

**2019 Checklist**

Taxpayer	Spouse	Dependent(s)	Basic Information
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Name, SSN or ITIN, and Date of Birth      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Last Year's Return; Hard Copy or PDF File |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Estimated Taxes Paid                      |

Taxpayer	Spouse	Dependent(s)	Documents Received
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forms W-2; Wages and Tax Statements   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forms 1095; Includes Health Insurance Marketplace Statement (1095-A), Health Coverage (1095-B) and Employer-provided Health Insurance Offer and Coverage (1095-C)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forms 1098; Includes Mortgage Interest (1098) and Student Loan Interest (1098-E)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forms 1099; Includes Dividend Income (1099-DIV), Interest Income (1099-INT & 1099-OID), Merchant Card and Third Party Network Payments (1099-K), Miscellaneous Income (1099-MISC), Retirement Plan Distribution (1099-R), Sale of Home or Real Estate (1099-S), Capital Gain Transactions (1099-B), Distributions from an HSA, Archer MSA or Medicare Advantage MSA (1099-SA) and Unemployment Compensation (1099G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forms 2439; Notice to Shareholder of Undistributed Long-term Capital Gains  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule K-1(s); Partnership, S Corporation, and Estate or Trust Income   |

Taxpayer	Spouse	Dependent(s)	Personal Records
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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child and Dependent Care Expenses            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education Expenses                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Expenses                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle (Personal Property) Taxes Paid       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Real Estate Taxes                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mortgage Interest Paid                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Charitable Contributions                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business Farm or Rental Income/Expenses      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unreimbursed Partnership Expenses            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employee Expenses                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gambling Expenses                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investment Transactions                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retirement Plan Contributions                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foreign Earned Income and Foreign Taxes Paid |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Energy Efficiency Property Expenses          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alimony Expenses and/or Income               |

Taxpayer	Spouse	Dependent(s)	E-File/Print
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bank Information (Accounting & Routing Number for Direct Deposits/Withdrawal)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prior year's Self-Select PIN or Prior year's AGI (Adjusted Gross Income), Prior year Identity Theft PIN |

<b>Notes</b>	<b>*Please notify us of e-mail or address changes</b>
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