

+ACCOUNTING PLUS+

PERSONAL INCOME TAX CHECKLIST

NAMES _____ YOUR PHONE # _____

Work Phone # _____

ADDRESS _____

FILING STATUS: _____

Birth Date: Husband _____ Wife _____

Occupations: Husband _____ Wife _____

Dependent Children: Full Name SS# Date of Birth Full Time Student

Other Dependents: Full Name, Relationship, SS#, Date of Birth, Months in home

Residence: County _____ Township _____ School District _____

Live in City Limits Yes _____ No _____ Name of City: _____

Work in City Limits Yes _____ No _____ Name of City: _____

Did you change your address or move last year? Date moved _____ CITIES ?

+++++

INCOME: We need to see your income forms !
W2's

REFUND MAILED TO YOU _____

DIRECT DEPOSIT _____

INTEREST

SAME ACCOUNT AS LAST YEAR
RE-CHECK THIS!!!!

ACCOUNT # _____

DIVIDENDS

BANK NAME _____

ROUTING # _____

State Unemployment

Pension:

Other Income:

SPECIAL Changes from Last Year !

REFUNDS - IRS & OHIO & CITY _____

LONG TERM CARE PREMIUMS _____

DEDUCTIONS: (paid by you)

Medical

Insurance Premiums _____
Hospital Charges _____
Drugs/Medicine _____
Doctors/Dentists _____
Glasses/Dentures _____
Medical Miles _____
Parking _____

Interest

Home Mortgage _____
Equity Line _____

Need 1098 forms ! **

Contributions

Cash (have receipts) _____
Non-Cash *** _____

Total Medical * =====

Real Estate Taxes _____

Misc. Deductions:

EDUCATOR EXPENSE _____
UNIFORMS-SHOES _____
UNION DUES _____
TAX PREP FEE _____
SAFETY DEPOSIT BOX _____

DID YOU OWE A BALANCE ON LAST YEARS RETURN?

STATE _____ CITY _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRA'S)

Contribution Made: Husband _____ Wife _____ Interested in IRA ? _____
Need Year End IRA statements _____ ROTH OR TRADITIONAL _____

CHILD CARE:

How many children _____ Amount Paid _____ Time Period _____

To whom paid: Name _____ SS# _____

Address: _____

College Credit _____ Ohio 529 Plan _____

Tuition Credit Name _____ Grade Level _____ \$ _____

Need form from School 1098T

Estimated Tax Payments: (Need the exact dates or canceled checks)

FEDERAL	STATE	CITY
Date/Amount	Date/Amount	Date/Amount
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____

Do you have rental property ?

Call us for a Rental Checklist

Do you have a business ?

Call us for a Business Checklist

This list is not inclusive of all deductions, merely offered as a reference.

* Have to subtract 7.5% of adjusted gross income from total medical

** If mortgage interest is paid to a person, need their name and address

*** if non-cash contributions are over \$500 need additional information

By signing this checklist, you acknowledge that actual receipts are available.

DATE _____ Signed _____ Signed _____

PHONE: 513-683-9252/FAX:513-683-5023/WEB PAGE: acctplus.com/E MAIL:accountingplus@fuse.net

TOLL FREE: 1-888-706-5581