

TAXPAYER INFORMATION CHECKLIST
FILING STATUS CHANGES?

- Yes _____ Address changes?
 Yes _____ Marital status changes?
 Yes _____ Add or remove dependents?
 Yes _____ Occupation changes? _____

**EXEMPTIONS & ADDITIONAL
 STANDARD DEDUCTIONS**

- # Of _____ Dependent children living at home (number)
 # Of _____ Dependent children away at college
 # Of _____ Children living with EX you are claiming
 (Must have form 8332 signed by ex)
 Yes _____ New Dependents
 (Need date of birth and social security number)
 Yes _____ Dependent parents
 Yes _____ Any other dependents
 Yes _____ Do any of your dependent(s) have income?
 Yes _____ Either Spouse Blind/Disabled

INCOME – MUST answer last question

- Yes _____ Wages from W-2
 Yes _____ Tips Unreported (Check for allocated tips)
 Yes _____ Unemployment Compensation 1099G
 Yes _____ Interest & Dividend Income 1099 Int or Div
 Yes _____ Any Inherited assets or money
 Yes _____ State tax refunds received 1099 G
 Yes _____ Social Security 1099SSA or RR Retirmt 1099R
 Yes _____ Pension or Annuity payments rcvd 1099R
 Yes _____ Disability Pension (Reportable on Line 7)
 Yes _____ IRA distributions received (is any excludable?)
 Yes _____ Rollovers of IRAs or 401Ks
 Yes _____ IRA Roth Conversion.
 Yes _____ Alimony received
 Yes _____ Gambling / Lottery Winnings (gross winnings)
 Yes _____ Prizes / Settlements / Other
 Yes _____ Stock Sales or splits (adjust basis if split)
MUST HAVE BASIS OF STOCK SOLD
 Yes _____ Stock Options Exercised
 Yes _____ Hobby Income
 Yes _____ Jury Duty
 Yes _____ Scholarships / Fellowships / Grants
 (can be fully or partially taxable)
 Yes _____ Refunds of previously deducted amounts
 Yes _____ Barter / Trade Income
 Yes _____ Cancellation of ANY Debt
 Yes _____ Mortgage Modification
 Yes _____ Schedule C, (use Schedule C Checklist)
 Yes _____ Schedule F, (use Schedule F Checklist)
 Yes _____ Rental activities
 _____ Real Estate (Sch E) Days Rented _____
 Days of Personal Use _____
 _____ Vacation Home
 Yes _____ Sale or abandonment of ANY assets
 _____ Sale of residence _____ Unimproved land
 _____ Like-kind exchange _____ Sale by Foreclosure
 _____ Did you repossess any property?
 Yes _____ Royalty Income
 Yes _____ Partnership Income or Loss from K-1 (at risk?)
 Yes _____ Estate or Trust Income from K-1
 Yes _____ S Corporation Income from K-1 (at risk?)

Any other 2017 Income not listed above?
YES or NO _____

_____ Drivers License or State ID copy

Name: _____

Date _____

Email: _____

Phone: _____

ADJUSTMENTS

- Yes _____ Traditional IRA contributions (Not Company
 Yes _____ Roth IRA contributions Pension Plans)
 Yes _____ SEP contributions
 Yes _____ Alimony or separate maintenance paid
 Yes _____ Self-employed Health Insurance deduction
 Yes _____ Qualified Moving Expenses
 Yes _____ Qualified College Tuition and Fees paid
 (Form 1098T & print out of payments required)
 Yes _____ Student Loan Interest (Form 1098E)
 Yes _____ Educator (Teacher/Aide) Supplies/Education
 Yes _____ HSA deduction

TAX CREDITS & PAYMENTS

- Yes _____ Child care (need SSN for each caregiver)
 Yes _____ Did you make estimated tax payments?
 (Dates & Amounts)
 Yes _____ Residential energy improvements
Yes _____ EIC REQUIRED DOCUMENTS

AFFORDABLE CARE ACT

- Yes _____ Did you have Health Insurance during the year?
 Yes _____ Did you pay for your own insurance?
 (We need months covered and amount)
 (We must have form 1095-A, if Insurance is thru Marketplace)

OREGON

- Yes _____ All Medical Exp pd if taxpayer/spouse 64/over
 Taxpayer \$ _____ Spouse \$ _____
 Yes _____ Are you registered as a Domestic Partner?
 Yes _____ Foreign Tax Subtraction
 Yes _____ Qualified Transportation Worker (AMTRAK)
 Yes _____ Military Active Duty pay
 Yes _____ Severely Disabled Taxpayer/Spouse
 Yes _____ Child eligible for Early Intervention or IEP
 Yes _____ Oregon 529 Education Plan Contributions
 Yes _____ Political contributions (limited by income)
 Yes _____ Cultural Trust or IDA Account contribution

Direct Deposit Info: If you are getting a refund
Bank Name _____

Routing Number _____

Account Number _____

Checking _____ **Savings** _____

Signature _____ Date _____

Signature _____ Date _____

IF YOU ITEMIZE – use this checklist

MEDICAL COSTS - DEDUCTIONS

- Yes _____ Prescription medicine or insulin
- Yes _____ Doctor/Chiropractor/Psychologist
- Yes _____ Dentist / Dentures /
- Yes _____ Hospital / Clinic
- Yes _____ Insurance Premiums – Long Term Care
- Yes _____ Insurance Premiums (including supplemental)
- Yes _____ Drug or Alcohol treatment center
- Yes _____ Ambulance
- Yes _____ Stop Smoking Programs
- Yes _____ Lodging for medical travel (\$50 per day limit)
- Yes _____ **Medical Mileage**
- Yes _____ Eyeglasses / Contacts (not supplies)
- Yes _____ Hearing aids / batteries
- Yes _____ In-Home Caregiver for Medical Care
- Yes _____ Capital expenditures (ramps/elevators, etc)
- Yes _____ **Medical exp of dependents, whether living with you or not**

TAXES

Yes _____ **PORTLAND ARTS TAX \$ _____ Due April 15th**
This is ONLINE. If yes, you MUST file. By mail or online

- Yes _____ Oregon estimated payments (made for / in 2017)
- Yes _____ Oregon balance due (ANY year) paid in 2017
- Yes _____ **Real Estate Tax (residence/Investment property)**
- Yes _____ Personal property Tax (Mobile home, boat etc)
- Yes _____ State Sales Taxes

INTEREST

- Yes _____ **Purchase, Sell or Refinance a home?**
Bring FINAL Closing Disclosure
- Yes _____ Home Mortgage Interest
- Yes _____ **Home Mortgage Insurance 1098**
- Yes _____ Is any Home Mortgage Interest “Equity Debt”?
- Yes _____ RV or Boat Interest (must have Kitchen and Toilet Facilities)
- Yes _____ Investment Interest:
- Margin Accounts - Investment property

CONTRIBUTIONS

- Yes _____ Cash/Check (Proof Req'd):
- Church - School
- United Way - Humane Society
- Boy/Girl Scouts - Other
- Yes _____ **HAVE CANCELLED CK/RECEIPT**
- Yes _____ Volunteer Miles Driven: _____
- Yes _____ Other than Cash (Stuff):
- Salvation Army - Church
- ARC - Cerebral Palsy
- Goodwill - Veterans

Get receipts AND have a priced itemized list!!!
**Price list available at www.salvationarmyusa.org,
www.goodwill.org**

CASUALTY OR THEFT

- Yes _____ Do you have a casualty loss or theft?
- Yes _____ Could you have been reimbursed by insurance?

MISC. ITEMIZED DEDUCTIONS

- Yes _____ Tax preparation fees (Prorate to Schedule C, etc.)
- Yes _____ Attorney fees to protect an income producing asset
- Yes _____ Safety deposit box
- Yes _____ Investment expense (not seminars)
- Yes _____ Appraisal fees: Casualty / Charity
- Yes _____ Hobby expenses (limited to hobby income)
- Yes _____ Job seeking expense / employment agency fees
- Yes _____ Gambling losses (to extent of winnings)
- Yes _____ Impairment related work expenses

EMPLOYEE WORK EXPENSES

- Yes _____ Employee required medical examination
- Yes _____ Employee’s office-in-home if required by employer
- Yes _____ Professional license or dues
- Yes _____ Employee’s continuing education
- Yes _____ Small tools (expendable)
- Yes _____ Unreimbursed Expenses for W-2 Job
- Yes _____ Union Dues
- Yes _____ Uniforms and cleaning
- Yes _____ Safety equipment
- Yes _____ Business % of Cell Phone _____
- Yes _____ Depreciation allowance for employee’s tools
- Yes _____ Subscriptions to professional journals

Yes _____ **Employee Business mileage must have:**

Total Miles driven during year _____

Business Miles driven during year _____

Commute (to/from W2 job) driven during year _____

Auto Description _____

Date in service _____

(MUST HAVE WRITTEN PROOF OF MILEAGE TAKEN AND TOTAL MILES DRIVEN)

MISCELLANEOUS

- Yes _____ **Do you expect any major changes in 2018? *****
- Yes _____ Did you give more than \$14,000 in gifts?
- Yes _____ Do you have any FOREIGN Bank Accts or Assets?

TAX COMPUTATION

- Yes _____ Household Employees (Nanny, Housekeeper, etc)
- Yes _____ Penalty on IRA withdrawals (under age 59 ½)
- Yes _____ Age 70 ½ with required min distributions

QUESTIONS / NOTES / CHANGES***

Data Scanned _____

Return checked _____