

NAME: _____

DATE: _____

EMAIL: _____

PHONE: _____

ADDRESS/FILING STATUS

- ___ Address Change?
- ___ Marital Status Change?
- ___ Add/Remove Dependents?
- ___ New Occupation?

EXEMPTIONS

- ___ Dependent Children Living at Home
- ___ Dependent Children at College
- ___ Children living with Ex-spouse you claim
(Must have Form 8332 signed by Ex)
- ___ New Dependents **(Need DOB & SSN)**
- ___ Dependent Parents
- ___ Any other Dependents
- ___ Do any of your dependents have income?
- ___ Either Spouse Blind or Disabled

INCOME

- ___ W-2 Wages
- ___ Unreported Tips (Allocated tips?)
- ___ Unemployment Compensation
- ___ Interest & Dividend Income (1099s)
- ___ Inherited assets or money
- ___ State Tax Refunds Received
- ___ Social Security/Railroad Retirement
- ___ Pension or Annuity Payments
- ___ Disability Pension (Reportable on Line 7)
- ___ IRA Distributions (Excludable or Basis?)
- ___ IRA/401K Rollovers?
- ___ IRA Roth Conversions
- ___ Alimony/Spousal Support
- ___ Gambling/Lottery Winnings(Gross Winnings)
- ___ Prizes/Settlements/Other
- ___ Stock Sales/Splits (adjust basis if split)
- ___ **(BASIS/DATES OF SOLD STOCK)**
- ___ Stock Options Exercised
- ___ Hobby Income
- ___ Jury Duty
- ___ Scholarships/Fellowships/Grants
- ___ Refunds of items previously deducted
- ___ Barter/Trade Income
- ___ Cancellation of ANY Debt
- ___ Mortgage Modification
- ___ Schedule C (Small Business Checklist)
- ___ Schedule F (Farm Checklist)
- ___ Rental Activities
 - ___ Real Estate (Sch E)

Days Rented: _____

Days Personal Use: _____

- ___ Vacation Home
- ___ Sale or Asset Abandonment
- ___ Primary Residence
- ___ Unimproved Land
- ___ Like Kind Exchange
- ___ Foreclosure
- ___ Property Repossession
- ___ Royalty Income
- ___ Partnership Income or Loss from K-1
- ___ Estate or Trust Income from K-1
- ___ S Corp Income from K-1
- ___ **Any other 2016 Income**

ADJUSTMENTS

- ___ Traditional IRA Contributions
- ___ Roth IRA Contributions
- ___ SEP Contributions
- ___ Alimony/Spousal Support Paid
- ___ Self-Employed Health Insurance Payments
- ___ Qualified Moving Expenses
- ___ Qualified College Tuition & Fees paid
(Form 1098-T & Payment Records)
- ___ Student Loan Interest (Form 1098E)
- ___ Educator/Teacher Supplies/Education
- ___ HSA Deduction

TAX COMPUTATION (Preparer Check)

- ___ Household Employees (Nanny, Housekeeper)
- ___ Penalty on early IRA Withdrawals (Under 59 1/2)
- ___ Required Minimum Distributions (Over 70 1/2)

TAX CREDITS & PAYMENTS

- ___ Child Care (Need SSN for each caregiver)
- ___ Estimated Tax Payments (Dates & Amounts)
- ___ Residential Energy Improvements
- ___ **EIC REQUIRED DOCUMENTS**

AFFORDABLE CARE ACT

- ___ Did you have Health Insurance during the year?
- ___ Did you pay for your own insurance?
(Months/Amounts)(1095-A if thru Marketplace)

MISCELLANEOUS

- ___ Did you give more than \$14,000 in gifts?
- ___ Do you expect any major changes in 2017?
- ___ Foreign Bank Accounts or Assets?

Taxpayer Signature

Date

Spouse Signature

Date

SCHEDULE A CHECKLIST

MEDICAL

- Prescription Medicine or insulin
- Doctor/Chiropractor/Psychologist
- Dentist
- Hospital/Clinic/Surgery
- Insurance Premiums (including supplemental)
- Insurance Premiums – Long Term Care
- Drug or Alcohol treatment
- Ambulance
- Stop Smoking Programs
- Lodging for Medical Travel (\$50/day limit)
- Medical Mileage (\$0.14/mile)
- Eyeglasses/Contacts
- Hearing Aids/Batteries
- Dentures
- Capital Equipment (ramps, elevators, rails)
- Dependent medical expenditures
- In-Home Caregiver for Medical Care

TAXES

- Real Estate Tax (residence/Investment Properties)
- State Sales Tax
- Oregon Estimated Tax Payments (made for/in 2016)
- Oregon Balance Due paid in 2016 for any year
- Personal Property Taxes (Mobile Home, boat, plane)

INTEREST

- Purchase, Sell or Refinance a home?
(Bring Final HUD-1 statement)
- Home Mortgage Interest Statement
- Home Mortgage Insurance
- Is any Home Mortgage Interest "Equity Debt"?
- RV or Boat Interest
(must have Kitchen & Toilet Facilities)
- Investment Interest:
(Margin Account, Investment Property)

CHARITABLE CONTRIBUTIONS

- Cash/Check (Statements, proof Required)
- Have Cancelled Check/Receipts
- Volunteer Miles Driven (_____)
- Other than cash

Get receipts and have a itemized price list!!!

www.salvationarmyusa.org

www.goodwill.org

CASUALTY OR THEFT

- Do you have a casualty loss or theft?
- Have you or will you be reimbursed by insurance?

MISC. ITEMIZED DEDUCTIONS

- Tax preparation fees (Prorate for business Sch C)
- Attorney fees to produce income

- Safety Deposit Box fee for investments
- Investment Expense
- Appraisal Fees: Casualty/Charity
- Hobby expenses (limited to hobby income)
- Job seeking expense/Employment agency fees
- Gambling losses (limited to gambling winnings)
- Impairment related work expenses

UNREIMBURSED EMPLOYEE EXPENSES

- Employee required medical examination
- Office in Home (Maintained for Employers Convenience)
- Professional Licensing or Dues
- Employee continuing education (current profession)
- Small Tools (expendable)
- Unreimbursed Expenses for W-2 job
- Union Dues
- Uniforms and Cleaning
- Safety Equipment
- Business Use % of Cell Phone
- Depreciation allowance for employee's tools
- Professional Journal Subscriptions
- Employee Business Mileage (Written Proof Y / N)

Total Miles Driven: _____

Business Miles: _____

Commute Miles: _____

Commute Distance _____

Auto Description _____

Date Placed In Service _____

DIRECT DEPOSIT INFORMATION:

Checking _____ Savings _____

Bank Name _____

Routing (ABA) Number _____

Account Number _____

Comments/Notes _____
