

PREPARING FOR YOUR TAX APPOINTMENT

Please review before making your appointment. As you receive your documents, you can check them off the list. Answer the questions inside the questionnaire; check the box for 'yes'. If you have a business or rental fill in the last page or bring your own summary statement. Bring this questionnaire with you when you come to your appointment. Thank you in advance!

2015 TAX YEAR CHECKLIST

IF YOU HAVE...

BRING SUPPORTING DOCUMENTS

- | | |
|---|---|
| <input type="checkbox"/> Wages, Salaries, Tips, Etc. | W-2 (S), 1099-Misc, |
| <input type="checkbox"/> Interest | 1099-Int, 1099-Oid |
| <input type="checkbox"/> Dividends | 1099-Div |
| <input type="checkbox"/> Business Income | 1099-Misc, See Questionnaire |
| <input type="checkbox"/> Stocks, Bonds Sold | Financial Statements |
| <input type="checkbox"/> Retirement Distributions | 1099-R, 1099-RRB |
| <input type="checkbox"/> Social Security | 1099-SS |
| <input type="checkbox"/> Rental Real Estate Income | See Rental Property Section |
| <input type="checkbox"/> Partnerships, Corporations, Etc. | K-1 (S) |
| <input type="checkbox"/> Trusts, Estates, Royalties | Financial Statements |
| <input type="checkbox"/> Unemployment Income | 1099-G |
| <input type="checkbox"/> *Other Income | Supporting Documents..... |
| <input type="checkbox"/> Gambling/Lottery Winnings | |
| <input type="checkbox"/> Prizes and Awards, Contests | |
| <input type="checkbox"/> Jury Duty, Workers Comp | |
| <input type="checkbox"/> Tips, Commissions, Bonuses, Gratuities (Not on W2) | |
| <input type="checkbox"/> Alaska Permanent Fund Dividends | |
| <input type="checkbox"/> On Line Sales, Hobby income | |
| <input type="checkbox"/> Rental of Personal Property, Farm Income | |
| <input type="checkbox"/> Childs Income, Inheritance, Alimony | |
|
 | |
| <input type="checkbox"/> Health Savings Account/MSA | 5498 HSA, Supporting Documents |
| <input type="checkbox"/> Moving Expenses | Summary Statement |
| <input type="checkbox"/> Student Loan Interest | 1098-E |
| <input type="checkbox"/> Medical Expenses | Summary Statement |
| <input type="checkbox"/> Income, Property Taxes Paid | 1099-G, Supporting Documents |
| <input type="checkbox"/> Mortgage Interest | 1098 |
| <input type="checkbox"/> Gifts to Charity | Supporting Documents, See Contributions Section |
| <input type="checkbox"/> Child Care Expenses | Statement from Day Care Provider |
| <input type="checkbox"/> Education Expenses | 1098-T, Account Detail, See Education Section |
| <input type="checkbox"/> Health Insurance | 1095-A |

Making your Appointment

We are asking for your cooperation this tax season, by making your appointment early and coming in with your information as complete as possible. If you have all of your documents, but are missing that late K-1 or last corrected brokerage statement, we strongly urge you to bring in what you do have early. We are predicting a very busy tax season this year and appreciate your help.

YOURSELF and your FAMILY

- Did your name, address, phone number or marital status change?
- Are you being claimed as a dependent on another tax return?
- Is anyone living with you not a dependent or spouse?
- Are you adopting a child or do you plan to adopt?
- Did you gain or lose any dependents? *Bring date of birth and SSN of new dependents.*
- Are you blind, disabled or turning 65 in 2016?
- Did you experience identity theft?
- Do you or family members have health insurance?
- Did you transact business with family members, i.e. buy real estate, borrow or lend money?
- Do you have dependents with wages or investment income?
- Are you maintaining a home for a family member who is age 65 or older, or has a developmental disability?
- Did you pay anyone to work in your home on a regular basis (babysitting, housecleaning, health care, yard work, or any domestic help)?
- Did you give anyone gifts with an *accumulated* value over \$14,000?

RETIREMENT

- Do you/spouse have a retirement account?
i.e., Pensions, Annuities, IRAs, 401ks, Keoghs, SEPs, SIMPLEs, profit sharing, etc.
- Did you/spouse make or do you plan to make a contribution? (other than what is shown on your W-2)
- Did you turn 70 1/2 in 2015?
- Did you take your required minimum distribution?

FEDERAL ESTIMATED TAXES PAID

	Date Paid	Amt Paid
Payment due 4/17/15	_____	_____
Payment due 6/15/15	_____	_____
Payment due 9/17/15	_____	_____
Payment due 1/15/16	_____	_____

- Did you make state estimated tax payments?

MISCELLANEOUS but Important

- If you will be receiving a refund, would you like it directly deposited into a bank account?
Routing Number _____
Account Number _____
 Checking Savings
- Did you buy or sell a house or other real estate?
Bring closing statement(s)
- Did you not live in Idaho for any part of 2015?
- Do you expect any significant changes in income or circumstances in the coming year?
- Did you receive a notice from the IRS or any State Taxing Entity? *Bring copy of letter.*
- Did you pay Alimony? Amount _____
Recipient's name & SSN _____
- Tax preparation fee paid _____
- Did you make a job related move? *Bring receipts for cost of moving, travel and lodging (no meals) and amount reimbursed by employer.*
- Did you purchase plug-in vehicle?
Amount _____ VIN _____
- Did you make purchases without paying sales tax?
Amount of purchases _____
- Did you incur casualty or theft losses?
- Did you have gambling losses? (Not more than winnings)
- Did you file bankruptcy, have canceled debt, a foreclosure, or abandon property? *Bring 1099-C or 1099-A*
- Did you receive the \$7,500 First-Time Home-buyers Credit that is required to be paid back?

EARNING A LIVING & OTHER INCOME

- Did you start a business? (See SE/business section)
- Did you sell personal property?
- Did you receive child support or public assistance?
- Did you receive disability or veteran's benefits?
- Did you receive an insurance settlement or reimbursement from a prior year casualty, theft loss or medical deduction?
- Did you roll over a retirement plan in 2015?
- Are you renting out a room in your house?
- Were you compensated for any services or goods or receive any income not listed above or in another section of this questionnaire?

SAVINGS & OTHER INVESTMENTS

- Do you have any worthless stock or uncollectible bad debts? _____
- Did you receive any foreign income? _____
- Do you have foreign bank accounts or property? _____
- Did you acquire rental or investment property? _____
- Safe deposit box fee paid _____
- Investment expense paid, broker's fee _____
- Margin interest paid? _____
- Interest paid for the purchase of any other investments? _____

Please bring entire year end summary from your financial planner!

EDUCATION

- Did you or any family member pay tuition to an eligible educational institution? *Bring 1098-T*
- Tuition paid in 2015 _____
- Books and Materials purchased _____
- Did you pay student loan interest? *Bring 1098-E*
- Did you pay school expenses with an IRA, Savings Bond, 529 Plan, etc? *Bring statements*
- Did you contribute to a 529 Plan? *Bring statements*
- Do you have children going to college in 2016?

GENERAL NOTE:

Health insurance premiums, long term care premiums, and some charitable contributions may be a benefit on your Idaho state tax return even if you DO NOT itemize.

YOUR HEALTH

Total medical expenses you paid during the tax year for which you were not reimbursed.

- Prescription medication _____
- Doctors, dentists, hospitals, etc. _____
- Glasses, hearing aides, batteries, etc. _____
- Medical miles _____
- Lodging _____
- Health Insurance: Medicare _____
- Other _____
- Qualified Long term care insurance (you) _____
- Qualified Long term care insurance (spouse) _____
- Were you reimbursed from an HRA?

CONTRIBUTIONS TO CHARITIES

Cash donations for which you have bank records or written acknowledgement _____

Noncash donations (in good condition or better) _____
Bring detailed list if noncash donations total more than \$500.

Charitable Mileage _____ *Miles*

~~~~~ ***Included Above*** ~~~~~

**Educational entities:** (*Cash Contributions* to Idaho schools, libraries, nonprofit museums, public radio or television, State Historical Society) \_\_\_\_\_

**Youth and Rehab facilities:** (*Cash/Non-cash Contributions* to Arc, Children's Home, Hope House, Idaho Youth Ranch, Idaho Elks Rehab Hospital, Gem Youth Services) \_\_\_\_\_

**EMPLOYEE JOB EXPENSES**

*(DO NOT INCLUDE BUSINESS OR SELF-EMPLOYED EXPENSES)*

- Union/professional dues \_\_\_\_\_
- Subscriptions/trade journals \_\_\_\_\_
- Continuing education expense \_\_\_\_\_
- Tools and uniforms \_\_\_\_\_
- Safety glasses, shoes, etc. \_\_\_\_\_
- Job related supplies \_\_\_\_\_
- Job related meals & entertainment \_\_\_\_\_
- Gifts to clients \_\_\_\_\_
- Travel \_\_\_\_\_
- Vehicle Expenses See Vehicle Expenses
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_
- Receive any reimbursement? Amount \_\_\_\_\_
- Was reimbursement included in W-2?

**YOUR HOME**

*Bring 1098-Mortgage Interest Statement.*

- Property taxes paid (for any property) \_\_\_\_\_
- Mortgage interest paid \_\_\_\_\_
- Points paid \_\_\_\_\_
- Personal property taxes (RV or Boat) \_\_\_\_\_
- Irrigation taxes paid \_\_\_\_\_

- Did you buy, sell or refinance? *Bring in closing statements.*
- Was your house foreclosed upon? *Bring in 1099-C.*
- Are you paying mortgage insurance premiums on a mortgage acquired in 2007 or later?
- Did you acquire energy efficient or alternative energy equipment or make energy efficient improvements to your home?

**YOUR HOME USED FOR BUSINESS**

*If the area was used exclusively for business or for daycare or adult care.*

Square feet of office \_\_\_\_\_  
Total square feet of home \_\_\_\_\_  
Daycare: hours of use \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities (not water) \_\_\_\_\_  
Rent \_\_\_\_\_  
Repairs \_\_\_\_\_  
Maintenance \_\_\_\_\_

**RENTAL PROPERTY**

Address \_\_\_\_\_

**Rental Income** \_\_\_\_\_

**Expenses**

Advertising \_\_\_\_\_  
Cleaning and maintenance \_\_\_\_\_  
Insurance \_\_\_\_\_  
Legal and Professional fees \_\_\_\_\_  
Management fees \_\_\_\_\_  
Mortgage interest paid \_\_\_\_\_  
Repairs \_\_\_\_\_  
Supplies \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Utilities \_\_\_\_\_  
Vehicle Expense *See Vehicle Expenses*  
Irrigation tax \_\_\_\_\_  
Yard maintenance \_\_\_\_\_  
Other \_\_\_\_\_  
Large Purchases and Improvements *See Asset Section*

**ASSET PURCHASES**

| <i>For Business or Rental</i> |       |                          |
|-------------------------------|-------|--------------------------|
| Description                   | Cost  | Date placed into service |
| _____                         | _____ | _____                    |
| _____                         | _____ | _____                    |
| _____                         | _____ | _____                    |
| _____                         | _____ | _____                    |
| _____                         | _____ | _____                    |

**SELF EMPLOYED BUSINESS OR HOBBY**

*Fill in or use as a guide. If available bring year-end financial statements and detailed general ledger.*

**Gross Receipts**

*(Bring in 1099K & 1099-Misc)*

\_\_\_\_\_

Returns and Allowances \_\_\_\_\_  
Beginning inventory \_\_\_\_\_  
Ending inventory \_\_\_\_\_  
Date Inventory Completed \_\_\_\_\_  
Purchases \_\_\_\_\_

*If a "Hobby" Stop Here...*

**Expenses**

Vehicle Expense *See Vehicle Expenses Below*  
Advertising \_\_\_\_\_  
Bank fees \_\_\_\_\_  
Communications \_\_\_\_\_  
Insurance (not health) \_\_\_\_\_  
Insurance (health) \_\_\_\_\_  
Interest paid \_\_\_\_\_  
Legal and Professional fees \_\_\_\_\_  
Office supplies \_\_\_\_\_  
Rent or lease \_\_\_\_\_  
Repairs and maintenance \_\_\_\_\_  
Supplies \_\_\_\_\_  
Taxes and licenses \_\_\_\_\_  
Travel \_\_\_\_\_  
Meals and Entertainment \_\_\_\_\_  
Utilities \_\_\_\_\_  
Wages \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Tangible & Intangible Assets Used in the Business  
*See Asset Purchase Section*

Were you involved in barter transactions?

**VEHICLE EXPENSES**

*Separate mileage for each vehicle & activity i.e., Business, Employee Expenses, Rental. If you deduct actual expenses rather than take the standard mileage deduction, bring a list of expenses*

Make and model \_\_\_\_\_  
Total miles driven in 2015 \_\_\_\_\_  
Business miles \_\_\_\_\_  
Commuting miles \_\_\_\_\_  
Vehicle Loan interest \_\_\_\_\_