

**CIAMPI, MANDILE & COMPANY, LLC**  
**INDIVIDUAL INCOME TAX CHECKLIST**

Following is a list of the more common items that are necessary to prepare your individual income tax returns:

Client's Name: \_\_\_\_\_

***Please check each box to avoid missing items:***

- W-2's for wages earned
- 1099's for interest, dividend and capital gain income
- Interest received from municipal bonds
- K-1 forms for partnerships, s-corporations, estates and trusts
- 1099R forms for distributions from retirement plans
- For sale of stock during the year:
  - Purchase date, cost basis or cost including commissions
  - Sale date, Proceeds – sale price
- Total year contributions to IRA accounts
- Year-end brokerage statements
- Unemployment compensation
- Year-end Social Security Statements SSA-1099
- Educational expenses paid 1098-T (Year of student: fresh, soph, JR, SR)
- Interest paid to student loans for education
- Child care expenses paid including *provider name, address, and identification number*
- Medical expenses paid out-of-pocket (***See Attachment***)
- Real estate taxes

- Total personal property tax (car tax) – (**See Attachment**)
- Total mortgage interest paid - Year-end mortgage statements
- Charitable donations – (**See Attachment**)
- Federal/State estimated tax payments made during the year
- Sales tax paid on purchase of car during the year
- Settlement statement from house purchase or refinance during year (*HUD Statement*)
- Dependents full name, social security # and date of birth **only if a new dependent was added**
- Bank name, account number and routing number for direct deposit of refunds **if changed** from previous year.
- **IRS Letter 6419** for Advance Child Tax Credit payments (if applicable)
- **IRS Letter 6475** for Economic Impact (Stimulus) payment (if applicable)

Please provide an e-mail address that we may use to contact you:

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**E-mail Address**

**[www.cmco-cpa.com](http://www.cmco-cpa.com)**

  
CiampiMandile

**CIAMPI MANDILE & CO. CHECKLIST ATTACHMENT**

Please use this worksheet to organize your deduction information. Just enter your totals and return this worksheet to our office with your other tax information.

***Keep original receipts for your records in the event you need to produce them for an audit.***

Using this form will help to reduce the time it takes us to organize your tax information and therefore minimize fees.

	<u>Doctor</u>	<u>Dentist</u>	<u>Eye Care</u>	<u>Prescriptions</u>	<u>Medical Mileage</u>
<b><i>Out of Pocket Medical</i></b> (Not reimbursed by Insurance)	\$ _____	\$ _____	\$ _____	\$ _____	_____

	<u>Taxpayer</u>	<u>Spouse</u>	<u>TOTAL</u>
<b><i>Health Insurance</i></b>	\$ _____	\$ _____	\$ _____

	<u>Taxpayer</u>	<u>Spouse</u>	<u>TOTAL</u>
<b><i>Long Term Care Insurance</i></b>	\$ _____	\$ _____	\$ _____

TOTAL

***Car Tax Paid***      \$ \_\_\_\_\_

	<u>Church</u>	<u>Other</u>	<u>TOTAL</u>
<b><i>Total CASH Donations</i></b>	\$ _____	\$ _____	\$ _____

**NON-CASH Donations – PLEASE INCLUDE RECEIPTS**

<b><i>Goodwill</i></b>	<u>Original Cost</u>	<u>TOTAL Market Value</u>
Full Address _____		

Type of Items _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
<b><i>Salvation Army</i></b>		

Full Address _____		
Type of Items _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>

<b><i>Hart Springs</i></b>		
Full Address _____		

Type of Items _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
<b><i>Other</i></b>		

Full Address _____		
Type of Items _____		

_____	_____
Name	E-mail Address