

2022 Tax Checklist & Organizer

Preferred email: _____

Phone number: _____

- _____ Did you receive unemployment? If so, please bring the 1099 from IDES.
- _____ Did you purchase insurance on the Exchange? If so, please provide form 1095-A.
- _____ Did you receive a distribution from or make a contribution to an HSA? Provide the 1099-SA.
- _____ Did you contribute into Bright Start or Bright Directions? Provide account numbers and amounts.
- _____ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
- _____ Did you have an account overseas that exceeded \$10,000 at any time last year?
- _____ 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 have energy efficient improvements this year- windows, doors, insulation? **\$ paid:** _____
- _____ Do you want your refund to be directly deposited into the same account as last year?

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

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

Income Sources (please enclose documents)

Yes	No		Yes	No	
_____	_____	W2	_____	_____	Rental
_____	_____	Capital gains (need cost basis)	_____	_____	Roth Conversion
_____	_____	1099 self employed	_____	_____	Unemployment
_____	_____	Interest	_____	_____	Social Security
_____	_____	Dividend	_____	_____	Gambling winnings (need losses)
_____	_____	Investment property sales (need cost basis)	_____	_____	Partnership, S corps K1's
_____	_____	Pension distribution	_____	_____	Alimony
_____	_____	IRA / 401(k) distribution	_____	_____	Other income

Driver's license information for e-filing (each spouse if married)

Date issued/ expires (him) _____ license # _____

Date issued/ expires (her) _____ license # _____

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 (deductible again) _____

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 1098-T)

Student name _____ Student name _____
Tuition & fees _____ Tuition _____
Books _____ Books & fees _____

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

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

Child Care Expenses

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

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