

LETP Individual & Family Taxpayer Checklist

TY2021

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 address from last year's tax filing? Yes No

Did you buy, sell, or refinance a home this past year? Yes No

→ **GENERAL QUESTIONS**

YES NO

 Is this the first year LETP has prepared your taxes? *If Yes, please upload last years tax return to Tax Dome.*

 Do you have a drivers' license? We will need a copy via text or Tax Dome portal.

 Do you owe an outstanding debt to the IRS? _____

 Did you make any contributions to an IRA or Roth IRA? Any conversions? We will need documentation.

 Did you make any estimated tax payments to the IRS or the state for the tax year? We will need documentation.

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?

Do you prefer to pay any tax owed via electronic debit from your bank account? If yes, please provide bank account information below:

Bank info for refund or payment:

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

→ **2021 Required Questions**

YES NO

- Did you receive the Advanced Child Tax Credit in the second half of 2021? These were monthly amounts.
 If you received the Advanced Child Tax Credit above, please upload the tax Letter 6419 (should have been mailed in January 2022). If you don't have the form but know the amount, please put in the amount "Anything else that was NOT included that you want us to know?" in the last section.
- Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes" above, provide Notice-1444-C or Letter 6475 from the IRS. If you are missing the form but know the amount, please put in the amount "Anything else that was NOT included that you want us to know?" in the last section.

→ **Income Statements**

- | | |
|---|--|
| <input type="radio"/> W2's Form(s) for Wages, Salaries, and Tips | <input type="radio"/> Rentals |
| <input type="radio"/> 1099-DIV Dividend Income Statements | <input type="radio"/> 1099-INT Interest Income Statements |
| <input type="radio"/> 1099-G State Tax Refunds | <input type="radio"/> 1099-R Distributions From Retirement |
| <input type="radio"/> 1099-S Sales of Real Estate | <input type="radio"/> 1099-B Sales of Stock, Land, etc. |
| <input type="radio"/> K-1 Schedule Partner's Share of Income Deductions, etc. | <input type="radio"/> Social Security |
| <input type="radio"/> Alimony Received or Paid (See Page 2) | <input type="radio"/> Gambling |
| | <input type="radio"/> Other _____ |

→ **Possible Above Line Deductions**

- | YES | NO | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Teacher |
| <input type="radio"/> | <input type="radio"/> | Reservist |
| <input type="radio"/> | <input type="radio"/> | H.S.A. Acct |
| <input type="radio"/> | <input type="radio"/> | Did you move? |
| <input type="radio"/> | <input type="radio"/> | Self-employed |
| <input type="radio"/> | <input type="radio"/> | Pay alimony |
| <input type="radio"/> | <input type="radio"/> | Student Loan – Inc. 1098E Form |
| <input type="radio"/> | <input type="radio"/> | Student Loan – Inc. 1098T and Receipts |

→ **Financial Changes During the Year**

- | YES | NO | |
|-----------------------|-----------------------|------------------------------|
| <input type="radio"/> | <input type="radio"/> | New job |
| <input type="radio"/> | <input type="radio"/> | New business |
| <input type="radio"/> | <input type="radio"/> | New baby |
| <input type="radio"/> | <input type="radio"/> | Adoption |
| <input type="radio"/> | <input type="radio"/> | Child in college |
| <input type="radio"/> | <input type="radio"/> | Retire |
| <input type="radio"/> | <input type="radio"/> | Social Security income began |
| <input type="radio"/> | <input type="radio"/> | Death in family |

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.)

- | | | |
|-----------------------|---|----------|
| <input type="radio"/> | Mortgage interest (typically reported on Form 1098) | \$ _____ |
| <input type="radio"/> | Real Estate Taxes Paid | \$ _____ |
| <input type="radio"/> | Auto/Motor Vehicle Purchase Sales Tax | \$ _____ |

Charitable Contributions (Attach separate sheet itemizing donations)

- | | | |
|-----------------------|--|----------|
| <input type="radio"/> | Cash Donations itemize donations (GoFundMe donations are not deductible) | \$ _____ |
| <input type="radio"/> | Non-Cash Donations – include dates and items donated | \$ _____ |

Charitable donations must be made to 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 |

→ **Health Savings Account [H.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**

What is the date of the divorce decree? _____

Total payment for the year? _____

Name of Recipient/SSN of Recipient _____

Comments?

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? _____