



# CHECKLIST

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## NEW CLIENTS ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Social Security Card               | <input type="checkbox"/> Spouse's Social Security Card          |
| <input type="checkbox"/> Birth Dates for Every Person on the Return | <input type="checkbox"/> Name & Social Security # of Dependents |
| <input type="checkbox"/> Copy of Last Year's Tax Return             | <input type="checkbox"/> School District you Live In            |

## INCOME

- |   |  |
|---|--|
| <input type="checkbox"/> W-2 forms from your employer(s)                      | <input type="checkbox"/> Stock Sales (Form 1099-B/Broker Statement and cost basis) |
| <input type="checkbox"/> Interest (Form 1099-INT) from your bank/credit union | <input type="checkbox"/> Pension/Retirement Income (Form 1099-R)                   |
| <input type="checkbox"/> Dividend Income (Form 1099-DIV)                      | <input type="checkbox"/> Gambling or Lottery Winnings (W-2G or not)                |
| <input type="checkbox"/> Last Year's State and/or City Refund Amounts         | <input type="checkbox"/> Social Security/Railroad Ret. (SSA-1099/RRB-1099)         |
| <input type="checkbox"/> Unemployment Income (Form 1099-G)                    | <input type="checkbox"/> Self-Employment/Hobby Income (may have Form 1099-MISC)    |
| <input type="checkbox"/> Rental Income  | <input type="checkbox"/> Income from Partnerships, S-Corps (Schedule K-1)          |
| <input type="checkbox"/> Sale of Any Business Assets                          | <input type="checkbox"/> Alimony Received  |
| <input type="checkbox"/> Prizes and Awards                                    | <input type="checkbox"/> Cancellation of Debt (Form 1099-C)                        |

## DEDUCTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Mortgage Interest/Points/PMI (Form 1098)     | <input type="checkbox"/> Cash & Non-Cash Charitable Donations (must have receipts) |
| <input type="checkbox"/> License Tab Fees on Automobiles              | <input type="checkbox"/> Miles Driven for Charity                                  |
| <input type="checkbox"/> Office In-Home Deductions (If Self-Employed) | <input type="checkbox"/> Property Taxes (Amt. PAID in 2019) also see MI section    |
| <input type="checkbox"/> Estimated Income Taxes Paid to State & City  | <input type="checkbox"/> Major purchases that you paid Sales Tax on                |
| <input type="checkbox"/> Casualty Losses (if in a Disaster Area)      | <input type="checkbox"/> Medical & Dental (if exceeds 7.5% of income)              |

## ADJUSTMENTS & CREDITS

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption Expenses   | <input type="checkbox"/> Educator Expenses (for teachers)                |
| <input type="checkbox"/> Traditional IRA Contribution  | <input type="checkbox"/> Foreign Taxes Paid                              |
| <input type="checkbox"/> Student Loan Interest Paid  | <input type="checkbox"/> Federal/State Estimated Taxes Paid              |
| <input type="checkbox"/> Alimony Paid (also ex-spouse's name and SS#)                              | <input type="checkbox"/> Any Changes in Dependents (Added or Subtracted) |
| <input type="checkbox"/> Child Care Provider Name/Address/SS#(or EIN) & Amount Paid                | <input type="checkbox"/> Receipts for Energy-Efficient Home Improvements |
| <input type="checkbox"/> Amt. Paid to Educational Institution (Form 1098-T and Account Transcript) |  |

## OTHER MISC. INFO

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's Licenses (Taxpayer and Spouse)   | <input type="checkbox"/> If lived or worked in a city with City Tax - how many days? |
| <input type="checkbox"/> If Claiming EIC Credit - We may need proof of support   | <input type="checkbox"/> Direct Deposit Info (routing and account #s) if applicable  |
| <input type="checkbox"/> Most Recent Investment Statements   | <input type="checkbox"/> 1095-A Form (Marketplace/Exchange Health Insurance)         |
| <input type="checkbox"/> Form 8332 or copy of divorce agreement proving your right to claim a child living with your ex-spouse |  |

## STATE OF MICHIGAN

- |   |   |
|---|---|
| <input type="checkbox"/> 2019 Taxable Value of Home   | <input type="checkbox"/> Record of Purchase or Sale of Residence            |
| <input type="checkbox"/> Property Taxes Billed in 2019 (whether paid or not)  | <input type="checkbox"/> Contributions to a 529 Plan                        |
| <input type="checkbox"/> Medical Insurance Premiums paid  | <input type="checkbox"/> Child Support Received/SSI received for child(ren) |
| <input type="checkbox"/> Rent Paid and Number of Months Spent in Residence (Include Landlord's Name & Phone Number) |   |

THIS LIST IS NOT ALL-INCLUSIVE. PLEASE ALSO INCLUDE ANY OTHER PAPERWORK YOU THINK MAY APPLY