

LETP Individual & Family Taxpayer Checklist 2019

The purpose of this form is to compile your data and necessary documentation. Please complete to reduce billable time.

Taxpayer 1: _____ Birthday: _____ SS#: _____
 Phone #: _____ Occupation: _____ Email: _____

Taxpayer 2: _____ Birthday: _____ SS#: _____
 Phone #: _____ Occupation: _____ Email: _____

Home Address: _____

Is this a different home address from last year's tax filing? Yes No

Did you buy, sell or refinance a home this past year? Yes No If yes, please provide closing statements.

▶ GENERAL QUESTIONS

YES NO

- Is this the first year LETP has prepared your taxes? If Yes, please upload your prior years tax return.
- Do you have a drivers' license? We will need a copy via text or Smartvault Portal® upload.
- Do you owe an outstanding debt to the IRS? For what year(s)? _____
- Did you make any contributions to an IRA or Roth IRA? Conversions? Please provide documentation.
- Did you make any estimated tax payments to the IRS or the state for the tax year? Please provide documentation.
- Do you prefer electronic copies of tax returns and documents via Smartvault Portal®?
- Do you prefer direct deposit of any tax refunds? If Yes, please provide a copy of a voided check.
- Do you prefer to pay any tax owed via electronic debit from your bank account? If Yes, please provide bank account information below:

_____/_____/_____
 Bank Name Bank Routing Number Bank Account Number

▶ INCOME STATEMENTS (check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> ____ W2's Form(s) for Wages, Salaries, and Tips ____ 1099-DIV Dividend Income Statements ____ 1099-G State Tax Refunds ____ 1099-S Sales of Real Estate ____ K-1 Schedule Partner's Share of Income, Deductions, etc ____ Alimony Received or Paid (See Page 2) ____ Rentals | <ul style="list-style-type: none"> ____ 1099-INT Interest Income Statements ____ 1099-R Distributions From Retirement ____ 1099-B Sales of Stock, Land, etc. ____ 1099-MISC Miscellaneous Income ____ Social Security ____ Gambling ____ Other _____ |
|--|---|

► POSSIBLE ABOVE LINE DEDUCTIONS

	YES	NO	
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	
Reservist	<input type="checkbox"/>	<input type="checkbox"/>	
H.S.A. Acct	<input type="checkbox"/>	<input type="checkbox"/>	
Did you Move?	<input type="checkbox"/>	<input type="checkbox"/>	
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	
Pay Alimony	<input type="checkbox"/>	<input type="checkbox"/>	
Student Loan	<input type="checkbox"/>	<input type="checkbox"/>	Include 1098E Form
Taxpayer Tuition	<input type="checkbox"/>	<input type="checkbox"/>	Include 1098T and Receipts

► FINANCIAL CHANGES DURING THE YEAR

	YES	NO
New job?	<input type="checkbox"/>	<input type="checkbox"/>
New business?	<input type="checkbox"/>	<input type="checkbox"/>
New baby?	<input type="checkbox"/>	<input type="checkbox"/>
Adoption?	<input type="checkbox"/>	<input type="checkbox"/>
Child in college?	<input type="checkbox"/>	<input type="checkbox"/>
Retire?	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Income began?	<input type="checkbox"/>	<input type="checkbox"/>
Death in the family?	<input type="checkbox"/>	<input type="checkbox"/>

If you are self-employed or own rentals please complete additional checklists found on our website under Client Resources.

► POSSIBLE ITEMIZED DEDUCTIONS ON SCHEDULE A

Mortgage & Vehicle Taxes Paid (Please provide tax forms or receipts.)

- Mortgage Interest (typically reported on Form 1098) \$ _____
- Real Estate Taxes Paid \$ _____
- Auto/Motor Vehicle Purchase Sales Tax \$ _____

Charitable Contributions* (Attach separate sheet itemizing donations)

- Cash Donations itemize donations (GoFundMe donations are NOT deductible) \$ _____
- Non-Cash Donations - include dates and items donated \$ _____

*Charitable donations must be made to a federally recognized charity.

Medical Expenses (Please provide a list of totals. Maintain all receipts for possible IRS audit purposes.)

- \$ _____ Medical Expenses Paid This Year, not covered by H.S.A. or F.S.A.
- \$ _____ Prescriptions
- \$ _____ Doctor/Dentist Invoices
- \$ _____ Glasses
- \$ _____ Insurance Premiums (post-tax)
- \$ _____ Long Term Health Insurance Premiums

► AFFORDABLE CARE ACT

Did everyone in your household have medical insurance for the entire year? Yes No

If no, please explain: _____

What months were you uninsured? (circle) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

How did you procure insurance? Marketplace Employer Private None

Please turn in any Forms-1095 upon receipt. If no 1095's are provided, please provide proof of insurance (paystub, etc.)

▶ HEALTH CARE SAVINGS ACCOUNTS OR FLEX SPENDING ACCOUNTS (H.S.A. OR F.S.A.)

How much was deposited into the account for the calendar year? _____

Was it deposited pretax or post-tax? _____

How much did you withdraw during the calendar year? _____

Were all withdrawals spent on qualified medical expenses? _____

If not, how much was withdrawn for non-medical expenses? _____

Please include documentation, if provided, by your bank or account holder.

▶ ALIMONY (if applicable)

What is the date of the divorce decree? _____

Total payment for the year? \$ _____

Name of Recipient SSN of Recipient _____

▶ SIGNATURES

Taxpayer 1 Signature: _____ Date: _____

Taxpayer 2 Signature: _____ Date: _____

LETP Dependents Form

Complete this page only if you have minor children, children in college or dependent adults.

▶ DEPENDENT INFORMATION

Name: _____	Birthday: _____	SS#: _____
Name: _____	Birthday: _____	SS#: _____
Name: _____	Birthday: _____	SS#: _____
Name: _____	Birthday: _____	SS#: _____

Did any of the above dependents NOT live with you all year*? Yes No If Yes, who? _____

**If your child is attending on-campus college, they are still considered to have lived with you all 12 months.*

▶ DEPENDENT INFORMATION continued

YES NO

- Are any of the children listed above married? If Yes, who? _____
- Can anyone else claim your children? If Yes, who? _____
If Yes, do they agree that you can claim the child(ren) this year? Yes No (Documentation may be necessary.)
- Is there an active Form 8832 Release/Revocation of Claim for Child?
- Are any of your children in college full-time? If Yes, complete below in College-Attending Children section.
- Did you pay tuition/fees for any of your college-attending children? (Do not include 529 payouts).
- Did any of your children attend daycare, after school care, or summer camp while you worked?
- Did any of your children have earned income, dividend/gains income, trust income?

▶ COLLEGE-ATTENDING CHILDREN

NAME	SCHOOL	FIRST YEAR IN SCHOOL	TOTAL TUITION PAID
_____	_____	_____	_____
_____	_____	_____	_____

You MUST provide Form(s) 1098-T as well as tuition, fees, and book receipts to claim a deduction or credit.

▶ DAYCARE / AFTER-SCHOOL CARE / SUMMER CAMP INFORMATION

NAME	SCHOOL/CAMP	TOTAL PAID OUT OF POCKET
_____	_____	_____
_____	_____	_____

You MUST provide forms from provider or receipts that include the provider's EIN/SSN number and address to claim the credit.

► **QUALIFYING RELATIVE INFORMATION**

Did you provide primary care to a relative over the age of 24 who had little to no earned income?

Name: _____ Birthday: _____ SS#: _____

Name: _____ Birthday: _____ SS#: _____

Name: _____ Birthday: _____ SS#: _____

Are any of these relatives disabled? Yes No If Yes, who? _____

► **SIGNATURES**

Taxpayer 1 Signature: _____ Date: _____

Taxpayer 2 Signature: _____ Date: _____