

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

- RoyaltiesPension/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 _____

Payment to Roth IRA

Taxpayer _____ Date _____
Spouse _____ Date _____

Penalty for early withdrawal _____

Alimony paid _____

Self-employed health insurance _____

Keogh, SEP & Simple contributions _____

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 _____

TAXES

Real estate tax _____

Personal property tax _____

City / county tax _____

Sales tax _____

Other _____

<u>Estimated Taxes</u>	<u>State</u>	<u>Federal</u>
Date pd.		
Date pd.		
Date pd.		
Date pd.		

INTEREST EXPENSE

Home mortgage (1098) _____

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

CONTRIBUTIONS

Church _____

Other cash contributions _____

Charitable auto mileage _____

Property donated for which you
have receipts (fair market value) _____

Other _____

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 _____

CHILD CARE EXPENSES

Providers First/Last Name _____

OR Providers Business Name _____

Providers Phone # _____

SSN or EIN # _____

Amount Paid _____

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
