

Tax Preparation List

Please disregard any information that does not apply.

PERSO	PERSONAL INFORMATION		
	Copy of last year's tax return		
	Your social security number		
	Copy of a photo identification card for you and your spouse (if applicable)		
	Your spouse's full name, date of birth, and social security number (We will need this if you are recently separated and		
	not yet legally divorced)		
	Your date of birth		
DEPE	ENDENT(S) INFORMATION		
	Income of other adults in your home		
	Dates of birth and social security numbers		
	Childcare records (Include provider's tax ID number if applicable)		
	☐ This can include camp costs		
	Form 8332 showing that the custodial parent is releasing their right to claim a child		
SOUR	CES OF INCOME		
Emplo	pyed		
	Forms W-2		
Self-E	mployed		
	Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s		
	Summary of all business expenses		
	Business-use asset information (cost, date placed in service, etc.) for depreciation		
	Business-use of vehicle information		
	☐ Total miles		
	☐ Business miles		
	☐ Make and model of vehicle(s)		
	Office in home information (if applicable- Need square footage of home and office space)		
	Record of estimated tax payments made (Form 1040ES)		
	☐ Federal		
	☐ State		

Rental	Rental Properties			
	-			
	Expenses			
Other				
	Brokerage Statements showing investment transactions for stocks, bonds, etc.			
	☐ 1099-R- Retirement Plan			
	☐ 1099-INT- Interest			
	☐ 1099-DIV- Dividends			
	☐ 1099-MISC-Miscellaneous income			
	SSA 1099- Social security			
	☐ 1099-G-State or local refunds			
	☐ Gambling winnings			
TYPE	S OF DEDUCTIONS			
Home	Ownership			
	Forms 1098 or other mortgage interest statements			
	Real estate and personal property tax records			
	Receipts for energy-saving home improvements			
	All other 1098 series forms			
	Copies of closing statements regarding the sale or purchase of real estate			
	Water & Sewer bill (only if 65 years or older)			
Rentin	g			
	Total rent paid for the year			
Charita	able Donations			
	Cash amounts donated to houses of worship, schools, other charitable organizations			
	Records of non-cash charitable donations			
ū	Amount of miles driven for charitable medical purposes			
FT141.				
_	Insurance Form 1095-A			
ч	Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e. an employer, insurance			
	company, government health plan such as Medicare, Medicaid, CHIP, TRICARE, VA, etc.)			
	Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace			
_	(Exchange)			
	1099 HC- Massachusetts Form			
	Health Insurance Expenses			

☐ Form 1098-E if y	om educational institutes ou paid student loan interest holarships or fellowships you received
☐ Receipts for classr	g expenses (military only) coom expenses (for educators in grades k-12) al Expenses (if costs are equal to or exceed 10% of your adjusted gross income)
	local income tax paid (other than wage withholding), or amount of state and local sales tax paid mount of vehicle sales tax paid