

If you have other income, please bring all figures and supporting data. Examples:

- Alimony received Prizes (1099-MISC)
- Self-employment
- Partnerships & S Corporations
- Estates & Trusts
- Social security benefits
- Scholarships & fellowships
- Tax refunds

- Tips
- Nontaxable income
- Jury duty
- Unemployment 1099 G

- Royalties Pension/Annuities
- Gambling
- Other

* If you have a business or rental property, please attach an income/loss statement and supporting documents
 * If you borrow money and the debt is canceled or forgiven, please include Form 1099-A and/or 1099-C



INCOME TAX CHECKLIST

Payments to a Traditional IRA
 Taxpayer _____ Date _____
 Spouse _____ Date _____

CONTRIBUTIONS

Payment to Roth IRA
 Taxpayer _____ Date _____
 Spouse _____ Date _____
 Penalty for early withdrawal _____
 Alimony paid _____
 Self-employed health insurance _____
 Keogh, SEP & Simple contributions _____

Church _____
 Other cash contributions _____
 Charitable auto mileage _____
 Property donated for which you have receipts (fair market value) _____
 Other _____

MEDICAL EXPENSES

Medical Savings Account contributions _____
 Health Savings Account contributions _____
 Insurance & Medicare premiums _____
 Prescriptions _____
 Eyeglasses _____
 Doctors _____
 Other medical expenses _____
 Dentists _____
 Hospital _____
 Ambulance _____
 Medical auto mileage _____
 Other medical travel expenses _____
 Hearing aids & batteries _____
 Reimbursements _____

BUSINESS AUTO EXPENSES (SCHEDULE C ONLY)

Total miles _____
 Business miles _____
 Gas & oil _____
 Interest _____
 Tolls & local transportation _____
 Other _____

MISCELLANEOUS (NYS ONLY)

Dues & subscriptions _____
 Education _____
 Safety equipment _____
 Uniforms _____
 Job seeking expenses _____
 Tax preparation _____
 Tools _____
 Business entertainment _____
 Investment & tax advice _____
 Safe-deposit box _____
 Hobby losses _____
 Gambling losses _____
 Classroom expenses for teachers _____
 Energy property installed _____
 Other _____

TAXES

Real estate tax _____
 Personal property tax _____
 City / county tax _____
 Sales tax _____
 Other _____

CHILD CARE EXPENSES

Providers First/Last Name _____
 OR Providers Business Name _____
 Providers Phone # _____
 SSN or EIN # _____
 Amount Paid _____

Estimated Taxes	State	Federal
Date pd.		

INTEREST EXPENSE

Home mortgage (1098) _____
 Home mortgage-pd. To individuals (include name and SSN of individuals) _____

STUDENT (POSTSECONDARY) INFO

*Please provide 1098-T Tax Document
 Scholarships & Grants _____
 Fees _____
 Books _____
 Room and Board _____
 Special Needs Expenses _____
 Computer Expenses _____

Academic Tutoring
Uniforms
Tuition Refunds
