

2018 Tax Checklist & Organizer

Preferred email: _____

Phone number: _____

- _____ 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)
- _____ Did you receive a distribution from or make a contribution to an HSA? Please bring in the 1099-SA.
- _____ 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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|--|-------|-------|----|-------|-------|---------------------------------|-------|-------|--------------------|-------|-------|----------|-------|-------|----------|-------|-------|---|-------|-------|----------------------|-------|-------|---------------------------|-------|-------|--------------|---|-----|----|--|-------|-------|--------|-------|-------|-----------------|-------|-------|--------------|-------|-------|-----------------|-------|-------|----------------|-------|-------|---------------------------------|-------|-------|---------------------------|-------|-------|---------|-------|-------|--------------|
| <table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>W2</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Capital gains (need cost basis)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>1099 self employed</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Interest</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Dividend</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Investment property sales (need cost basis)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Pension distribution</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>IRA / 401(k) distribution</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>State refund</td> </tr> </table> | Yes | No | | _____ | _____ | W2 | _____ | _____ | Capital gains (need cost basis) | _____ | _____ | 1099 self employed | _____ | _____ | Interest | _____ | _____ | Dividend | _____ | _____ | Investment property sales (need cost basis) | _____ | _____ | Pension distribution | _____ | _____ | IRA / 401(k) distribution | _____ | _____ | State refund | <table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Rental</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Roth Conversion</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Unemployment</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Social Security</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Disability pay</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Gambling winnings (need losses)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Partnership, S corps K1's</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Alimony</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Other income</td> </tr> </table> | Yes | No | | _____ | _____ | Rental | _____ | _____ | Roth Conversion | _____ | _____ | Unemployment | _____ | _____ | Social Security | _____ | _____ | Disability pay | _____ | _____ | Gambling winnings (need losses) | _____ | _____ | Partnership, S corps K1's | _____ | _____ | Alimony | _____ | _____ | Other income |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | W2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Capital gains (need cost basis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | 1099 self employed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Dividend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Investment property sales (need cost basis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Pension distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | IRA / 401(k) distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | State refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Rental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Roth Conversion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Unemployment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Social Security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Disability pay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Gambling winnings (need losses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Partnership, S corps K1's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Alimony | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | Other income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

Miscellaneous deductions for job-related and investment expenses have been suspended through 2025.

please circle

IRA Contributions Roth or Traditional Husband _____ Wife _____

Student Loan Interest _____

Alimony Paid

Name _____ Social Security # _____ Amount _____

Post Secondary Educational Expenses (Please enclose form 1098T)

Student name _____
Tuition & fees _____
Books _____

Student name _____
Tuition _____
Books & fees _____

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

Student Name _____
Grade _____
School name _____
School city _____
Tuition _____
Book & lab fees _____

Student Name _____
Grade _____
School name _____
School city _____
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 & Entertainn _____
 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 _____