

**Personal Income Tax Checklist 2015**

West Coast

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Email us when you  
 completed the tax checklist

East Coast

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**PLEASE complete this Questionnaire before your appointment**

*Fill out what is applicable for you*

Date Filled: \_\_\_\_\_

Note: For first time tax clients, please bring the previous year tax return copy, i.e, 2014

**Personal Information:** (Full Details)

Name	_____	SSN #	_____
Email	_____	Date of Birth:	_____
Phone	_____		
Job Title	_____		
Spouse Name	_____	SSN #	_____
Email	_____	Date of Birth:	_____
Phone:	_____		
Job Title	_____		
Street Address:	_____	County:	_____
City:	_____	State:	_____
		Zip Code	_____

**Dependent or Kid Information:**

	First Name	M	Last Name	College?	Birthdate	SSN #	Relationship
1)	_____	-	_____	_____	_____	_____	_____
2)	_____	-	_____	_____	_____	_____	_____
3)	_____	-	_____	_____	_____	_____	_____
4)	_____	-	_____	_____	_____	_____	_____
5)	_____	-	_____	_____	_____	_____	_____

**Income Taxes Paid or Refunded**

	Federal	State	Local
Balance paid on last year's tax return	_____	_____	_____
Refunds received from last year's return	_____	_____	_____

<b>Estimated Tax Paid:</b> (Attach checks)	1st Quarter (4/15/15)	_____	_____	_____
	2nd Quarter (6/15/15)	_____	_____	_____
	3rd Quarter (9/15/15)	_____	_____	_____
	4th Quarter (1/15/16)	_____	_____	_____

# INCOME

## Wages / Salaries / W-2 Forms

*(Attach W-2's and/or tax statements here)*

### Miscellaneous Income *(Attach any tax statement or Form 1099 if any)*

	Taxpayer	Spouse
Alimony (Not Child Support) (only received - not paid)	_____	_____
Jury Duty or Public Service (Paid by Government Agencies)	_____	_____
Tips/Gratuities (not reported on W-2)	_____	_____
Contests / Awards / Lotteries / Gambling Winnings (Attach details)	_____	_____
Commissions / Bonuses (Attach details)	_____	_____
Pensions / Annuities (Attach Form 1099R)	_____	_____
IRA / Keogh (Attach Form 1099R)	_____	_____
Form 1099C Debt Cancellation	_____	_____
Unemployment Compensations (Attach Form 1099G)	_____	_____

	Taxpayer	Spouse
Partnerships / Estates / Trusts (Furnish Form K-1s or details)	_____	_____
Business Corporations / Sub-Chapter S (Furnish K-1 Forms)	_____	_____
Farm (Furnish Schedule or Details)	_____	_____
Other (Explain please)	_____	_____
_____	_____	_____
_____	_____	_____

### Non-Taxable Income (Important to list even if not taxable)

Child Support / Payments / Assistance (Not Alimony)	_____	_____
Veterans Benefits / Disability Income	_____	_____
Workmen's Compensation / Loss of Time Payments	_____	_____

### Public Income (may be partial taxable)

Social Security Benefits: (Attach Form SSA 1099)	_____	_____
Railroad Retirements: (Attach Form RRB 1099)	_____	_____
Social Security Repayments (Attach Form SSA-1099)	_____	_____

### Alimony Paid to Ex-Spouse:

Name of Ex-Spouse: \_\_\_\_\_ Social Security: \_\_\_\_\_  
 Amount actually paid during the year \_\_\_\_\_  
 2015

### Interest, Dividend, Distributions, and Investments Sold

*(Attach Forms 1099-INT, 1099-DIV, 1099-B, broker statements, and confirmation slips)*  
 (If you sold any investment, you must provide both purchase and sale receipts; those records must show date acquired or sold and cost or sale price)  
*(If not, you must contact your broker for copies immediately before you come for this appt!)*  
***(Normally those financial insitutions will not report if below \$10.00 earned per account per year)***

### Sale of Real Property


<i>(Attach Forms 1099-S and Real Estate closing statements)</i>	Date Acquired	Costs	Improvements
Personal Residence	_____	_____	_____
Second Personal Residence	_____	_____	_____
Vacation Home	_____	_____	_____

*(Provide information on improvements, prior sales of homes, and cost of a new property)*

### Purchase of Real Property / Home Improvement

*(Please bring properly executed settlement statement "Form HUD-1")*

# Itemized Deductions

 (List only amounts that have actually been paid during the year 2015)

 (Save all cancelled checks, credit card slips, and receipts for a period of at least 3 years - that is until 4/15/2017)

<b>Taxes Paid</b>	(Must have documentation)	Joint	Taxpayer	Spouse
Real Estate Taxes paid on Primary Residence		_____	_____	_____
Real Estate Taxes paid on Additional Home		_____	_____	_____
Automobile Personal Property Taxes if your state has it		_____	_____	_____
Sales Taxes (Paid in 2015)	<small>For AK, FL, NV, SD, TX, WA, WY, TN ONLY</small>	_____	_____	_____
Other Taxes:		_____	_____	_____

<b>Medical expenses</b>	Taxpayer	Spouse	Dependent(s)
Medical Insurance Premiums (paid by you)	_____	_____	_____
Medical Savings Account	_____	_____	_____
Qualified Long-Term Care Premiums	_____	_____	_____
Prescriptions and Drugs (Doctor Prescribed Only)	_____	_____	_____
Medical professional visits	_____	_____	_____
Hospital & Clinic including lab and x-rays	_____	_____	_____
Medical Equipment (Prescribed)	_____	_____	_____
Nursing Home Medical Care	_____	_____	_____
Eye Glasses / Contact Lenses	_____	_____	_____
Hearing Aids, Batteries & Supplies	_____	_____	_____
Equipments for Deaf	_____	_____	_____
Hearing Dog Expenses (Food, Vet, Licenses, Etc.)	_____	_____	_____
Assistive Devices Costs, Repairs, Maintenances	_____	_____	_____
Interpreter Costs for Medical visits only	_____	_____	_____
Ambulance / Medical Transportation Costs	_____	_____	_____
Lodging (while away from home)	_____	_____	_____
Total number of miles driven for medical reasons in 2015	_____ miles	_____ miles	_____ miles
Above amounts reimbursed by insurance if any	_____	_____	_____

Did you have health insurance for your family or for yourself      YES       NO

Did you get medical insurance through Affordable Care Act (ACA)?      YES       NO

**Additional Expenses and Comments:**      (Be sure to provide details, including dates, amounts, etc.)


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 **(Must have statements or acknowledgements, not checks, if \$250 or more given to each donee)**  
 Attach all checks and proof of cash donations  
 to religious, nonprofit, and charitable organizations

Miles driven for charitable purposes:      \_\_\_\_\_ miles      \_\_\_\_\_ miles  
 Parking Fees, tolls, and local transportation:      \_\_\_\_\_  
 Meals and lodges only if stayed overnight for charity work      \_\_\_\_\_

**NonCash Contributions**

 (Must have acknowledgements or statements showing name of donee organization and its address, description of donated property, and date of donation. You must list down fair market value of donated property, when did you buy them and how did you buy them, and its original cost.)

**Casualty / Theft Losses** (only if total net results more than 10% of adjusted gross income)

Please provide details on additional sheet showing kind of property or item, date of loss, date of purchase, cost or basis, insurance paid, fair market value before casualty or loss, and fair market value after.

**Moving Expense**

Please provide invoices, cancelled checks, records showing reimbursements, etc.

Distance from old home to old job: \_\_\_\_\_ miles      Distance from old home to new job: \_\_\_\_\_ miles  
 Cost to pack & ship household goods and personal effects: \_\_\_\_\_  
 Cost of travel and lodging from old to new residence (no meals): \_\_\_\_\_  
 Other expenses: \_\_\_\_\_  
 Amount, if any, reimbursed by employer: \_\_\_\_\_

Educator Expenses  
 (Bring receipts)

**Miscellaneous Deductions**

	Joint	Taxpayer	Spouse
Employee Business Expenses: (only nonreimbursed expenses)	_____	_____	_____
Airfare, Train, Etc.	_____	_____	_____
Lodging	_____	_____	_____
Meals (or No. of Days)	_____	_____	_____
Local Transportation (Taxi, Car rental)	_____	_____	_____
Meeting Fees	_____	_____	_____
Other Trip Expenses (Explain)	_____	_____	_____
Other unreimbursed employee expenses	_____	_____	_____
Tax Preparation Fees	_____	_____	_____
Investment / Financial Planning Fees	_____	_____	_____
Investment Expenses / Subscriptions	_____	_____	_____
Safe Deposit Box Rental Fees	_____	_____	_____
Union Dues	_____	_____	_____
Professional Dues / Licenses	_____	_____	_____
Professional Expenses	_____	_____	_____
Uniforms and Protective Clothing / Upkeep	_____	_____	_____
Tools / Shoes / Glasses	_____	_____	_____
Job Search (Hunting) Expenses	_____	_____	_____
Certain Attorney / Legal Fees	_____	_____	_____
IRA Custodial Fees (must be paid by you)	_____	_____	_____
Second Job Mileages	_____	_____ miles	_____ miles
Education Expenses (Explain)	_____	_____	_____
Gambling Losses (Up to Gambling winnings amount only)	_____	_____	_____

**Interest Expenses Paid**

(Must have either Form 1098 or mortgage interest documentation)

Did you acquire a new mortgage or borrow again on your old mortgage during the year 2015? Yes  No

	Joint	Taxpayer	Spouse
1) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
2) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
3) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
Home Mortgage Interest Paid to Individual	_____	_____	_____
1) Home Equity Interest Paid to Financial Institution	_____	_____	_____
2) Home Equity Interest Paid to Financial Institution	_____	_____	_____
Home Improvement Loan Interest (Form 1098)	_____	_____	_____
Points paid to acquire a new mortgage (if not included above)	_____	_____	_____
Deductible Investment Interest Paid	_____	_____	_____
Margin Account Investment Interest Deducted	_____	_____	_____
Other Allowable Finance Charges Paid	_____	_____	_____

Note: Personal interests from credit cards, department stores, autos, bank loans, etc., are not deductible.

**Child Care Expenses**

	Child Name	Name of Care Provider	Address	Soc Sec No. or Employer ID	Paid in 2015
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____

*(Your child care provider must provide the annual summary to you, including the SSN or EIN!)*

**IRA / KEOGH / SEP Retirement Contributions**

Regular or Deductible IRA	.....	.....	_____	_____
ROTH IRA	.....	.....	_____	_____
Keogh / SEP	.....	.....	_____	_____

**OFFICE IN THE HOME** (If justified for business, professional or charitable use)

Date of Home Purchase	_____	Utilities	Electricity	_____
Cost of Land	_____		Heating	_____
Cost of Home	_____		Water/Sewer	_____
Cost of Improvements	_____	Home Insurance		_____
Sq. Footage of Living Area	_____	Rubbish / Maintenance		_____
Sq. Footage of Office Area	_____	Other:		_____

 **STUDENT LOAN INTEREST DEDUCTION**  
Attach Form 1098-E

 **EDUCATION TAX CREDIT** for college

Which Person:	What year at College:	Part or Full?	Tuition \$\$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(please bring Form 1098T for each dependent)

# Schedule C - Self Employed Income/Expenses

One business per Schedule C

Name of Proprietor: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_

Activity: \_\_\_\_\_  
 Sell what: \_\_\_\_\_  
 EIN #: \_\_\_\_\_

- 1 Is Business conducted on the cash basis  accrual basis
- 2 Is Inventory, if applicable, based on the cost? \_\_\_\_\_
- 3 Do you use any part of your home for business? \_\_\_\_\_ If yes, fill the home use of office information below
- 4 Did you hire any new employees that may qualify for job credits? Yes  No
- 5 How many months in business during the year of 2015? \_\_\_\_\_ months

**INCOME**

Gross Receipts/Sales \_\_\_\_\_  
 Returns/Allowances \_\_\_\_\_  
 Income Reported on 1099 \_\_\_\_\_  
 Commissions \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cost of Goods Sold, if Applicable**

Beginning of the Year Inventory: \_\_\_\_\_  
 End of the Year Inventory: \_\_\_\_\_  
 Purchases in 2015 \_\_\_\_\_  
 Above Purchases for Personal \_\_\_\_\_  
 Cost of Labor \_\_\_\_\_  
 Materials / Supplies \_\_\_\_\_  
 Other: \_\_\_\_\_

**EXPENSES**

(All expenses must be related to business, not personal)

Advertising \_\_\_\_\_  
 Bad Debts if reported \_\_\_\_\_  
 Bank Charges \_\_\_\_\_  
 Wages \_\_\_\_\_  
 Commissions/Fees Paid \_\_\_\_\_  
 Dues / Publications \_\_\_\_\_  
 Employee Benefits \_\_\_\_\_  
 Freight \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Finance Charges \_\_\_\_\_  
 Laundry / Cleaning \_\_\_\_\_  
 Legal / Professional Services \_\_\_\_\_  
 Office Supplies \_\_\_\_\_  
 Postages \_\_\_\_\_  
 Retirement Plans \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Rent (Business) \_\_\_\_\_  
 Repairs / Maintenance \_\_\_\_\_  
 Self-Employed Health Insurance \_\_\_\_\_  
 Supplies (Other) \_\_\_\_\_  
 Telephone (Business) \_\_\_\_\_

**Payroll Taxes:**  
 Social Security / Medicare \_\_\_\_\_  
 Unemployment (Fed & State) \_\_\_\_\_  
**Other Taxes:**  
 Real Estate \_\_\_\_\_  
 Personal Property \_\_\_\_\_  
 Other: \_\_\_\_\_

**Car Expenses (Adequate records required)**

	Car # 1	Car #2
Total miles driven in 2015	_____	_____
Business Mileage	_____	_____
Commuter Mileage	_____	_____
Personal Mileage	_____	_____
Vehicle Make / Model / Year	_____	_____
Vehicle Cost	_____	_____
Odometer Reading on 12/31/14	_____	_____
Odometer Reading on 12/31/15	_____	_____
Parking / Toll Expenses	_____	_____
Gasolines / Oils if any	_____	_____
Car Repairs if any	_____	_____
<b>Travel (Out of Town)</b>		
Transportation (Air Fare)	_____	_____
Lodging	_____	_____
Cabs, Bus, Rentals	_____	_____
Others: _____	_____	_____
Meals & Tips	_____	_____
Entertainment, Tickets	_____	_____
Gifts	_____	_____

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**New Equipment / Capital Improvements**

*Note: Please attach receipt for each new equipment purchased and capital improvement*

# Schedule E - Rental Income / Expenses

Description of Property	Location	Date Acquired	Fully Owned or % Owned	No. of Days Rented	Personal Use Of House?
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____

Income	A	B	C	D	E
Rents Received	_____	_____	_____	_____	_____
Other Income	_____	_____	_____	_____	_____
<b>Expenses</b>					
Advertising	_____	_____	_____	_____	_____
Cleaning / Maintenance	_____	_____	_____	_____	_____
Car Expenses	_____	_____	_____	_____	_____
Travel Expenses	_____	_____	_____	_____	_____
Commissions Paid	_____	_____	_____	_____	_____
Property Insurance	_____	_____	_____	_____	_____
Mortgage Insurance	_____	_____	_____	_____	_____
Legal / Professional Fees	_____	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____	_____
Mortgage Interest (based on Form 1098)	_____	_____	_____	_____	_____
Other Interest Paid (provide documentation)	_____	_____	_____	_____	_____
Real Estate Property Taxes	_____	_____	_____	_____	_____
Supplies	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Utilities: Electricity	_____	_____	_____	_____	_____
Utilities: Gas	_____	_____	_____	_____	_____
Utilities: Water/Sewer	_____	_____	_____	_____	_____
Cable TV	_____	_____	_____	_____	_____
Condonimuum Fees	_____	_____	_____	_____	_____
Repairs: Painting	_____	_____	_____	_____	_____
Repairs: Plumbing	_____	_____	_____	_____	_____
Repairs: Electrical	_____	_____	_____	_____	_____
License Fees	_____	_____	_____	_____	_____
Labor	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

Did you buy , sell, or throw away machine, equipment, tool, computer, house, or furniture?  
 If yes then please list what kind, date for buy/sell/throw, and how much bought or sold for.

Name	Date	How much?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____