Pettigrew & Pettigrew, CPAs

Tax Return Checklist

Please provide any updates to Telephone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INCOME***

Below is a list of forms that will be required if they apply to you

Active income

 \_\_\_\_\_ W-2s (wages)

 \_\_\_\_\_ Business income (also see Business Organizer)\*

 \_\_\_\_\_ Rental income (also see Rental Organizer)\*

 \_\_\_\_\_ Farm Income (also see Farm Organizer)\*

 \*Please also bring all 1099-Misc or K-1 forms received

 \*Business, Rental, and Farm Organizers can be found at www.pettigrewaccounting.com

Retirement Income

 \_\_\_\_\_ 1099-R (pension, annuity and IRA income)

 \_\_\_\_\_ 1099-SSA (social security income)

Investment Income

 \_\_\_\_\_ 1099-DIV (dividends from stocks owned)\*

 \_\_\_\_\_ 1099-INT (interest earned from banks and bonds)\*

 \_\_\_\_\_ 1099-B (sale of stocks and bonds)\*

 \_\_\_\_\_ 1099-Consolidated (from financial advisor - This should include stock sales, etc)

 \*1099 B, INT and DIV may be included with the 1099-Consolidated info

 \_\_\_\_\_ 1099-S (sale of real estate or timber) Bring Closing Statement for real estate sales

Other Income

 \_\_\_\_\_ 1099-G (Prior year state refund and/or Unemployment benefits)

 \_\_\_\_\_ W-2 G – Gambling Income

 \_\_\_\_\_ Alimony received

 \_\_\_\_\_ Other income for which a tax form such as 1099 or W-2 was not received

***ADJUSTMENTS***

 \_\_\_\_\_ IRA Contributions $\_\_\_\_\_\_\_\_\_\_\_\_

- Please indicate Traditional IRA or ROTH IRA

 \_\_\_\_\_ Student Loan interest paid

 \_\_\_\_\_ Alimony Paid - Please provide recipient's SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Health Savings Account (HSA) Contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please provide copy of 1099-SA

***HEALTH INSURANCE***

 \_\_\_\_\_ 1095-A - For those with health insurance purchased over the health insurance

 exchange (healthcare.gov) \****The IRS will not process returns that omit this information***

\_\_\_\_\_ 1095-B- For those with employer or retirement sponsored health insurance

SEE REVERSE FOR DEDUCTIONS AND CREDITS

***DEDUCTIONS***

Medical Expenses

 $\_\_\_\_\_\_\_\_\_ Health Insurance paid outside of a pre-tax program

 $\_\_\_\_\_\_\_\_\_ Doctors Bills (out of pocket)

 $\_\_\_\_\_\_\_\_\_ Dentist Bills (out of pocket)

 $\_\_\_\_\_\_\_\_\_ Prescriptions / Pharmacy (Prescribed drugs only - out of pocket)

 $\_\_\_\_\_\_\_\_\_ Eye Care

 $\_\_\_\_\_\_\_\_\_ Long Term Care Insurance (Please separate by spouse)

 $\_\_\_\_\_\_\_\_\_ Lodging while on medical related travel for yourself or a dependent

 \_\_\_\_\_\_\_\_\_\_ Miles driven for medical trips

 $\_\_\_\_\_\_\_\_\_ Other Medical such as medical equipment, chiropractic, hearing aids, etc.

Taxes Paid

 $\_\_\_\_\_\_\_\_\_ Property Taxes

 $\_\_\_\_\_\_\_\_\_ Vehicle Tags and taxes

 $\_\_\_\_\_\_\_\_\_ Title Ad Valorem (TAV) tax on purchase of new vehicles

Mortgage interest

 \_\_\_\_\_\_ 1098 - Mortgage interest paid

 \_\_\_\_\_\_ Closing Statement if you purchased or refinanced your home in the previous year

Charity

 \_\_\_\_\_\_ Statements from Churches and Charities for cash and check donations

 \_\_\_\_\_\_ Statements for Non-Cash Donations to charities such as Salvation Army, etc.

 \*If total Non-Cash Donations exceed $5,000 please bring certified appraisal

 \_\_\_\_\_\_\_ GOAL Scholarship (form IT-QEE-SSO1 required)

 \_\_\_\_\_\_ Volunteer Miles driven

***CREDITS***

\_\_\_\_\_ 1099-T - College / Technical School credit for yourself, spouse, or dependent

$\_\_\_\_\_\_\_\_\_ Cost of Books and required classroom supplies for Higher education

\_\_\_\_\_ Child care Credit - cost for child care / preschool for children under age 13

* Provider name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provider Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount paid to provider $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PAYMENTS***

Please provide us with the amounts of Quarterly Estimated taxes paid in for the prior year

 Federal State Date paid Check number

1st Q due 4/15 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

2nd Q due 6/15 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

3rd Q due 9/15 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

4th Q due 1/15 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

***PENALTIES***

Please circle which of the following apply regarding your qualifying health insurance for 2018:

 NONE PART YEAR FULL YEAR