



## Tax Appointment Checklist

- **Personal information -**
  - Last 2 years income tax returns (if you are a new client)
  - Name, address, SSN and Date of Birth for yourself, spouse and dependents
  - Banking information for Direct Deposit or Payment
  
- **Income Data Required -**
  - Wages and/or Unemployment
  - Interest and/or Dividend Income
  - State/Local income tax refunded
  - Social Assistance Income
  - Pension/Annuity/Stock or Bond Sales
  - Contract/Partnership/Trust/Estate Income
  - Gambling/Lottery Winnings and Losses/Prizes/Bonus
  - Alimony Income
  - Rental Income
  - Self Employment/Tips
  - Foreign Income
  - Other Income



## Tax Appointment Checklist

### Expense Data Required -

- Dependent Care Costs
  - Dependent Provider, Name, Address, Tax ID and SSN
- Alimony Paid
- Education/Tuition Costs/Materials Purchased
- Medical/Dental
- Mortgage/Home Equity Loan Interest/Mortgage Insurance
- Property Taxes, e.g. car tags
- Real Estate Taxes
- Sales Taxes on large purchases, e.g. auto or boat
- Employment Related Expenses (examples below)
  - Union Dues
  - Uniforms
  - Continuing Education
  - Unreimbursed Mileage
  - Office in Home
- Gambling/Lottery Expenses
- Tax Return Preparation Fees
- Investment Expenses
- Estimated Tax Payments to Federal and State Government and Dates Paid
- Charitable Contributions Cash and Non-Cash
- Purchase qualifying for Residential Energy Credit
- IRA Contributions and other Retirement Contributions
- Home Purchase/Moving Expenses
- Health Insurance (see questionnaire on next page)



### Health Care Coverage Questionnaire

Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all																			
YES    NO	Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?																					
YES    NO	Did you pay for health care coverage for anyone not listed above?																					
<b>If you had coverage for any part of the year:</b>																						
Where was the policy obtained?                      Employer / Medicare / Medicaid / Marketplace(Exchange) / Other																						
<b>If you didn't have coverage part or all of the year:</b> Answer <b>YES</b> if it applies to <b>ANY</b> member of the household																						
YES    NO	Was your previous insurance policy cancelled in 2014?																					
YES    NO	Do you have an Exemption from the Marketplace (also called the Exchange)?																					
YES    NO	Was coverage offered by taxpayer's or spouse's employer?																					
YES    NO	Are you a member of a federally-recognized Indian tribe?																					
YES    NO	Are you eligible for services through an Indian health care provider?																					
YES    NO	Are you a member of a health care sharing ministry?																					
YES    NO	Did you live in the United States the entire year?																					
YES    NO	Are you enrolled in TRICARE?																					
YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you apply for CHIP coverage?																					
YES <input type="checkbox"/> NO <input type="checkbox"/>	Do any of the following apply to you? Do NOT indicate which one.																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;"></td><td>Became homeless</td></tr> <tr><td></td><td>Evicted in the past six months, or facing eviction or foreclosure</td></tr> <tr><td></td><td>Received a shut-off notice from a utility company</td></tr> <tr><td></td><td>Recently experienced domestic violence</td></tr> <tr><td></td><td>Recently experienced the death of a close family member</td></tr> <tr><td></td><td>Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property</td></tr> <tr><td></td><td>Filed for bankruptcy in the last six months</td></tr> <tr><td></td><td>Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt</td></tr> <tr><td></td><td>Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member</td></tr> </table>						Became homeless		Evicted in the past six months, or facing eviction or foreclosure		Received a shut-off notice from a utility company		Recently experienced domestic violence		Recently experienced the death of a close family member		Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property		Filed for bankruptcy in the last six months		Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt		Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member
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