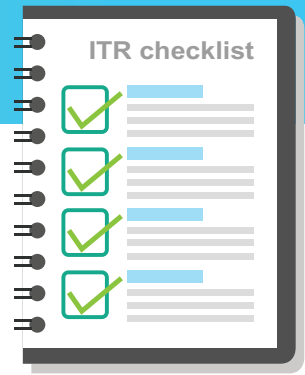


Personal Tax Return Checklist



Pro tip: Check items off as you add them to your scan.

Key places to look for your tax documents



Filing Cabinet



Email



Folders



Desk Drawers

Full name _____ **Address:** _____
DOB _____
SSN# _____ **Phone number(s)** _____
Driver's license #: _____ *Issue date* _____ *Expiry date* _____
Type of tax returns: Individual **Form:** 1040
Due date 4/15/2022 **Extended due date** 10/15/2022

Spouses name _____ **Filing Status**
DOB _____ Single
SSN# _____ Married filing jointly
Driver's license #: _____ *Issue date* _____ *Expiry date* _____ Married filing separately.

(1) Dependent's full name	(2) Dependent's Social Security Number	(3) Dependent's relationship to you	(4) Dependent's birthdate

Individual Tax Return Checklist

Is your entire family covered for health coverage for full year? Form 1095 Yes No NA

Did IRS provide a PIN for identity protection? IRS letter

- For tax payer Yes No NA

- For spouse Yes No NA

Economic Stimulus:
March-May 2021

Advanced Child
Tax Credit

Bank routing number _____ Bank account number _____

Income

Salary income Form W-2 from each employer Yes No NA

Interest income or original issue discount Form 1099-INT Yes No NA

Dividend income Form 1099-DIV Yes No NA

IRAs, Pension & Annuity 1099-R Yes No NA

Social Security Benefit SSA-1099 Yes No NA

Medical and dental expenses Supporting document(s) Yes No NA

State and local taxes or real estate tax Form 1098 & other supporting document(s) Yes No NA

Mortgage interest payment Form 1098 & other supporting document(s) Yes No NA

Charity or contribution Charity receipts Yes No NA

Qualified business income deduction Supporting document(s) Yes No NA

Personal Tax Return Checklist

Additional income

Tax refunds or credits	Form 1099-G	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Alimony received	Court decree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Business income	Income or loss from a business you operated or a profession you practiced as a sole proprietor."	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Capital gain or loss	Form 1099-B or other supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Other gain or loss	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Rental or real estate income	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Farm income	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Unemployment compensation income	Form 1099-G	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Other income	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Adjustments to income

Educator expenses	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Expense for reservists or artists	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Contribution to HSA	HSA account statement or form 5498-SA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Moving expense for armed forces	Form 5498-SA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Deductible self-employment tax	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
SEP contribution	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Self-employed health insurance	Form 1095	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Penalty on early withdrawal of savings	Form 1099-INT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Alimony paid	Court decree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Personal Tax Return Checklist

Adjustments to income

IRA deduction	Form 5498	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Student loan interest deduction	Form 1098-E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Foreign tax credit	Documents on foreign source income and tax paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Child and dependent care credit	Receipts of expenses incurred and care provider's documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Education credits	Supporting document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Retirement savings contribution credit	Contributions to 401(k)/ 403(B)/ 457 plan or a SIMPLE IRA plan or a SEP IRA statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Residential energy credit	Energy efficient equipment installation documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Self-employment tax	Schedule SE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Household employment tax	Form 941	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Repayment of the first time homebuyer credit	Duly filed form 965	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Installment arrangement	Duly filed form 965	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2020 estimated tax return from 2019	Previous year's tax returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Net premium tax credit	Form 1095-B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Amount paid with extension	Form 4868	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Additional information

If you have any further income, losses, capital gains or tax reliefs during 2021 tax year, please provide full details.

Signature: _____

Date: _____

Please note this is only a checklist. If you have any questions regarding the 2019 tax returns, please contact us.