:** <http://apps.irs.gov/app/eos/>

* All Letters From Churches, Ministries, other Recognized Organizations
* Out-of-pocket Volunteer Expenses for qualified organizations
* Documented Charitable Miles
* Household Goods and Clothing: **(receipt from organization including date donated, list Fair Market Value for EACH donation item. See the link on** [**www.itlaccounting.com**](http://www.itlaccounting.com) **for a detailed FMV list)**