Wall Street Income Tax

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BASIC INFO

- ☐ Driver's License(s) or Government Issued Identification
- ☐ Social Security Card(s)/ ITIN(s)
- ☐ Dependents' Social Security Numbers/ ITIN(s) & Dates of Birth
- ☐ Last year's Federal & State Tax Return

INCOME

- ☐ W-2's*
- ☐ Wage Statements*
- ☐ Self-Employment business Income & Expenses*/ 1099-MISC*/ 1099K*
- ☐ Commissions Received/Paid*
- ☐ Pension/ Retirement Income/1099-R*
- ☐ Unemployment Income/ 1099-G*
- ☐ Cancelled Debt Amount/ 1099-C*
- ☐ Social Security Income/ SSA-1099*
- ☐ IRA Contributions*
- ☐ Statements on the Sales of Stocks & Bonds/ 1099-B*
- ☐ Interest & Dividend Income/ 1099-INT* & 1099-DIV*
- ☐ Lottery or Gambling Winnings/ Losses W-2G*
- ☐ State Refund Amount/ 1099-G*
- ☐ Income & Expenses from Rental Properties*
- ☐ Alimony Paid/ Received*
- ☐ Income & Expense for Royalties*
- ☐ K-1's from Partnerships, S-Corps & Trusts*

HEALTHCARE

- ☐ Form 1095-A (Health Insurance Marketplace Statement)**
- ☐ Form 1095-B (Health Insurance Provider Statement)
- ☐ Form 1095-C (Health Insurance Employer Provided Coverage Statement)
- ☐ Exemption Certificate Number***

EXPENSE & OTHER ITEMS

- ☐ Record of Purchase or Sale of Residence*
- ☐ Medical & Dental Expenses*
- ☐ Real Estate & Personal Property Taxes*
- ☐ Child Care Expenses & Provider Information*
- ☐ State or Local Taxes Paid*
- ☐ Estimated Taxes or Foreign Taxes Paid*
- ☐ Cash & Non-Cash Charitable Donations*
- ☐ Mortgage or Home Equity Loan Interest Paid/1098*
- ☐ Unreimbursed employment-related Expenses*
- ☐ Job-related Educational Expenses*
- ☐ Moving Expenses*
- ☐ Casualty or Theft Losses*
- ☐ Student Loan Interest/ 1098-E*
- ☐ Sales Tax Paid on Major Purchase*
- ☐ Educator Expenses*
- ☐ Tuition & Education Fees/ 1098-T*

* If Applicable
** If you received health insurance from Marketplace (Exchange)
*** If you were exempt from health insurance requirement by the Marketplace (Exchange)

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Record of Your Expenses

Medical & Dental

DR_____ $_____
DR_____ $_____
DR_____ $_____
DR_____ $_____
Operations $_____
Prescription Drugs $_____
Medical/Dental Insurance $_____
Long-term Care Insurance $_____
Hospital & Emergency $_____
Lab & X-Ray $_____
Visiting Nurses/In-home Care$_____
Dental $_____
Dentures & Braces $_____
Glasses & Contact Lenses $_____
Supplies $_____
Hearing Aids & Batteries $_____
Orthopedic Shoes $_____
Therapy Treatments $_____
Canes/Crutches/Braces $_____
Wheelchairs $_____
On Doctor's Advice $_____
Air Conditioning $_____
Vaporizers $_____
Thermometers & bandages $_____
Other _____$_____
Medical Miles Driven _____miles
Other Medical Transportation $_____
Parking/ Tolls $_____

Contributions/Donations

Church $_____
College $_____
Other $_____
Other $_____
Value of furniture/clothing donated $_____
Volunteer work expenses: $_____ *(Out of Pocket)*
Church, Scouts, School, etc. $_____
Auto Miles Driven _____miles

Taxes

Real Estate Tax $_____
Personal Property Tax $_____
State Income Tax $_____

Interest Paid

Home Mortgage Interest $_____
2nd Mortgage/Home Equity $_____
Home Mortgage to Individual $_____
Name_____
Address_____
Points Paid at Closing $_____
Investment Interest $_____

Casualty Losses ***(Must have proof of Loss)***

Accident, Fire, Theft and Natural Disaster
Description of Property_____
(Show type, location, and date acquired) **Business** or **Personal**
Cost $_____ Reimbursement $ _____

Miscellaneous and Employee Business Expenses

Uniform Cleaning $_____
Work Tools $_____
Union Dues $_____
Safety shoes & Gloves $_____
Tax Return Preparation $_____
Safe Deposit Box $_____
Investment Expenses $_____
Education Expenses $_____
Other_____$_____

Employment/Job Seeking $_____
Sales/Entertainment $_____
Office-in-Home Expense $_____
Business Travel $_____
Out of Town/Temporary $_____
Vehicle Use (Auto, Truck) Miles _____
for Work (Non-Commute) Miles _____
Miles Driven to 2nd Job _____miles
Year, Make & Model _____

Higher Education Expenses

Student Loan Interest $_____
Post-secondary, Tuition & Fees $_____
☐ Bring Form 1098-T

Child Care Expenses

Providers SSN/EIN _____
Providers Name: _____
Amount Paid to Provider $_____
Address: _____
_____
☐ Bring Child Care Statement Letter

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Self-Employed Business Expenses

Business Name: _____ EIN: _____

Business Address: _____

Revenue $ _____

Cost of Goods Sold: Purchases $ _____
Labor $ _____
Material $ _____

Advertising: $ _____
Commissions paid $ _____
Contract Labor $ _____
Must issue 1099-Misc for Contract Labor
Insurance (not health) $ _____
Interest:
Mortgage $ _____
Other $ _____
Legal Services $ _____
Accounting Services $ _____

Office Expense $ _____
Rent/Lease:
Other $ _____
Property $ _____
Repair & Maintenance$ _____
Supplies $ _____
Taxes & License $ _____
Travel: $ _____
Meal & Entertain $ _____
Utilities $ _____
Wages $ _____

Other Expenses: _____
_____
_____
_____

$ _____
$ _____
$ _____
$ _____

1. Vehicle used in Business: Year, Make & Model _____ Date Placed in Service _____
Business Miles: _____Total Miles: _____Written Record: ( ) YES ( ) NO

2. Vehicle used in Business: Year, Make & Model _____ Date Placed in Service _____
Business Miles: _____Total Miles: _____Written Record: ( ) YES ( ) NO

3. Vehicle used in Business: Year, Make & Model _____ Date Placed in Service _____
Business Miles: _____Total Miles: _____Written Record: ( ) YES ( ) NO

4. Vehicle used in Business: Year, Make & Model _____ Date Placed in Service _____
Business Miles: _____Total Miles: _____Written Record: ( ) YES ( ) NO

1. Type of Equipment used in business_____ Date Placed in Service _____
Cost (including shipping, installation, etc.) $_____ Percentage of Business Use _____

2. Type of Equipment used in business_____ Date Placed in Service _____
Cost (including shipping, installation, etc.) $_____ Percentage of Business Use _____

3. Type of Equipment used in business_____ Date Placed in Service _____
Cost (including shipping, installation, etc.) $_____ Percentage of Business Use _____

4. Type of Equipment used in business_____ Date Placed in Service _____
Cost (including shipping, installation, etc.) $_____ Percentage of Business Use _____

5. Type of Equipment used in business_____ Date Placed in Service _____
Cost (including shipping, installation, etc.) $_____ Percentage of Business Use _____

Business Operated from Home

1. _____ sq. ft. Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples ***EXCESS OF 300 SQ FT OR 25% OF THE HOME MAY FLAG THE RETURN FOR AN AUDIT***
2. _____sq. ft. Total area of home
3. **For daycare facilities not used exclusively for business use, discuss with your Preparer**

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