



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 2018) 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"/> Amt. Paid to Educational Institution (Form 1098-T and Account Transcript) | |
| <input type="checkbox"/> Child Care Provider Name/Address/SS#(or EIN) & Amount Paid | |

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"/> 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"/> 2018 Taxable Value of Home | <input type="checkbox"/> Record of Purchase or Sale of Residence |
| <input type="checkbox"/> Property Taxes Billed in 2018 (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) | |

OBAMACARE/AFFORDABLE CARE ACT

- | | |
|--|--|
| <input type="checkbox"/> 1095 Forms (1095-A required if you had Marketplace Coverage) | <input type="checkbox"/> Exemption Letter from Health and Human Services |
| <input type="checkbox"/> Proof of Health Insurance for everyone on your tax return - Penalty still in effect for 2018 Taxes, gone for 2019 | |

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