

Personal Deductions and Checklist

- Date of Birth and Social Security numbers for you, your spouse and all dependents
- Bank account number and bank routing number if you would like direct deposit of your refund
- If this is your first year with 20/20 Tax Services, please include a copy of your prior year tax return if available

All Income and Wage Statements

	Amount
<input type="checkbox"/> W-2 forms for you and your spouse	\$ _____
<input type="checkbox"/> 1099-Misc forms for you and your spouse for independent contractor work	\$ _____
<input type="checkbox"/> 1099 –B for stock trade income	\$ _____
<input type="checkbox"/> 1099-R form 8606 for payments/distributions from IRA or retirement plans	\$ _____
<input type="checkbox"/> 1099 – C forms for cancellation of debt	\$ _____
<input type="checkbox"/> 1099 – G forms for unemployment income, or state or local tax refunds	\$ _____
<input type="checkbox"/> 1099-S forms for income from sale of property	\$ _____
<input type="checkbox"/> Social Security – Statement of benefits received	\$ _____
<input type="checkbox"/> Alimony Received	\$ _____
<input type="checkbox"/> Business – profit/loss statement	\$ _____
<input type="checkbox"/> Rental property income and expenses	\$ _____
<input type="checkbox"/> Any other income (i.e. gambling winnings, jury duty)	\$ _____

Adjustments to your income – items that can reduce the amount of your taxable income

<input type="checkbox"/> IRA contributions made during the year	\$ _____
<input type="checkbox"/> Keough, SEP, SIMPLE, and other self-employed pension plans	\$ _____
<input type="checkbox"/> Student loan statements	\$ _____
<input type="checkbox"/> Records of Medical Savings Account contributions	\$ _____
<input type="checkbox"/> Self-employed health insurance payment records	\$ _____

Health Insurance Information

A note from you, stating the months you and your dependents had health insurance \$ _____
in 2014. No official documentation is required.

Form 1095-A (Health Insurance Market Place Statement) – This form is required if you \$ _____
receive health Care Coverage under Covered California or a similar plan in another state.

Taxes you have paid

Personal property tax \$ _____

Real estate tax \$ _____

DMV fees \$ _____

State and local income taxes \$ _____

Estimated tax payments made during the year \$ _____

Other information

Information about any foreign bank accounts or investments

Copies of any IRS notices you have received

If you itemize deductions – Tax deductions and credits

Donations to charity

Child and dependent care (name, address and taxpayer ID number for each provider)

Tuition and Fees paid for higher education

Adoption costs (social security number of child, records of legal, medical and transportation costs)

Mortgage interest statements

Medical and dental expenses (doctor and dental fees, transportation and lodging to obtain medical care, hearing aids, eyeglasses, medical devices)

Rental property income and expenses

Miscellaneous expenses

Tax Preparation

Union Dues

Safety deposit box rental

Uniforms – Purchase and cleaning