Tax Appointment Checklist

•	Pers	onal information -
		Last year's income tax return (if you are a new client)
		Complete the 'New Client Information Form' (see tab on home page)
		Dependent Care Provider, Name, Address, Tax ID or S.S.N.
		Banking information if Direct Deposit requested
•	Inco	me Data Required -
		Wages, Tips and/or Unemployment
		Interest and/or Dividend Income
		State/Local income tax refunded
		Social Security Income
		Pension/Annuity
		Stock, Bond Sale, or other sales
		K-1's from Partnerships, Corporations, Trusts, or Estates
		Gambling/Lottery Winnings and Losses/Prizes/Bonus
		Alimony Income
		Rental Income and Expenses
		Self Employment Income
		Foreign Income
•	Expe	ense Data Required -
		Dependent Care Costs
		Education/Tuition Costs/Materials Purchased
		Medical/Dental
		Mortgage/Home Equity Loan Interest/Mortgage Insurance
		Employment Related Expenses
		Gambling/Lottery Expenses (if you have winnings)
		Tax Return Preparation Expenses
		Investment Expenses
		Real Estate Taxes
		Estimated Tax Payments to Federal and State Government and Dates Paid
		Home Property Taxes
		Charitable Contributions Cash/Non-Cash
		Energy Improvements to Your Property
		IRA Contributions/Retirement Contributions

☐ Home Purchase/Moving Expenses