## INCOME TAX CHECKLIST

<table>
<thead>
<tr>
<th>Taxpayer’s name</th>
<th>SSN</th>
<th>Spouse’s name</th>
<th>SSN</th>
<th>Taxpayer’s occupation</th>
<th>Birthdate</th>
<th>Blind?</th>
<th>Spouse’s occupation</th>
<th>Birthdate</th>
<th>Blind?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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<tbody>
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</tbody>
</table>

## DEPENDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Birthdate</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
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<tr>
<td>2)</td>
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<tr>
<td>4)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Support by you</th>
<th>Support by others</th>
<th>Months in your home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) $</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2) $</td>
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<td>$</td>
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<td>3) $</td>
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<tr>
<td>4) $</td>
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</tbody>
</table>

**NOTE:** You must provide a social security number for all dependents.

## PAPERWORK TO BRING

- ___ W-2s
- ___ 1099-INTs
- ___ 1099-DIVs
- ___ Other 1099s
- ___ K-1s
- ___ Tax forms with labels
- ___ Property tax bill
- ___ Last year’s tax return
- ___ Health insurance coverage information

## INCOME

**INTEREST INCOME** (if not on 1099-INT)

<table>
<thead>
<tr>
<th>T/S/J</th>
<th>Payer</th>
<th>$</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**DIVIDEND INCOME** (if not on 1099-DIV)

<table>
<thead>
<tr>
<th>T/S/J</th>
<th>Payer</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## OTHER INCOME

**SALE OF STOCK OR OTHER PROPERTY**

<table>
<thead>
<tr>
<th>Cost</th>
<th>Price</th>
<th>Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**If you have other income, please bring all figures and supporting data. Examples:**

- Tips
- Pensions / annuities
- Jury duty
- Unemployment (1099-G)
- Alimony received
- Prizes (1099-MISC)
- Self-employment
- Partnerships and S corporations
- Estates & trusts
- Social security benefits
- Scholarships & fellowships
- Tax refunds
- Royalties
- Nontaxable income
- Gambling
- Other

Please bring supporting documents (Form 1099-Bs and statements)

- If you have a business or rental property, please attach an income/loss statement and supporting documents.
- If you borrow money and the debt is canceled or forgiven, please include Form 1099-A and/or 1099-C.

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## DEDUCTIONS AND CREDIT ITEMS

### RETIREMENT
- **Payments to a Traditional IRA**
  - Taxpayer Date __________________
  - Spouse Date __________________
- **Payments to a Roth IRA**
  - Taxpayer Date __________________
  - Spouse Date __________________
  - Penalty for early withdrawal
  - Alimony paid
  - Self-employed health insurance
  - Keogh, SEP & Simple contributions

### CONTRIBUTIONS
- **Church**
- **Other cash contributions**
- **Charitable auto mileage**
- **Property donated for which you have receipts (fair market value)**
- **Other**

### CASUALTY & THEFT LOSSES
- **Cost of property lost**
- **Fair market value of property**
- **Insurance reimbursement received**

### JOB-RELATED MOVING EXPENSES
- **Travel & lodging**
- **Moving household goods**

### BUSINESS AUTO EXPENSES
- **Total miles**
- **Business miles**
- **Gas & oil**
- **Interest**
- **Tolls & local transportation**
- **Other**

### MISCELLANEOUS
- **Dues & subscriptions**
- **Education**
- **Safety equipment**
- **Uniforms**
- **Job seeking expenses**
- **Tax preparation**
- **Tools**
- **Business entertainment**
- **Investment & tax advice**
- **Safe-deposit box**
- **Hobby losses**
- **Gambling losses**
- **Other**

### MEDICAL EXPENSES
- **Medical Savings Account (MSA) contributions**
- **Health Savings Account (HSA) contributions**
- **Insurance & Medicare premiums**
- **Prescriptions**
- **Eyeglasses**
- **Doctors**
- **Dentists**
- **Hospital**
- **Ambulance**
- **Medical auto mileage**
- **Other medical travel expenses**
- **Hearing aids & batteries**
- **Other medical expenses**
- **Reimbursements**

### TAXES
- **Real estate tax**
- **Personal property tax**
- **City / county tax**
- **Sales tax**
- **Other**
- **Estimated Taxes**
  - State
  - Federal
- **Date pd.**
- **Date pd.**
- **Date pd.**
- **Date pd.**

### INTEREST EXPENSE
- **Home mortgage (1098)**
- **Home mortgage – pd. to individuals**
  - (Include name and SSN of individuals)
- **Investment interest**
- **Interest pd. on student loans (1098-E)**

### CHILD CARE EXPENSES
- **Bring list of monthly totals**
- **Provider’s name**
- **Address**
- **ID# of provider(s)**
- **Amount pd.**

### EDUCATION CREDITS (1098-T)
- **Name of institution**
- **Tuition pd.**
- **Who attended**
- **When classes began**

### LOANS
- **If you borrowed money during the year, bring a list showing the amounts, dates and use of proceeds.**