

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)
- ☐ Forms 1099-SA and 5498-SA for your HSA account
- ☐ 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, sale 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.

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

E-mail Address

www.cmco-cpa.com

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>
Out of Pocket Medical (Not reimbursed by Insurance)	\$ _____	\$ _____	\$ _____	\$ _____	_____

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

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

TOTAL

Car Tax Paid \$ _____

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

NON-CASH Donations – PLEASE INCLUDE RECEIPTS

Goodwill Full Address _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
Type of Items _____	_____	_____
Salvation Army Full Address _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
Type of Items _____	_____	_____
Hart Springs Full Address _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
Type of Items _____	_____	_____
Other Full Address _____	<u>Original Cost</u>	<u>TOTAL Market Value</u>
Type of Items _____	_____	_____

Name

E-mail Address