



4018 Oleander Dr Wilmington NC 28403 910.796.0099

Tax Checklist

This form is to assist you in gathering your income tax information. Use it as a guide for information you need to provide. Please call or e-mail us any questions.

GENERAL INFORMATION:

- First, middle initial, and last names of taxpayers and dependents as written on the Social Security cards, and dates of birth for taxpayers and all dependents, *especially* new dependents.
- Address (city, state, ZIP), telephone number and e-mail address.
- Marital Status: Single ___ Married ___ Head of Household ___ Separated ___
- Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?
- Number of Dependents: ___ Did any dependents have any income? Yes ___ No ___
- Do all dependents live with you? Yes ___ No ___

TYPES OF INCOME AND TAX REPORTING FORMS:

- Wages: All Forms W-2
- Pensions/Retirements: 1099-R
- Social Security: SSA-1099
- Bank Interest: 1099-INT
- Dividends: 1099-DIV
- Commissions: 1099-MISC
- Tips and Gratuities
- Sales of Stock, Mutual Funds: 1099-B
- Income from Rentals: All 1099-MISC
- Business Income: All 1099-MISC & 1099-K
- Farm Income
- Alimony Received: Total amount
- Unemployment: 1099-G
- State Tax Refund: 1099-G
- Miscellaneous: Jury Duty, Gambling, Other

Foreign Income Matters:

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

Did you have a financial interest in or signature authority over a financial account located in a foreign country?

Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?



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BUSINESS INCOME & EXPENSE ITEMS: This list is not all encompassing. If you don't see an expense listed below, ask.

Total (Gross) Income	Advertising	Auto: Parking &Tolls
Business Phone Expense	Cell Phone Expense	Subcontractors
Commissions Paid	Insurance	Interest Paid
General Office Expense	Rent/Lease Fees Paid	Legal or Professional Fees
Repairs	Cleaning/Maintenance	Dues & Publications
Equipment/Supplies	Tools	License Fees/Taxes Paid
Utilities	Education Expense	Association Dues
Bank/Credit Card Fees	Postage	Meals/Entertainment
Business Miles & Total Miles (A Mileage log is required)		Hotel/Travel Expense
Asset Purchases (Date, amount and item)		

ADDITIONAL ITEMS FOR RENTAL PROPERTIES:

Keys	Condo/PUD Fees	Management Fees
Mortgage Statements	Yard Work	Termite Treatment Expense
Utilities	Mileage/Travel	Other

DEDUCTIONS/CREDITS TO INCOME:

Self-employed Health Insurance	IRAs /Keogh/SEPs	Retirement Saver's Credit
Medical Savings Account	Teacher Expenses	Adoption Expenses
Penalty on Early Withdrawal of Savings		Moving Expenses
American Opportunity/Lifetime Learning Provide Copy of Tuition Statement		
Student Loan Interest Provide Lender Letter showing amount(s) paid		

* Total Alimony Paid: Must have name and Social Security number of recipient, and amount paid.

* Child Care/Day Care Credit: Must have name, address, Social Security number or EIN of provider, and amount paid per child.



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ESTIMATED TAXES PAID:

Date of payment and amount paid for *each* Federal and State quarterly tax estimate.

HEALTH CARE INFORMATION:

Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2014 for you, your spouse and all members of your family as claimed on your tax return? If yes, provide Form(s) 1095-A or B

Did you or anyone in your family qualify for an exemption from the health care coverage mandate? If yes, provide Form(s) 1095-A or B

Did you acquire health care coverage through the Marketplace under the Affordable Care Act? If yes, provide Form(s) 1095-A or B.

Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA?

ITEMIZED DEDUCTIONS:

MEDICAL

Medical & Dental bills	Prescriptions	Glasses/Contact Lenses
Prescribed Medical Equipment	Medical miles	Lab fees
Hearing Aids	Travel Expenses for out-of-town care (lodging)	
Medical/dental/long term care insurance (list separately)		

TAXES

Prior year state tax paid	City/local tax	Real estate tax
Personal property tax	Other	



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CHARITABLE CONTRIBUTIONS

Church	Boy/Girl Scouts	United Way/CFC
March of Dimes	American Heart	Easter Seals
Red Cross	MDA/MS	YWCA/YMCA
Salvation Army	FoodBank	Payroll deductions
Out-of-pocket Volunteer Expenses	Charitable miles	Other

For donations, please provide evidence such as a receipt from the done organization, a canceled check, or record of payment to substantiate all contributions made. An itemized listing of all non-cash donations must be maintained with the receipts. List must include the Fair Market Value for each donation of non-cash items.

Identity Theft:

Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If so, please provide the IRS letter.

