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Income Tax Checklist

Taxpayer's name		Spouse's name		
SSN		SSN		
Date of Birth		Date of Birth		
Occupation		Occupation		
Address				
Phone				
	Depende	ents		
Name	SSN	Date of Birth	Relationship	
1				
2				
3				
4				
5				
	Documents	to bring		
○ W-2S	S any (1099-INTs, 1099-DIVs, 1099s) Property Tax Bill			
○ K-1S	Cast year tax return			
	OLIECTIO	NC		

QUESTIONS

- 1) Did you pay unusual amount of sales tax last year? Go to section 1
- 2) Did you pay estimated taxes? Go to section 1
- 3) Did you pay Property tax/ mortgage interest last year? Go to section 3
- 4) Did you pay student loan interest? Go to section 3
- 5) Did you move last year? Go to section 4
- 6) Did you pay medical bills last year? Go to section 5
- 7) Have you experienced casualty or theft loss? Go to section 6
- 8) Have you donated money or items to not for profit organizations? Go to section 7
- 9) Did you make any contribution to retirement account? Go to section 8
- 10) Did you use your car for business purposes? Go to section 9
- 11) Did you pay any child care expenses? Go to section 10
- 12) Did you sell your house? Go to section 12
- 13) Did you trade stock? Go to section 12

1	Taxes		2 Miscellaneous	
		Dues& subscriptions		
Estate Tax Personal property tax		Donations		
City/country tax			Uniforms	
Sales tax		Job seeking expenses		
Other			Tools	
ESTIMATED PAY	MENTS		Equipment	
Taxes	State	Federal	Tax preparation fees	
			Business Entertainment	
Data maid			Investment & tax advice	
Date paid			Hobby losses	
			Impairment related work expe	enses
Date paid			Gambling losses	
			Classroom expenses for teach	ers
Data and			Energy property installed	
Date paid			Other	
Date paid				
	_			
3 Inte	erest Expenses +	ΤΔΧ	4 Job Related moving 6	exnense
Home Mortgage			4 Job Related Moving e	СХРСПЭС
Home Mortgage			Travel and lodging	
(name & SSN of	-		Moving household goods	
Investment Inter				
Student Loan Int			6 Casualty and Theft	Loss
	Aedical Expenses		Cost of property lost	
Contributions	realear Expenses		FMV of property	
Insurance & Medical Premiums			Insurance reimbursement received	
Prescription	ulcai i i cilliuliis		misurance reimbursement reco	
Eyeglasses			7 Donations/Charit	ies
Doctor's Visits			Church	
Dentists			Other (goodwill, property cash	
Hospital			Other (goodwiii, property casi	1 610.)
riospitai	-			
8	Retirement		9 Business Auto Expe	ncac
		reviously /Current		11565
\$		Year ()	Parking and tolls Business mileage	
ζ	Spouse (Gas and oil	
Roth IRA Contribution			_	
\$	_ Taxpayer (\cap	Interest _ Other	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_ Spouse (
\ \ \	_ 50036			

1	0		Child	Care	exper	ises
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Provider's name	Address	ID # of provider(s)	Amount pd.

11	Education Credits (1098-T)		
	Name of Institution	Tuition pd.	Who attended

Royalties

12 Other Income

Sales of stock or the property	Cost	Sales Prices
	1	-77
/ V		
/ /		

* If you own business or rental property, please provide an income/loss statement and supporting doc
* If you borrowed money and the debt is cancelled or forgive

Other income (bring all figures also supporting data):

Jury duty
Alimony (received)
Self-employment

Social security benefits
Estates and trusts
Pensions and annuity

Partnerships and S corp income

Gambling winnings

Tips
Unemployment (1099-g)
Prizes (1099-MISC)

Tax refunds

^{*} If you borrowed money and the debt is cancelled or forgiven, please provide us with form 1099-A or 1099-C.