

2017 Tax Checklist & Organizer

- _____ Did all members of your household have health insurance for the entire year?
 _____ If so, did you purchase insurance on the Exchange? (The Exchange issues a form 1095-A that we need)
If all members of the household were not insured the entire year, please insert an explanation.
- _____ Did you receive a distribution from or make a contribution to an HSA? Please bring in the 1099.
 _____ Did you have an account overseas that exceeded \$10,000 at any time last year?
 _____ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
 _____ Did you prepay your property taxes in December of 2017?
 _____ Did any births, adoptions, marriages, divorces, or deaths occur in your family this year?
 _____ Did you have a change in residence or job location during the year?
 _____ Did you participate in an employer's day care assistance plan-- FSA?
 _____ Did you receive any notification from the IRS or state? Please bring in correspondence.
 _____ Did you or your spouse rollover qualified retirement plans or convert IRAs to a Roth?
 _____ Do you anticipate significant changes in your financial situation next year?
 _____ Teachers, did you spend up to \$250 in teaching expenses?
 _____ Did you own any stock that became worthless this year?
 _____ Did you purchase a new car or other high sales tax item? Sales tax paid _____

New clients, please provide a copy of last year's tax return

| INFORMATION FOR NEW CLIENTS OR NEW DEPENDENTS* | | | |
|--|---------------------|---------------------|-------------------|
| Name _____ | Spouse's Name _____ | | |
| <u>Dependent Name*</u> | <u>SS#</u> | <u>Relationship</u> | <u>Birth date</u> |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| * Please attach a copy of a social security card for new dependents | | | |

Income Sources (please enclose documents)

- | Yes | No | Yes | No | |
|-------|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | _____ | Rental |
| _____ | _____ | _____ | _____ | Roth Conversion |
| _____ | _____ | _____ | _____ | Unemployment |
| _____ | _____ | _____ | _____ | Social Security |
| _____ | _____ | _____ | _____ | Disability pay |
| _____ | _____ | _____ | _____ | Gambling winnings (need losses) |
| _____ | _____ | _____ | _____ | Partnership, S corps K1's |
| _____ | _____ | _____ | _____ | Alimony |
| _____ | _____ | _____ | _____ | Other income |

Unreimbursed Medical Expenses

- | | |
|-----------------------------|------------------------------------|
| Hospital & MD _____ | Long term care premiums _____ |
| DDS _____ | Nursing care _____ |
| Prescriptions _____ | Medical travel miles _____ |
| Medical insurance _____ | Lodging while receiving care _____ |
| Eye care _____ | Counseling _____ |
| Childbirth class fees _____ | Other expenses _____ |

Real Estate Taxes Paid

Personal Residence _____ 2nd Home/ Vacant Land _____

List Parcel ID # (PIN) on residence for IL state credit _____

Mortgage Interest

Primary Residence _____

Second Home _____

Home Equity/ Second mortgage _____

Private mortgage insurance _____

Charitable Contributions (please indicate amounts and names of organizations)

Religious Organizations _____

Payroll Deductions _____

Cash/ Miscellaneous _____

Volunteer Service Mileage _____

Others _____

| Donated Goods | <u>Items donated</u> | <u>Value at Donation</u> | <u>Organization</u> |
|---------------|----------------------|--------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other Miscellaneous Deductions

Job related expenses

Work tools _____ Continuing education _____

Safety equipment _____ Union Dues _____

Professional dues _____ Mileage _____

Uniforms _____ Job-seeking costs _____

Investment Expenses

Bank box _____

Subscriptions _____

Tax Preparation _____

Financial Advice _____

please circle

IRA Contributions Roth or Traditional

Husband _____ Wife _____

Student Loan Interest _____

Alimony Paid

Name _____ Social Security # _____ Amount _____

| Estimated Tax | Federal | | State | |
|---------------|---------|-------|--------|-------|
| | amount | date | amount | date |
| Q1 | _____ | _____ | _____ | _____ |
| Q2 | _____ | _____ | _____ | _____ |
| Q3 | _____ | _____ | _____ | _____ |
| Q4 | _____ | _____ | _____ | _____ |

Post Secondary Educational Expenses (Please enclose form 1098T)

Student name _____
Tuition & fees _____
Books _____
Room & Board _____

Student name _____
Tuition _____
Books & fees _____
Room & Board _____

K-12 Educational Expenses (total must exceed \$250 for IL credit)

Student Name _____
Grade _____
School _____
School location _____
Tuition _____
Book & lab fees _____

Student Name _____
Grade _____
School _____
School location _____
Tuition _____
Book & lab fees _____

Child Care Expenses

Amount paid through an employer's dependant care plan? _____

Child _____
Amount Paid _____
Organization _____
SS # or EIN _____

Child _____
Amount Paid _____
Organization _____
SS # or EIN _____

Self-Employment Income (Schedule C)

Gross Receipts _____
Ending Inventory _____
Purchases for Resale _____
Materials/Supplies _____
Subcontractors/Labor _____
Expenses: _____
 Advertising _____
 Vehicle _____
 Insurance _____
 Professional Servic _____
 Office Expenses _____
 Rent Expense _____
 Repairs/Maintenan _____
 Supplies _____
 Taxes/Licenses _____
 Travel/Lodging _____
 Meals & Entertainr _____
 Freight/Postage _____
 Telephone _____
 Parking/Tolls _____
 Dues/Subs/Books _____
 Utilities _____
 Other _____

Rental Properties (Schedule E)

Location of _____
Property _____
Rents Received _____
Advertising _____
Auto & Travel (Mileage) _____
Cleaning & Maintenance _____
Insurance _____
Legal & Professional Fees _____
Management Fees _____
Mortgage Interest _____
Repairs _____
Supplies _____
Taxes _____
Utilities _____
Association Fees _____
Telephone/Postage _____
Other _____