

**PADGETT BUSINESS SERVICES OF NC
2016 TAX CHECKLIST**

PLEASE FILL OUT AND RETURN WITH YOUR TAX INFORMATION

If you have questions or need clarification please reach out via email tax@padgettnc.com or call (919) 544-9060

	Taxpayer	Spouse	Children	Other Dependents
<input type="checkbox"/> Names:	_____	_____	_____	_____
<input type="checkbox"/> SSN:	_____	_____	_____	_____
<input type="checkbox"/> Birthday:	_____	_____	_____	_____
<input type="checkbox"/> Occupation:	_____	_____	_____	_____
<input type="checkbox"/> Address:	_____			
<input type="checkbox"/> Email:	_____			
<input type="checkbox"/> Phone:	Cell: _____	Work: _____	Home: _____	Fax: _____

- Entire family covered for full year with minimum essential health care coverage? Y / N**
- Any Change in Filing Status? Y / N
- Any new arrivals or other change in exemptions? Y / N
- Did you pay any Estimated Taxes?
 - Federal:* 4/15: \$ _____ 6/15: \$ _____ 9/15: \$ _____ 1/15/17: \$ _____
 - State:* 4/15: \$ _____ 6/15: \$ _____ 9/15: \$ _____ 1/15/17: \$ _____

➤ **Income**

- W-2's
- State Income Tax Refunds
- 1099's → Interest Income\Dividend Income
- 1099's → Brokerage Statements
 - ✓ Stock Purchase Dates & Amounts
- 1099's → Non-Employee Income
- Self-Employment Business Income/Expenses
 - ✓ Home Office Square Footage (L X W):
Office: _____ *House:* _____
 - ✓ *Business Miles:* _____
 - Total Vehicle Miles (year):* _____
- IRA & Pension Distributions
- Social Security Benefits
- K-1's from Partnerships, Trusts &\or Corp.
- Rent Income & Expenses
- Unemployment Compensation
- Gambling Winnings & Losses
- Cancellation of Debt (1099-C)?

➤ **Adjustments to Income**

- IRA Contributions? Y / N
- Keogh, SEP's, SIMPLE retirement plans?
- Alimony Paid or Received? Y / N
Recipient SSN: _____ - _____ - _____ \$ _____
- Moving Expenses? Y / N \$ _____
 - ✓ Distance Moved (*miles*) _____
- Student Loan Interest? Y / N \$ _____
- Educator Expenses? Y / N \$ _____
- Health Saving Account?
 - ✓ Forms 5498SA & 1099SA
- Health Insurance Premiums \$ _____

➤ **Deductions**

- Medical Expenses paid &/or incurred
(only if likely to exceed 7.5% of Income)
 - ✓ Long-term Care Insurance Costs
- State and local Taxes Paid \$ _____
- Real Estate Taxes \$ _____
- Car Taxes/New Car Tax \$ _____
- 1098 Mortgage Interest \$ _____
- Home Purchase/Refinance HUD Statements
- Charitable Contributions \$ _____
 - ✓ *IRS requires receipts for items above \$250*
- Any casualty or theft losses? Yes ___ No ___
- Job related expenses (*Unreimbursed*)?

➤ **Tax credits**

- Child Care
 - ✓ *Caretaker:* _____
 - ✓ *EIN:* _____
 - ✓ *Amount:* \$ _____
- 1098-T: Education Tuition/Expenses

➤ **Other**

- 1095-A Health Ins Marketplace Statement
- Details on any asset sales
- Any household employees?
- Details on any auto mileage claims
- Any Foreign Financial Assets/Accounts?
- Direct Deposit
 - ✓ *Routing#:* _____
 - ✓ *Acct#:* _____