

TAX PREPARATION CHECKLIST

Names:

Spelling, Name Change

Address:

Moving Expenses

Sale of Residence

Filing Status:

Dependents:

Head of Household

Qualifying Widow(er)

Birthdate:

Husband

Wife

Over 65/Blind:

Higher Standard Deduction

Schedule R

Divorced:

Alimony: Income or Adjustment

Ex-Spouse Name & Social Security Number

Portfolio Income:

Interest, \$1,500, Schedule B:

Tax-Exempt

Dividends, \$1,500, Schedule B

Royalties

Dependents:

Names

Ages

Social Security Numbers

Relationship

Number of Months in Home

Pre-1985 Agreement

Required to File

Foster Child:

Excludable Income

Earned Income Credit

Self-Employed:

Material Participation

Mileage

Keogh/SEP

File Form SE

Conventions/Seminars

Business Gifts

Spouse/Children 18 and Over, Withhold FICA

Medical Insurance:

70% Deduction for Family (if not otherwise subsidized)

Forms W-2:

Correct Social Security Numbers

Retirement Plan Participant

Multiple W-2s:

Fringe Benefits

Between-Job Mileage

Job Seeking Expenses

Excess FICA

Child Care:

Employee FICA/FUTA

Required to File W-2

Names, Addresses, ID's for Providers

Waiter/Waitress:

Unreported Tip Income

Allocated Tips

Capital Gains:

Sale of Residence:

Eligible for Exclusion

Sale of Stock:

Original Cost

Reinvested Dividends

Stock Dividends

Stock Splits

Expenses of Sale

Installment Sales:

To a Relative

Depreciation Recapture in Year of Sale

Unstated Interest

Electing Out

Worthless Debts or Securities

Amendments:

Income or Deduction for a Prior Year Overlooked

Net Operating Loss (NOL) Carrybacks

Rental Property:

Active Participant

Disposition:

Depreciation Recapture

Suspended Passive Activity Losses/Credits

Retirement Income:

- Schedule R
- Social Security/RRT
- Pension:
 - General Rule
 - Refund Feature
- Distributions:
 - Lump Sum: 10 Year Averaging
 - Over Age 50 on 1/1/86
 - Rollover
 - Premature (10% penalty)
 - Age of Decedent

Itemizing:

- Medical:
 - Travel
 - Dependent in Nursing Home
 - Handicapped Tuition
 - Medication/Insulin
- Interest:
 - Condo/Co-op Apartment
 - Second Residence
 - Points (loan origination fees)
 - Other Interest
- Charitable:
 - Cash Contributions
 - Noncash Contributions
 - Mileage
- Casualty/Theft Loss:
 - Insurance Reimbursements
- Miscellaneous:
 - Excess Deductions From an Estate
 - Legal Fees:
 - Production or Collection Taxable Income
 - Tax Advice Relating to Divorce (alimony/property settlement)
 - Employee Business Expenses

Travel Associated with Job:

- Reimbursed/Unreimbursed Expenses
- Adequate Records

Partnerships/S Corporations:

- Material Participant or Passive
- Section 179 Expensing

Retirement Plans/IRA's:

- Either Spouse Covered by a Qualified Plan
- Earned Income
- Early Withdrawal Penalty

Sale of Business Property:

- Expensed Items Subject to Recapture
- Prior Depreciation Allowed or Allowable
- Investment Tax Credit Adjustment to Basis
- Investment Tax Credit Recapture
- Allocation of Sales Price

Documents to Bring/Upload:

- Prior Year tax Federal & State returns (1-2 years)
- Marriage Certificates
- Divorce Decree
- Birth Certificates
- Death Certificates
- Social Security Cards
- Driver's License
- Tax Notices



SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR:	BUSINESS ACTIVITY
BUSINESS NAME:	PRODUCT OR SERVICE
BUSINESS ADDRESS:	FEDERAL I.D. NUMBER

1. Business is conducted on the ___ Cash Basis ___ Accrual ___ Other _____
2. Inventory (if applicable) is based on ___ Cost ___ Other
3. Do you use any part of your home for business? ___ Yes ___ No
4. Did you hire any new employees that may qualify for job credits? ___ Yes ___ No
5. How many months in business during year? _____

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances	End of the Year Inventory
*Income Reported on 1099's	Purchases
*Commissions	Above Withdrawn for Personal Use
Other:	Cost of Labor
Royalties	Materials/Supplies
Bank Interest	Other:
*Do Not Duplicate if included in Gross Receipts	

EXPENSES	
Advertising	Wages (not reported above)
Bad Debts (if reported as income)	Payroll Taxes
Bank Charges	Social Security & Medicare
Car/Truck Expense (Detail)	Unemployment (Fed & State)
Commissions & Fees Paid	Other Taxes
Dues & Publications	Real Estate
Employee Benefit Programs	Personal Property
Freight (not included above)	Other:
Insurance (Business)	Automobile Mileage (adequate records required)
Interest (Business)	Total Miles Driven
Laundry & Cleaning	Business Miles
Legal & Professional	Percent Used for Business
Office Supplies & Postage	Parking Expense
Pensions/Profit Sharing	Travel (Out of Town)
Utilities (Internet)	Transportation (Air Fare)
Rent (Business)	Lodging
Repairs & Maintenance	Cabs, Bus, Rentals, Uber/Lyft
Supplies (Computer)	Other:
Telephone (Business)	Meals & Entertainment (at 100%)
Health Ins. (Personal 100%)	Meals & Tips
Business License	Entertainment/Tickets & Events
Depreciation (Attach Schedule)	Gifts
Other:	Other:

You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information. In some cases, we will ask to review your documentation. You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities.

Owner Signature

Date

Office in Home Deduction

Before you take a deduction on your taxes for expenses related to a home office please be aware of some items:

- Your home office must be regularly and exclusively used for your self employed business
- If you own your home please do your best to have ready a copy of your settlement sheet from when you purchased the home and for all past refinancing

Is your home office used regularly and exclusively for your self employed/home based business?

YES _____ NO _____

	Amount	Notes
Living space of the entire home in square feet		
Size of home office in square feet		
First Mortgage Interest		
Second Mortgage Interest		
Equity Line Interest		
Other Home Mortgage Interest (Private Party)		
Property Taxes Paid		
Insurance (Homeowner's or Renter's)		
Repairs to home (plumbing, electrical, structural)		
Repairs limited directly to the home office		
Cleaning		
Condo Fee or Home Owners Association Dues		
Electricity		
Gas		
Oil		
Water		
Trash Collection		
Alarm System		
Date you purchased your home		
Date you placed your home in service for business		If different from purchase date
Value of land at the time of purchase		
Improvements (Describe under NOTES)		
Improvements (Describe under NOTES)		
Improvements (Describe under NOTES)		
Other Expenses (Describe under NOTES)		
Other Expenses (Describe under NOTES)		

Auto & Business Travel Deductions

Automobile Information and Expenses		Business Related Travel Expenses	
What kind of car/truck/SUV do you have?		Number of Days on Travel	
When did you place your auto in service?		Air Fare (including baggage fees)	
Purchase Price (including sales tax)		Train Fare	
Do you lease your vehicle?		Car Rental (including insurance and fees)	
If so, how much is your monthly lease cost?		Gasoline for Rental Car	
Mileage on Jan 1st of this year		Taxis & Local Transportation	
Mileage on Dec 31st of this year		Hotel Room	
Total Miles Driven This Year		Telephone & Fax	
Business Miles		Dry Cleaning (only while on travel)	
Commuting miles (if applicable)		Entertainment	
Average daily commute (if applicable)		Meals	
Gasoline		Tips & Gratuities	
Oil and Filter Changes		Internet Access Charges	
Repairs & Maintenance		Travel Agency Fees (Orbitz/Travelocity)	
Tires, Alignments, Rotations, & Balancing		"Clear Card" Security Pass Fees	
Towing or Storage Charges			
Insurance			
Registration, Licensing, and Tags			
Auto Club, OnStar, AAA, Roadside Assistance			
Basic or Extended Warranty Charges			
Safety & Emissions Inspections			
Car Washes, Detailing, & Cosmetic Repair			
Accessories (Floor Mats, Tint, Sound System)			
Auto Loan Interest (if financed)			
Parking & Tolls (EZ Pass Monthly Fees)			
Car Tax or other value based vehicle taxes			

- ❖ If you wish to take a deduction for usage of your automobile it is the recommendation of this firm that you have a mileage log
- ❖ Even if you take a percentage of your expenses rather than the standard mileage rates you must maintain mileage records in order to figure out your business use percentage
- ❖ A mileage log can be in writing or there are devices available that will automatically track your mileage for you.
- ❖ When taking a deduction for business travel please ensure that the travel in question held with it a legitimate business purpose. That includes but is not limited to: a client meeting, income producing property sale or arrangement, or was related to a professional seminar/education session directly related to your business.
- ❖ For more clarification about whether your automobile or your travel is deductible please email or call our office and we will be happy to assist you further.



MOVING EXPENSE WORKSHEET

1115 Mount Zion Road,
Suite 14
Morrow, GA 30260
info@distincttax.com

770-742-9136 office 770-731-8130 fax

Name: _____

Old Address: _____

New Address: _____

What date did you move from your old home to your new home? _____

If you were an employee, did you or do you expect to work 39 weeks in the 12 month period following the arrival to your new location? ___ Yes ___ No

If you were self-employed, did you or do you expect to work 39 weeks during the first 12 months and at least 78 weeks during the first 24 months following arrival to your new location? ___ Yes ___ No

How many miles is it from your old home to your new home? _____

How many miles was it from your old home to your old work? _____

How many vehicles did you actually drive to your new home, not including towing or shipping? _____

How many times did you actually drive to your new home from your old home? _____

Was this an Armed Forces permanent change of station? ___ Yes ___ No

Was this an employer paid move? If so, please upload the supporting documentation. ___ Yes ___ No

Moving Expenses:

Movers	\$
Transportation	\$
Gas for all vehicles that were driven	\$
Storage (max of 30 days)	\$
Lodging (not including meals)	\$
Parking/Tolls	\$
Rental Truck	\$
Mileage	
Other:	\$
Other:	\$
Other:	\$

*****MEALS ARE NOT DEDUCTIBLE AS A MOVING EXPENSE*****

****If members of your household moved at different times, each person's travel expense can be deducted.****

By signing this document you solemnly swear that the information provided is true and I take full responsibility for any false information provided on this document. No employee or staff of Distinct Tax, LLC provided me with any illegal information to assist in preparing this document. I provided all information required to accurately complete my tax return to Distinct Tax, LLC and it is not my intent to provide any fraudulent information.

Signature: _____

Date: _____

Signature: _____

Date: _____