



TAX PREPARATION CHECKLIST

Names:

- Spelling, Name Change-Marriage Certificate
(Need to know where they are in the process of the name change)

Address:

- Moving Expenses
- Sale of Residence (Settlement Statement)

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

Filing Status:

- Dependents:
 - Head of Household
 - Qualifying Widow(er)-Death Certificate and/or Obituary
- Birth date: Verify with Drivers License, State ID, or Birth Certificate
 - Husband
 - Wife
- Over 65/Blind:
 - Higher Standard Deduction
 - Schedule R

Dependents:

- Names (Proper spelling verified on birth certificate or School ID)
- Ages
- Social Security Numbers
- Relationship
- Number of Months in Home
- Pre-1985 Agreement (Adoption)
- Required to File
- Foster Child:
 - Excludable Income
 - Earned Income Credit

Portfolio Income:

- Interest, \$1,500, Schedule B-Form 1099 INT
- Dividends, \$1,500, Schedule B-Form 1099 DIV
- Royalties
- Investments/Stocks- Form 1099 B-Usually come out in Feb/March

Divorced: Need Divorce Decree

- Alimony: Income or Adjustment
- Ex-Spouse Name & Social Security Number

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

Self-Employed: Form 1099-MISC

- Material Participation (Involved in day to day business)
- Mileage-Needs to be done prior to appointment
- SEP (Self Employed Plan/Pension)
- File Form SE (Self Employment)
- Conventions/Seminars-Expense Reports
- Business Gifts- Max- \$25 per gift per person per year
- Payroll Reports
- Medical Insurance: Form 1095A for Obama Care



<p>Retirement Income: Form 1099 R, 1099 SSA or 1099 RRB</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule R <input type="checkbox"/> Social Security/RRT <input type="checkbox"/> Pension: <ul style="list-style-type: none"> <input type="checkbox"/> General Rule <input type="checkbox"/> Refund Feature <input type="checkbox"/> Distributions: <ul style="list-style-type: none"> <input type="checkbox"/> Lump Sum: 10 Year Averaging <input type="checkbox"/> Over Age 50 on 1/1/86 <input type="checkbox"/> Rollover <input type="checkbox"/> Premature (10% penalty) <ul style="list-style-type: none"> <input type="checkbox"/> Age of Decedent 	<p>Capital Gains:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sale of Residence: Bill of Sale/Settlement Statement <ul style="list-style-type: none"> <input type="checkbox"/> Eligible for Exclusion <input type="checkbox"/> Sale of Stock: <ul style="list-style-type: none"> <input type="checkbox"/> Original Cost <input type="checkbox"/> Reinvested Dividends <input type="checkbox"/> Stock Dividends <input type="checkbox"/> Stock Splits <input type="checkbox"/> Expenses of Sale <input type="checkbox"/> Installment Sales: Loan/Rental Agreement <ul style="list-style-type: none"> <input type="checkbox"/> To a Relative <input type="checkbox"/> Depreciation Recapture in Year of Sale <input type="checkbox"/> Unstated Interest <input type="checkbox"/> Electing Out <input type="checkbox"/> Worthless Debts or Securities
<p>Amendments: MUST HAVE Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Income or Deduction for a Prior Year Overlooked <input type="checkbox"/> Net Operating Loss (NOL) Carrybacks 	<p>Rental Property: Leasing out portion/all of house or land.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active Participant <input type="checkbox"/> Disposition: <ul style="list-style-type: none"> <input type="checkbox"/> Depreciation Recapture <input type="checkbox"/> Suspended Passive Activity Losses/Credits <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Expenses reports
<p>Retirement Plans/IRA's: Form 1099 R</p> <ul style="list-style-type: none"> <input type="checkbox"/> Either Spouse Covered by a Qualified Plan <input type="checkbox"/> Earned Income <input type="checkbox"/> Early Withdrawal Penalty <p>Partnerships/S Corporations/C Corporations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Material Participant or Passive <input type="checkbox"/> Section 179 Expensing <p>Sale of Business Property: Settlement Statements/Proof of Sale</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expensed Items Subject to Recapture <input type="checkbox"/> Prior Depreciation Allowed or Allowable <input type="checkbox"/> Investment Tax Credit Adjustment to Basis <input type="checkbox"/> Investment Tax Credit Recapture <input type="checkbox"/> Allocation of Sales Price <input type="checkbox"/> Expense Reports from Improvements not previously expensed 	<p>Itemizing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical: <ul style="list-style-type: none"> <input type="checkbox"/> Travel <input type="checkbox"/> Dependent in Nursing Home <input type="checkbox"/> Handicapped Tuition <input type="checkbox"/> Medication/Insulin-Can request medical statement from facility (Pharmacy, Dr, et.) <input type="checkbox"/> Interest: Form 1098 from Mortgage Company <ul style="list-style-type: none"> <input type="checkbox"/> Condo/Co-op Apartment <input type="checkbox"/> Second Residence <input type="checkbox"/> Points (loan origination fees) <input type="checkbox"/> Other Interest <input type="checkbox"/> Charitable: <ul style="list-style-type: none"> <input type="checkbox"/> Cash Contributions <input type="checkbox"/> Noncash Contributions <input type="checkbox"/> Mileage <input type="checkbox"/> Casualty/Theft Loss: Letter from insurance <ul style="list-style-type: none"> <input type="checkbox"/> Insurance Reimbursements-Expenses of everything purchased



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	Other Taxes
Commissions & Fees Paid	Real Estate
Dues & Publications	Personal Property
Employee Benefit Programs	Automobile Mileage (adequate records required)
Freight (not included above)	Total Miles Driven
Insurance (Business)	Business Miles
Interest (Business)	Percent Used for Business
Legal & Professional	Parking Expense
Office Supplies & Postage	Travel (Out of Town)
Utilities (Internet)	Lodging
Rent (Business)	Cabs, Bus, Rentals, Uber/Lyft
Repairs & Maintenance	Other:
Supplies (Computer)	Meals
Telephone (Business)	Depreciation (Attach Schedule)
Business License	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	
What kind of car/truck/SUV do you have? (Year, Make, Model)	
When did you place your auto in service?	
Purchase Price (including sales tax)	
Do you lease your vehicle?	
If so, how much is your monthly lease cost?	
Mileage on Jan 1st of this year	
Mileage on Dec 31st of this year	
Total Miles Driven This Year	
Business Miles	
Commuting miles (if applicable)	
Average daily commute (if applicable)	
Gasoline	
Oil and Filter Changes	
Repairs & Maintenance	
Tires, Alignments, Rotations, & Balancing	
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	

Business Related Travel Expenses	
Number of Days on Travel	
Air Fare (including baggage fees)	
Train Fare	
Car Rental (including insurance and fees)	
Gasoline for Rental Car	
Taxis & Local Transportation	
Hotel Room	
Telephone & Fax	
Dry Cleaning (only while on travel)	
Entertainment	
Meals	
Tips & Gratuities	

- ❖ 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 DEDUCTION

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: _____