

2023 Client Checklist

Form Must Be **FULLY** Completed

Client Name _____

Personal Information

- _____ Prefer Hard or Electronic Copy of Return
- YES/NO _____ **Did You Have Any Foreign Accounts Or Assets** (Outside of USA)
- YES/NO _____ **Did You Purchase, Sell, Receive or Trade Any Cryptocurrency or Digital Asset/NFT**
- YES/NO _____ Did You Purchase an Electric/Plug In Hybrid Vehicle *Need Paperwork*
- YES/NO _____ Did Your Address, Occupation or Marital Status Change *Note Below*
- YES/NO _____ Did You Add or Remove Any Dependents
- YES/NO _____ Did You Change or Renew Your Drivers License
If yes, a copy of the front is required for our file
- YES/NO _____ Did You Receive Any IRS or Oregon Letters or Notices
- YES/NO _____ If Claiming a Dependent Are **ALL TRUE**, They Lived With You Over 6 Months
No One Else Can Claim Them, You Have Never Had Credit Disallowed
- YES/NO _____ If claiming a Dependent, do they have an IEP or an ISP

Income, Answer YES or NO On Each Line

- _____ Wages *Need W-2*
- _____ Unemployment Compensation *Need 1099-G*
- _____ Interest Income *Need 1099-INT*
- _____ Dividend Income *Need 1099-DIV*
- _____ Social Security Income *Need 1099-SSA*
- _____ Retirement or Pension Income *Need 1099-R*
- _____ Rollover or Conversion of IRA or 401k *Need 1099-R*
- _____ Gambling, Lottery or Other Winnings *Need W2-G*
- _____ Stock Sales *Need Basis and Reporting Forms*
- _____ Hobby Income *Need Cost of Goods Sold & Income Amounts*
- _____ Debt Cancellation *Need 1099-C or 1099-A*
- _____ Business Income & Expenses
- _____ Business Mileage - Log Required
- _____ Rental Income & Expenses
- _____ Are You Required to File 1099s For Your Business or Rental
If Yes, Were They Flied
- _____ Any S-Corp, Partnership or Trust/Estate Income *Need K-1*
- _____ Own or Control **ANY** LLC, Partnership, Corporation or Trust - BOI

Yes/No **DID YOU HAVE ANY OTHER INCOME OR INFORMATION NOT LISTED**

If Yes, Describe _____

Direct Deposit Information

- _____ Y/N Would You Like Direct Deposit of Refund
- If Same Account as Last Year Please Note "Same" (Info Not Required Unless New Client)
- Bank Name _____
- Routing Number _____
- Account Number _____
- Account Type _____ Checking _____ Savings

Other Information, Answer YES or NO On Each Line

- _____ Contributed To Oregon Saves Plan Via Payroll *Need Amount*
- _____ Contributed To Retirement Plan, Traditional/Roth IRA or Other
Only Contributions NOT Made Through Employer
- _____ Paid Qualified College Expenses *Need 1098-T*
- _____ Paid Child Care Expenses *Need Provider Info and Amounts*
- _____ Made Estimated Tax Payments *Need Dates and Amounts*
- _____ Paid Medical Expenses, **If 66+ Need All Amounts Sorted By Taxpayer**
- _____ Any HSA Contributions or Distributions *Need 5498-SA or 1099-SA*
- _____ Contributed to 529 College Savings Plan *Need Amount*
- _____ Paid Portland Arts Tax *Need Amount*
- _____ Paid Real Estate/Property Tax *Need Amount or 1098*
- _____ Paid Mortgage Interest *Need 1098*
- _____ Paid on A HELOC or Home Equity Loan *Need Documents*
- _____ Bought, Sold or Refinanced a Home or Property *Need Documents*
- _____ Made Student Loan Payments *Need 1098-E*
- _____ Contributed Money to Charities/Political/Cultural Trusts *Need Amounts*
- _____ Made Charitable Contributions Other Than Money
(Goodwill, St Vincent De Paul, Etc) *Need Itemized List With Values & Receipts*
- _____ Paid Out of Pocket For Health Insurance *Need Amount*
- _____ Paid for Health Insurance Through The Marketplace *Need 1095-A*
- _____ Does Anyone On Return Have An IP Pin Number *Need Document*
- _____ Did You Make Any Energy Improvements To Your Home *Need Receipts*
- _____ Do You Expect Major Changes For 2024 *Note Below*
- _____ Do You Have Any Questions For Me *Note Below*

Taxpayer Signature

Date

Spouse Signature

Date