Names		MCLR FINANCIAL CEN	ITER
Please indicate the best way for us to c	contact you	2015 TAX DATA CHECK	LIST
☐ Cell phone		best times:	
□ e-mail	□ Work	best times:	
CRITICAL QUESTIONS REGARDING HEA			
 Have you provided us with copies of <u>all</u> F 		•	es 🗆 No
2. Did you have alternate government-provi	ded insurance from	Medicare, Medicaid, or Tri-Care that	NI-
		<u>ar</u> ?□ Yo	
3. Did you have qualified employer-provided			
		e that you could purchase? □ Yo	
4. Did you <u>directly purchase</u> other qualified <u>entire year</u> for your entire household?	insurance nom an a	agent of insurance company for the	es ⊓No
5. Do you expect your health insurance situation	ation to be different	in 2016? 🗆 Y	es □No
If you had qualified health insurance for part of the year or some members of your household, please provide the name			
of the insurer and the period of coverage for ea	ch person.	, , , , , , , , , , , , , , , , , , ,	
Please answer the following questions, and pro-	vide explanations:		
6. Did you receive any letters from the IRS,		ut any of your tax returns? □ Yo	es 🗆 No
7. Are there any changes in your name, add	dress, marital status	s, or dependents you can claim? □ Ye	es 🗆 No
8. Are you claiming a dependent that did no	t live with you for th	<u>ne entire year</u> ?□ Ye	es 🗆 No
9. Is there anyone else who might claim a d	ependent of yours	as their own? \square Not Applicable \square Ye	es □No
10. Do you have a mentally or physically d	isabled child?	□ Yo	es □No
11. Can you be claimed as a dependent on a			
12. Did you refinance an existing home during			
13. Do you have proof of all charitable control			
14. Did you have an interest in or signature a	,		
15. Did you have any relationships with foreign	•	·	
16. Did you transfer or was a home transfer		,	
	st 70½ years of age	e on December 31 st ? 🗆 Yo	es □No
18. Did you or your spouse receive stock opt			
19. Can you substantiate all travel and enter		• •	
20. Would you like any available refund to be If yes, has your banking information of	direct-deposited hanged at all?	to your bank account? □ Yo	es □No

NEW CLIENTS: We need your 2012–2014 Tax Returns PLUS THE FOLLOWING TO START!

1. Copies of social security cards for everyone claimed on your return, and picture IDs for taxpayer/spouse.

- 2. Copies of "Carryover" schedules from 2014 tax preparation software.
- 3. Copies of all Form 5405s claiming the first-time homebuyer or long-term homeowner credit.
- 4. If you ever made **non-deductible contributions to a traditional IRA**, please provide basis as of 12/31/2014.
- 5. Please let us know when you first opened a **Roth IRA** and your basis in the accounts as of 12/31/2014.
- 6. If you sold business assets at a loss in the last five years, please bring copies Form 4797s.

MICHIGAN TAXPAYERS:

- 1. If you received retirement or pension benefits from a deceased spouse born before 1953, please provide that spouse's name, social security number, and year of birth.
- 2. For the Michigan Homestead Property Tax Credit, please provide your school district, the property taxes and special assessments <u>billed</u> for 2015, and the Taxable Value for 2015 for your primary residence (or provide your monthly rent and the total <u>paid</u> in 2015, plus your landlord's name and address). Also provide the household income information for <u>all other persons</u> living in your home.

STANDARD INFORMATION we continue to need you to provide: □ 1. **NEW CLIENTS**, please refer to the supplemental list above. 2. Please provide Social Security cards and birth dates for each new person (spouse, dependent) on your return. □ 3. All tax forms, such as W-2s, 1099s, 1098s, 5498s, and K-1s (including substitute forms and all supporting documents provided). Also please provide your last pay stub of the year. □ 4. Contributions, distributions (including Qualified Charitable Distributions), conversions, recharacterizations, or rollovers of traditional and Roth IRAs, or other retirement or annuity plans, and end-of-year values. □ 5. All Forms 1095-A, 1095-B, and 1095-C for you and your dependents. If you or any dependent had health care coverage that is not reported on one of these forms, please identify the policy issuer and who was covered by it during each month of the year. If claiming an exemption from penalties, provide details. 6. Dates and amounts of all Federal, State, and Local Estimated Income Tax Payments and Refunds. 7. All 1099-B forms or substitute statements from all brokers, plus information on any other sales of stocks, bonds, or other assets and any worthless stock. (Broker statements may omit or report incorrect costs or purchase dates; you must provide this information if not provided on the broker statements.) □ 8. Information on installment sales showing the breakdown of interest and principal, or the terms, dates and amounts collected. For land contracts secured by a residence, we also need the purchaser's name, address, and social security number. □ 9. Rents received and expenses paid for each rental property separately, as well as the physical location, the type of property (single family, duplex, commercial, etc.), your relationship to the tenant, the number of days rented at a fair market rental rate, and the number of days used personally. (Personal use does not include cleaning/maintenance time, but d<u>oes</u> include rental at less than a fair market rental rate.) 10. Gross Social Security and Unemployment Benefits received or repaid in 2015 (including "catch up" payments from prior years), as well as Medicare or other deductions. 11. Information on all business or farm activities, including income received, expenses paid, and inventories. Please include copies of your payroll tax forms if we did not prepare them. □ 12. Information on any abandoned properties (1099-A) or cancelled debt (1099-C), or any bankruptcy filings. 13. Information on <u>all</u> gambling income and losses, not merely those reported on form W-2G. Please include daily logs of electronically-tracked slot machine play. 14. Other income (e.g. tips, pensions, annuities, alimony, hobbies, jury pay, bartering). □ 15. **Non-taxable income** (e.g. tax-exempt interest, child support, worker's compensation, housing allowance). □ 16. Interest paid on **Student Loans** in 2015 (Form 1098-E). □ 17. Copies of your dependents' 2015 income tax returns, or information to prepare it. Even if not required to file, we still may need information on their income (wages, interest, dividends, baby-sitting, lawn mowing, etc.). □ 18. **Medical expenses** such as insurance, doctors, dentists, prescriptions, mileage, equipment & supplies (e.g. blood sugar kits, adult diapers), long-term care insurance, etc., as well as activity in any Health Savings Account (HSA) or Health Reimbursement Account (HRA), or any other reimbursement received. □ 19. Mortgage interest statements (Form 1098); information on equity loans and second mortgages; interest on land contracts (including lender's name, address, and social security number); closing documents for new loans and loans refinanced or paid off (including a breakdown of how the proceeds were used); late fees; mortgage insurance paid; and year-end balances if available. Please indicate which property secures them. 20. Information regarding loans for business purposes or to purchase investments. □ 21. Property tax and special assessments paid in 2015. (Do not include any late fees or interest.) □ 22. Sales taxes paid on major purchases (e.g. motor vehicles, boats, aircraft, materials for building or making a substantial addition to your home. 23. License plate fees for your car(s), as well as purchase documents for cars and other major purchases. □ 24. Charitable contributions, cash and non-cash (donee, descriptions, dates, amounts, Form 1098-C if vehicle), as well as mileage and other out-of-pocket costs. (Do not include Qualified Charitable Distributions here.) □ 25. Miscellaneous deductions such as union dues, tax preparation, employee or job hunting expenses, safe deposit box, elementary and secondary school teacher supplies, etc. 26. Moving expenses, including distance from old home to prior and new job, and reimbursements received. □ 27. Information on household employees, such as babysitters, drivers, health aides, housekeepers, yard workers, etc. who worked for you at your home. □ 28. Information on **child or dependent care** paid by you <u>or your employer</u> while you (and your spouse) worked or went to school. Please include the name, address, ID number, and amount paid for each provider by child. □ 29. **Tuition & Fees** (Form 1098-T), including the student name, full/part time status, academic period start date, when the student started college, and <u>actual amounts</u> paid in 2015. Separate any portion for books, room and board, and provide information about scholarships, grants, or employer-provided education assistance received, and contributions to or withdrawals from Education IRA's or College Savings (Section 529) Plans. □ 30. Information for **Residential Energy Credits** (insulation, windows & doors, qualifying furnaces, air conditioners, etc., as well as solar, geothermal, and wind.) 31. Information on any casualty or theft losses, including losses on a Ponzi scheme. □ 32. Information on **out-of-state purchases** (e.g. catalog or internet orders) on which sales tax was <u>not</u> paid.

Let us know if you would prefer a more comprehensive tax organizer.

□ 33. **Anything else** you think may be material to your tax return.