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