New/Client Check List

I will need the following from New Clients in order to stat your return:

1. Referred by whom:

2. COPY OF PIOR YEAR TAX FORM:

1. Used as a reference starting point

3. PERSONAL INFORMATION:

REQUIRED For ID Verification
1. Copy of ID (Drivers License or, State ID for all taxpayers/dependents on return (If not on file or expired)
2. Copy of Social Security Card for all individuals and dependents on return (If not on File)

Full Name, SSAN or ITINs, Birthday for everyone included on your return (Taxpayer, Spouse and Dependents) If not on File
1.
2.

Mailing Address, Telephone Number, E-mail Address (If not on file or has changed)
1.
2.
3.

For Refund Bank information for e-file Bank name, routing number, account number (If not on File or has changed)
1.
2.
3.

Amount of Alimony paid and ex-spouse Social Security Number
1.
2.

Childcare Records (including the provider's name, business name, ID number, and) if applicable
1.
2.

4. INCOME/INVESTMENTS/RETIREMENT:

1. All Income forms that say W-2s, 1098 interest, dividends, capital gains, 1099 Misc or Schedule K-1
2. All investments/stocks sales (to include purchase date and amount, and sale date and amount in stock or property sold,
3. Any expenses related to your investments
4. Year end copy of records of any contributions you made to IRAs, other retirement plans, 529 plans or education savings accounts

5. Education

1. Copy of and Education Scholarships and fellowships
2. Record of tuition and other higher education expenses and Form 1098-T Tuition Statement from College or University or record to include:

How Tuition Paid
Non loan (Cash or Check) $_____
Private Loans $_____
Government Loans
Subsidized $_____
Un-subsidized $_____

3. Other Expenses

Books $_____
Required Fees $_____

6. ITEMIZED DEDUCTIONS:

1. Any forms 1098 received
2. For Homeowners that bought new resident copy of document received at closing that list items you paid at closing.
3. Medical expenses

1. Prescription medication
2. Fees for doctor, dentists, etc
3. Fees for hospitals, clinics, etc
4. Lab and x-rays fees
5. Medical aids such as eyeglasses, contact lenses hearing, braces, crutches, wheelchair etc
6. Medical equipment and supplies
7. Medical mileage expenses
8. Mileage driven _____
9. Parking fees, tolls and local transportation for medical activities
10. Lodging for medical purpose (up to $50 per night per person)
11. Health insurance premiums

4. Mortgage interest, real estate and personal property tax records
5. Prior year record of state/local income tax paid
6. Sales tax record for large purchases
7. Record of cash amounts donated to:

1. Church or house of worship
2. Schools
3. Other charitable organizations

8. Record of non-cash charitable donations
9. Job search
10. Moving expenses (M**ilitary Only)**

7. Health Insurance

1. Copy of insurance Card
2. Copy of 2020 Form 1095(A) if enrolled in marketplace exchanges
3. Copy of 2020 Form 1095(B) or (C) if enrolled through a private plan or employer plan
4. Copy of Marketplace exemption certificate if applied and received an exemption from marketplace exchange
5. Copy of Health Savings Account (Form 5498 Contribution, 1099-SA HAS, MSA Distribution,