Tax to do checklist of documents to bring to a tax preparation appointment

Please print this tax to-do checklist, look it over, and check off those items you have for your tax return. Please bring all tax documents when you came to see us.

General Information

- ____ Copy of Last Year's Tax Return
- _____ Social Security Numbers for You and Your Spouse
- _____ Educational Expenses for You and Your Spouse
- _____ Dependents' Names, Years of Birth, and Social Security Numbers
- _____ Dependents' Post High School Educational Expenses
- _____ Child Care Expenses for Each Dependent
- _____ Prior Year Adjusted Gross Income (AGI) & Personal Identification Number (PIN
- _____Routing Transmit Number (RTN) (For direct deposit/debit purposes)
- _____ Bank Account Number (BAN) (For direct deposit/debit purposes)

General Taxable Income

- _____ W-2 Form(s) for Wages, Salaries, and Tips
- _____ Interest Income Statements: Form 1099-INT & 1099-OID
- ____ Dividend Income Statements: Form 1099-DIV
- _____ Sales of Stock, Land, etc. for Capital Gains: Form 1099-B
- _____ Sales of Real Estate: Form 1099-S
- _____ State Tax Refunds: Form 1099-G
- _____ Alimony Received or Paid
- _____ Unemployment Compensation Received
- _____ Miscellaneous Income: Form 1099-MISC

Retirement Income

- _____ Retirement Income: Form 1099-R
- _____ Social Security Income and Railroad Retirement Income: Form SSA-1099

Business Income

- _____ Business Income and Expenses
- _____ Rental Income and Expenses
- _____ Farm Income and Expenses
- _____ Form K-1 Income from Partnerships, Trusts, and S-Corporations
- _____ Tax Deductible Miles Traveled for Business Purposes

Tax Credits

- _____ Child Care Provider Address, I.D. Number and Amounts Paid
- _____ Adoption Expense Information
- ____ Foreign Taxes paid
- _____ First Time Home Buyer Tax Credit

Expenses and Tax Deductions

- _____ Medical Expenses for the Family
- ____Form 1095-A Health Insurance Marketplace Statement
- ____Proof of Other Health Insurance Coverage
- _____Health Insurance Exempt Certificate-If you don't have insurance coverage
- _____ Medical Insurance Paid
- _____ Prescription Medicines and Drugs
- ____ Doctor and Dentist Payments
- _____ Hospital and Nurse Payments
- _____ Tax Deductible Miles Traveled for Medical Purposes
- _____ Home Mortgage Interest from Form 1098
- _____ Home Second Mortgage Interest Paid
- _____ Real Estate Taxes Paid
- _____ State Taxes Paid with Last Year's Return (if claiming itemized deductions)
- _____ Personal Property Taxes Paid
- ____ Charitable Cash Contributions
- _____ Fair Market Value of Non-cash Contributions to Charities
- _____ Unreimbursed Expenses Related to Volunteer Work
- _____ Tax Deductible Mileage for Volunteer Purposes
- ____ Casualty and Theft Losses
- _____ Amount Paid to Professional Preparer Last Year
- _____ Unreimbursed Expenses Related to Your Job
- _____ Miles Traveled Related to Your Job
- _____ Union and Professional Dues
- ____ Investment Expenses
- _____ Job-hunting Expenses
- ____ IRA Contributions
- _____ Student Loan Interest Paid
- ____ Moving Expenses
- _____ Last Year's Tax Preparation Fee

Tax Estimate Payments

- _____ Estimated Tax Payments Made with ES Vouchers
- _____ Last Year's Tax Return Overpayment Applied to This Year
- ____ Off Highway Fuel Taxes Paid