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**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. Please call or e-mail with any questions.**

**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 \_\_\_

□ 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 □ Income from Rentals: All 1099-MISC

□ Pensions/Retirements: 1099-R □ Business Income: All 1099-MISC & 1099-K

□ Social Security: SSA-1099 □ Farm Income

□ Bank Interest: 1099-INT □ Alimony Received: Total amount

□ Dividends: 1099-DIV □ Unemployment: 1099-G

□ Commissions: 1099-MISC □ State Tax Refund: 1099-G

□ Tips and Gratuities □ Miscellaneous: Jury Duty, Gambling, Other

□ Sales of Stock, Mutual Funds: 1099-B

**Foreign Income Matters:**

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

Did you have a financial interest in or signature authority over a financial account located in a foreign country?

Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

**BUSINESS INCOME & EXPENSE ITEMS:** This list is not all encompassing. If you don’t see an expense listed below, ask.

Total (Gross) Income Advertising Auto: Parking &Tolls

Business Phone Expense Cell Phone Expense Subcontractors

Commissions Paid Insurance Interest Paid

General Office Expense Rent/Lease Fees Paid Legal or Professional Fees

Repairs Cleaning/Maintenance Dues & Publications

Equipment/Supplies Tools License Fees/Taxes Paid

Utilities Education Expense Association Dues

Bank/Credit Card Fees Postage Meals/Entertainment

Business Miles & Total Miles (A Mileage log is required) Hotel/Travel Expense

Asset Purchases (Date, amount and item)

**ADDITIONAL ITEMS FOR RENTAL PROPERTIES**:

Keys Condo/PUD Fees Management Fees

Mortgage Statements Yard Work Termite Treatment Expense

Utilities Mileage/Travel Other

**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

\* American Opportunity/Lifetime Learning/Student Loan Interest/Education Expenses – 1098-T Please bring a detailed billing/payment statement from the educational institution.

\* Total 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.

**HEALTH CARE INFORMATION:**

Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2014 for you, your spouse and all members of your family as claimed on your tax return?

Did you or anyone in your family qualify for an exemption from the health care coverage mandate?

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

If you had other healthcare insurance provide Form 1095-B or 1095-C.

Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA?

**ITEMIZED DEDUCTIONS**:

**INTEREST**

Mortgage Interest, Form 1098

**MEDICAL**

Medical & Dental bills Prescriptions Glasses/Contact Lenses

Out-of-pocket expenses Medical miles Lab fees

Hearing Aids Medical/dental/long term care insurance

**TAXES**

Prior year state tax paid City/local tax Real estate tax

Personal property tax Other

**CHARITABLE CONTRIBUTIONS**

Church Boy/Girl Scouts United Way/CFC

March of Dimes American Heart Easter Seals

Red Cross MDA/MS YWCA/YMCA

Salvation Army FoodBank Payroll deductions

Out-of-pocket Volunteer Expenses Charitable miles Other

For donations, please provide evidence such as a receipt from the done 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? If so, please provide the IRS letter.