

# CHECKLIST FOR FILING YOUR 2015 INCOME TAX RETURN



## INCOME

- All W-2's.
- 1095 Health Insurance Document if you purchased health insurance through an exchange.
- Self-employment or subcontractor income on form 1099-MISC.
- Interest and dividend income from savings accounts, money markets, stocks and bonds, mutual funds, insurance, etc. Forms 1099-INT and 1099-DIV.
- Other income on forms 1099-A, B, G, R, S, OID, PATR.
- Income from retirement plans - pension and profit sharing plans, social security and railroad retirement benefits, annuities, IRAs, SEPs, SIMPLE Plans and Keoghs. Distributions from these plans as well as earnings.
- Rental property income.
- Farm income and farmland rental income.
- Royalty income from oil & gas holdings.
- Alimony (maintenance) received.
- Unemployment income from any state. Form 1099-G.
- Form K-1 for Partnership, S-Corporation and LLC income.
- Form K-1 for Estate and Trust income.
- State and local income tax refunds.
- Gambling and lottery winnings.
- Sale of a personal residence including a vacation home.
- Sale of business assets.
- Sale of rental property.
- Sale of stocks, bonds and other capital assets.
- Scholarships and fellowships.
- Hobby income.

## DEDUCTIONS

- Medical, dental, optical and prescription drug expenses. Include hearing aids, eyeglasses, contact lenses, wheelchairs and crutches, as well as fees paid to chiropractors, acupuncturists and nursing services. Do not forget laser eye surgery and stop smoking programs.
- Medical, dental, vision and other health insurance premiums paid.
- Miles driven for medically related transportation as well as lodging.
- Real estate and personal property taxes paid including ownership fees from car, truck, boat or trailer registrations.
- State and local income taxes paid.
- Income taxes paid to a foreign country.
- Estimated income taxes paid.
- Mortgage interest paid. Include any second mortgages on your principle residence and mortgages on a second home (vacation home, recreational vehicle, etc.). Also, home equity loans and home equity lines of credit.
- Points paid.
- Refinancing documentation.

**MISCELLANEOUS:**

- Contributions to an IRA
- Alimony
- Child and dependent care expenses. Name, address and I.D. number of the provider (social security or federal I.D. number). Include childcare expenses paid for by an employer
- Health insurance premiums paid by self-employed individuals. Forms 1095-A, 1095-B and 1095-C for health insurance coverage
- Early distributions (withdrawals) from IRAs, SEPs, 401(k)s, 403(b)s, 457s, SIMPLE, or other retirement plans
- Divorce decrees and evidence of dependency
- Social security numbers and cards for everyone
- Death certificate for a deceased taxpayer
- Any federal or state tax forms, letters, or correspondence received during the year

**PERSONAL INFORMATON:**

- Tax Payer Legal Name: \_\_\_\_\_
- SS# \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Work # \_\_\_\_\_
- Home # \_\_\_\_\_
- Cell # \_\_\_\_\_
- Preferred email: \_\_\_\_\_
- Health Insurance During the Year, How Many Months: \_\_\_\_\_
  
- Spouse Legal Name: \_\_\_\_\_
- SS# \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Work # \_\_\_\_\_
- Cell # \_\_\_\_\_
- Preferred email: \_\_\_\_\_
- Health Insurance During the Year, How Many Months: \_\_\_\_\_
  
- Dependent Legal Name: \_\_\_\_\_
- SS# \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Health Insurance During the Year, How Many Months: \_\_\_\_\_
  
- Dependent Legal Name: \_\_\_\_\_
- SS# \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Health Insurance During the Year, How Many Months: \_\_\_\_\_
  
- Dependent Legal Name: \_\_\_\_\_
- SS# \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Health Insurance During the Year, How Many Months: \_\_\_\_\_