



CHECKLIST ON DOCUMENTS TO BRING FOR TAX PREPARATION

REMINDERS

- Please fill out the checklist form and send your documents by E-fax at (201) 482-5362 at least two(2) days prior to your scheduled appointment.
- Kindly indicate your APPOINTMENT DATE & TIME on the fax cover page.
- Bring original documents on your appointment date.

TP	SP	TP-Taxpayer	SP-Spouse
TP SP		DOCUMENTS	
(Pls indicate no. of documents)			
___	___	<input type="checkbox"/>	Prior year's tax returns (NEW CLIENTS ONLY)
		INCOME:	
___	___	<input type="checkbox"/>	Income W-2(s)
___	___	<input type="checkbox"/>	Gambling winnings - W-2G(s)
___	___	<input type="checkbox"/>	Interest Income - 1099 Interest
___	___	<input type="checkbox"/>	Divident Income- 1099 Div
___	___	<input type="checkbox"/>	Retirement Distributions -1099 R
___	___	<input type="checkbox"/>	SS Benefit - SSA 1099
___	___	<input type="checkbox"/>	Alimony Received
___	___	<input type="checkbox"/>	Unemployment Compensation / State Refunds - 1099 G
___	___	<input type="checkbox"/>	Sold Stocks - 1099 B
		Please download & fill out the Schedule D from the website and e-mail at documents @ taxcorner.us before your appointment	
		BUSINESS	
		(Self Employment Income from Schedule C)	
___	___	<input type="checkbox"/>	1099 Miscellaneous
___	___	<input type="checkbox"/>	List of Itemized Expenses ***
		RENTAL INCOME	
___	___	<input type="checkbox"/>	Rental Income
___	___	<input type="checkbox"/>	List of Rental Expenses ***
___	___	<input type="checkbox"/>	HUD-1(Closing Statement) for Purchase & Refinance
		OTHER BUSINESS INCOME	
		from 1065 (LLC) or 1120S (Corporation)	
___	___	<input type="checkbox"/>	K-1
		SALE/PURCHASE OF HOUSE	
___	___	<input type="checkbox"/>	HUD-1(Closing Statement) at the time of purchase
___	___	<input type="checkbox"/>	HUD-1(Closing Statement) at the time of sale
___	___	<input type="checkbox"/>	List of home improvement***
		IRA (s)	
___	___	<input type="checkbox"/>	Traditional IRA (Form 5498)
___	___	<input type="checkbox"/>	Roth IRA (Form 5498)
___	___	<input type="checkbox"/>	Health Savings Account (Form 1099-SA)
		MOVING EXPENSES (applies if a taxpayer moves to a new home because of a new principal work place, with a distance requirement of at least 50 miles)	
___	___	<input type="checkbox"/>	List of expenses related to moving***
___	___	<input type="checkbox"/>	Number of miles from old home to new workplace
___	___	<input type="checkbox"/>	Number of miles from old home to old workplace

TP	SP	TP-Taxpayer	SP-Spouse
TP SP		DOCUMENTS	
(Pls indicate no. of documents)			
___	___	<input type="checkbox"/>	ALIMONY PAID
___	___	<input type="checkbox"/>	Recipient Name, address, SS #
___	___	<input type="checkbox"/>	Exact Amount \$ _____
		CREDITS	
		Education	
___	___	<input type="checkbox"/>	▶ Student Loan Interest Statement - 1098 E
___	___	<input type="checkbox"/>	▶ Tuition Statement - 1098 T
___	___	<input type="checkbox"/>	▶ Payment for Qualified Education Program-1099Q
		Child & Dependent Care	
___	___	<input type="checkbox"/>	▶ Provider's Name, Address, EIN# & Amount
		ITEMIZED DEDUCTIONS	
		INCOME:	
___	___	<input type="checkbox"/>	▶ List of Medical Expenses
___	___	<input type="checkbox"/>	▶ List of Dental Expenses
___	___	<input type="checkbox"/>	▶ List of Prescription Drug Expenses
___	___	<input type="checkbox"/>	▶ Insurance Premium(before tax deduction)
___	___	<input type="checkbox"/>	▶ Property Tax
___	___	<input type="checkbox"/>	▶ Sales Tax paid for Car
___	___	<input type="checkbox"/>	▶ Mortgage Interest-1098
___	___	<input type="checkbox"/>	▶ HUD-1 or Closing Statement for refinance
___	___	<input type="checkbox"/>	▶ Charitable Contribution -must present Acknowledgement from Charitable Institution
___	___	<input type="checkbox"/>	▶ List of Unreimbursed Employee Expenses (uniforms, duty shoes, small tools, seminars, union dues, job seeking, license, malpractice insurance, books, subscriptions, professional dues, etc.
___	___	<input type="checkbox"/>	▶ Safety Deposit Box
___	___	<input type="checkbox"/>	▶ Statement of Gambling Losses from Casino (applicable only for those who have gambling winnings)
___	___	<input type="checkbox"/>	▶ Last paystub of the year showing information
___	___	<input type="checkbox"/>	▶ Mileage (from 1st to 2nd job only)
		OTHERS:	
___	___	<input type="checkbox"/>	_____
___	___	<input type="checkbox"/>	_____
___	___	<input type="checkbox"/>	_____
___	___	<input type="checkbox"/>	_____
___	___	<input type="checkbox"/>	_____
___	___	<input type="checkbox"/>	_____

*** All must be supported by receipts.

The above indicated documents were completely submitted to Tax Corner for tax preparation purposes.

Signature _____

Date _____