TAX ON POINT

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Tax Analysis, Preparation, and Planning

ORGANIZER & CHECKLIST

Gather tax documents related to income:

☐ **W-2**	*Wages, Settlements from previous employers*
☐ **W-2G**	*Gambling / Lottery winnings*
☐ **1099-R**	*Pensions, Retirement Plan Distributions, Annuities, Other*
☐ **SSA-1099**	*Social Security benefits*
☐ **1099-MISC**	*Rents, Royalties, Non-employee Compensation, Other*
☐ **1099-INT** *	*Interest earnings from Bank or Escrow account*
☐ **1099-DIV** *	*Stock Dividends, Other earnings reported as dividends*
☐ **1099-B * / 1099-OID ***	*Stock sales, Investment transactions*
☐ **1099-G**	*State refunds, Unemployment benefits, Jury Duty*
☐ **1099-C**	*Cancellation of debt*
☐ **Schedule K-1**	*Trust, Partnership, S-Corp, Investment income*
☐ **1099-K**	*Credit Card Merchant Transactions*
☐ **Taxpayer Summary**	*Rental Income, Business Income, Alimony Payments *Please contact me if you should need additional organizers.*

*All **foreign bank accounts, brokerage, virtual currency** accounts must be disclosed as reporting may be required even if you did not receive a statement.*

Gather tax documents related to expenses:

☐ **1095-A, B, or C**	*Health Insurance Coverage (Now required for CA)*
☐ **1098**	*Mortgage Interest Statement*
☐ **1098-T**	*Tuition Statement*
☐ **1098-E**	*Student Loan Interest Paid*
☐ **1098-Q**	*Payments from Qualified Education Accounts*
☐ **1099-SA**	*Distributions from Health Savings Accounts, MSAs*
☐ **LES or LAST Paycheck Stub**	*Taxpayers should always be reviewing these. For those who ITEMIZE, we may find useful deductions.*
☐ **Charitable Contributions**	*You must have acknowledgement from the charitable organization for cash/check/cc donations totaling over $250.00, a 1098-C for vehicles donations over $500.00, and Donation Tickets for non-cash (household) items donated totaling over $250.00 (fair market value).*
☐ **1099-LTC**	*Long Term Benefits paid under insurance contract*
☐ **Schedule K-1**	*Trust, Partnership, S-Corp, Investment income*
☐ **1099-K**	*Credit Card Merchant Transactions*
☐ **Solar Contract**	*If permission to operate has been granted during the tax year, a copy of your solar contract is needed for your records and mine.*

Let's make sure we discuss the following:

- ☐ Change of Address
- ☐ Change on Dependents
- ☐ Change of Marital Status / Divorce
- ☐ Change of Banking Information
- ☐ I'M STARTING A BUSINESS!
- ☐ Lived and/or Earned Income in More than One State
- ☐ IRA contributions
- ☐ Change of Employment or Profession
- ☐ Financial Loss
- ☐ Military Reservist (travel over 100 mi)
- ☐ Moving Expenses (Military Only)
- ☐ Filed Bankruptcy
- ☐ Foreclosure/Short Sale
- ☐ Stock Options through Employer
- ☐ YOUR BIGGEST EXPENSE THIS YEAR ….BESIDES TAX, WHAT WAS IT? ______________________________

CHILDREN & DEPENDENTS

☐ Childcare Provider Paid: __________________________ Address:______________________________________ ____ Phone:____ SSN or Tax ID:__________________________________	$
☐ Childcare Provider Paid: __________________________ Address:______________________________________ ____ Phone:____ SSN or Tax ID:__________________________________	$
☐ Dependent Care benefits received from employer (W-2, box 10)	
☐ Education Savings Account contributions	
☐ Education Savings Account distributions (Form 1099-Q)	
☐ Do you have a shared custody agreement?	☐ yes ☐ no
☐ Does your child have Investment Earnings?	☐ yes ☐ no

HOMEOWNERS (Personal Property not for Business Use)

☐ Real Estate Taxes *(1st home)*	
☐ Real Estate Taxes *(2nd home, Other)*	
☐ Mortgage Interest (*from all Lenders you had during tax year)*	
☐ Mortgage Insurance Premiums *(PMI, MIP, VA funding fee)*	
☐ Energy Efficient Upgrades *(Solar, A/C Heat Unit, Water Heater, Windows – NOT appliance purchases)*	
☐ Escrow Closing/Settlement Statement (*Purchase, Refinance, Sale of Property)*	
☐ Amount of mortgage debt not related to purchase/improvement of 1st or 2nd home	
☐ I claimed the 2008 Homebuyer Credit of up to $7,500	☐ yes ☐ no

PROFESSIONAL EXPENSES

☐ Tax Prep Fees Paid in 2020	
☐ Job Seeking Costs	
☐ Investment Advisory Fees (Non-retirement accounts)	
☐ Investment Interest Expense	
☐ Attorney Fees Paid to Produce Taxable Income	

VEHICLE REGISTRATION / PURCHASES

☐ VLF fees/Vehicle Taxes paid through DMV (based on vehicle value)	
☐ Sales Tax Paid on purchases during the tax year	
☐ VLF fees from purchase invoice/slip	
☐ Electric, Fuel Cell, or Hybrid Vehicle purchased for tax credit?	

CHARITABLE DEDUCTIONS

Please reference checklist for any tax documents required for your records.

☐ Cash/Check/Credit Card Donations	
☐ Fair Market Value of Non-Cash/Household items donated Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________ Date _______Organization____________________Value $___________	Total of all donations $
☐ Mileage driven for charitable purposes *(volunteer work, drop-off donations)*	

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

**Please contact me should you need a more detailed organizer for your profession or because you are SELF-employed.*

☐ Mileage driven for an employer *(Recorded, Not commuting)* 1-1 Odometer:________________ 12-31 Odometer: _______________ Or Total Miles Driven ____	
☐ Professional Fees / Union Dues	
☐ Uniforms	
☐ Phone Expenses	
☐ Computer Supplies	
☐ Misc. Supplies, Gifts $25 or less	
☐ Safety Equipment	
☐ Travel	
☐ Home Office sq ft____________ Total Home sq ft _____________ Date you began using home office:	% of work at hm___
☐ Other____	

MEDICAL EXPENSES

You will need over 7.5% of your Adjusted Gross Income to include these. Please do not include health insurance premiums paid through a pre-tax payroll deduction.

☐ Prescription Drugs *(A yearly summary of copays can be provided by your pharmacy)*	
☐ Insurance Premiums *(Health, Dental, Vision)*	
☐ Doctor/Dentist Copays & Charges	
☐ Hospitals/Labs/Specialists	
☐ Medical Equipment/Supplies	
☐ Glasses, Hearing Aids, Other	
☐ Medical Miles Driven	
☐ Hotel stay up to $50 per night to receive medical care	# of nights_____

INCOME TAXES PAID 1-1-2020 through 12-31-2020

**Do not write down amounts of Federal tax withholding deducted from your pay.*

☐ State taxes paid during 2020 (Prior year Balance due, Back tax payments) $______________

☐ Estimated Taxes Paid

Federal		State of __________	
Date ___________	Amount___________	Date ___________	Amount____________
Date ___________	Amount___________	Date ___________	Amount____________
Date ___________	Amount___________	Date ___________	Amount____________
Date ___________	Amount___________	Date ___________	Amount____________