

TAX PREPARATION CHECKLIST



Newnan Phone: (678) 423-2100
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INCOME

_____ Wages (W2 Forms)
_____ Contract Labor (1099 Forms)
_____ Interest Earned (1099-Misc)
_____ Dividends Earned (1099-Misc)
_____ Alimony Received
_____ Lump Sum Distb From Pensions
_____ Pension Income (1099-R)
_____ Prizes & Bonuses
_____ Jury Duty, Fees, Commissions
_____ Barter Income
_____ Unemployment Compensation
_____ Social Security Income (Attach Statement)
_____ Capital Gains/Losses (Attach 1099-B)
_____ Business Income
_____ Rental Income
_____ Partnership & S-Corp Income (K-1's)
_____ State Tax Refunds
_____ Tax Exempt Interest
_____ Other Income (Tips, Farm, Gambling, Trust)

_____ Personal Expenses for Charity
_____ Mileage
_____ Meals
_____ Lodging
_____ Supplies
_____ Foster Parent Expenses (Net of Allowance)
_____ Uniforms for Charitable Work
_____ Property Donated (FMV & Appraisal)
_____ Appraisal Fee for Donated Property
_____ Household & Clothing (Must be over \$500)
_____ Other

CASUALTY & THEFT LOSSES (Must be >10% of AGI)

_____ Car Accident
_____ Storm Damage
_____ Fire or Flood Damage
_____ Theft
_____ Appraisal Fee

MOVING EXPENSES

_____ Packing Expenses & Supplies
_____ Transportation (Prof Movers & Truck Rental)
_____ Travel Expenses
_____ Pre-Move (House Hunting)
_____ Temporary Living Expenses

MISCELLANEOUS EXPENSES

_____ Employment Agency Fees
_____ Job Hunting Expenses
_____ Professional Fees, Dues, Subscriptions
_____ Tools & Supplies
_____ Uniforms & Special Shoes
_____ Union Dues & Union Expenses
_____ Tax Counseling, Tax Prep
_____ Investment Miles
_____ Safe Deposit Box
_____ Custodial Fees
_____ Publications & Books
_____ Investment Travel
_____ Financial Counseling Fees
_____ Gambling Losses (to extent of winnings)
_____ Expense for Collection of Income
_____ Business Education Expenses

TAX DEDUCTIONS & EXPENSES

MEDICAL

_____ Health & Dental Ins Premiums
_____ Prescription Drugs & Insulin
_____ Hospital & Ambulance Charges
_____ Doctor & Nurse Charges
_____ Labs & Xrays
_____ Medical Equipment & Improvements
_____ Glasses, Dentures, Hearing Aids
_____ Mileage, Transp, Lodging (.18/mile)
_____ Special Schools, Learning Disabilities
_____ Handicap Schools
_____ Nursing & Domestic Care
_____ Qualified High Deductible Health & H S A
_____ Long Term Health Care Premiums
_____ Other

TAXES

_____ State & City Income Taxes
_____ Real Estate Taxes
_____ Ad Valorem Tax (Auto, Boat, etc)
_____ Personal Property Tax
_____ Sales Tax (Auto, Motor-Home, Boat, Maj Purch)
_____ Other

INTEREST

_____ Home Mortgage (1st & 2nd)
_____ Points Paid To Refinance Home
_____ Lines of Credit or Home Equity Loans
_____ Investment Interest
_____ Other (Business Interest)

Contributions

_____ Church Tithes & Offerings (Receipt Needed)
_____ Other Cash Contributions (Receipt or Can. Checks)
_____ Non-Cash Contributions

HOME OFFICE SUMMARY

_____ Cost of Home
_____ Cleaning & Repairs
_____ Utilities
_____ Insurance, Taxes & Interest
_____ Rent
_____ Security System
_____ Landscaping
_____ Home Improvements
_____ Total SQ of Home
_____ Total for Office