Accountability Team, LLC

CHECKLIST FOR INDIVIDUAL RETURNS

NAME:____

1. Copy of prior 2 years return (if we did not prepare your return last year)
2. Social security numbers for all individuals claimed
3. Dates of birth for all individuals claimed
4. Statements issued for all interest, dividends and capital gains/losses
5. Social security statements (1099-SSA)
6. Retirement income (1099-R)
7. W-2's, 1099's, and K-1's for all income received
8. Education expenses (1098-T; 1099-Q)
9. Out of pocket college education expenses (computer; supplies; fees)
10. Student loan interest paid (1098-E)
11. Did you make Estimated Tax Payments? If so, please advise amount.
12. Purchase or sale of residence. – Provide HUD document from closing
13. Foreclosure or forgiveness of debt on residence or any other loan (1099C)
14. Childcare expenses with statements from providers including Federal ID number
15. Rental property income & expenses including receipt for assets purchased
16. Premiums for Long Term Care Insurance
17. Are you divorced? Claiming child as dependent – please provide form 8332 if the child does not live with you

18. HEALTH INSURANCE & Required Documentation:
    a. Did you and your dependents have health insurance for the entire year of 2016?
    b. Did you purchase health insurance from the health insurance marketplace (Obama care)? Please provide form 1095-A. If you changed plans during the year you should receive a 1095 for each Plan that you had. (Note: these forms are sometimes mailed late – if you purchased Obama Care insurance, we cannot file your tax return until we receive your Form 1095-A).
    c. For individual policies: Please provide Form 1095-B. (If you do not have this form please request it from your provider)
    d. For Employer Provided policies: Please provide Form 1095-C. (If you do not have this form please request it from your provider)
    e. Are you exempt from Obama Care? If so, please provide ECN document.

19. List of itemized deductions with backup:
    A) Mortgage interest
    B) Property taxes paid
    C) Medical expenses
    D) Charitable donations – include cost to purchase and value of donation
    E) Sales tax on any vehicles purchased (provide sales paperwork)
    F) Unreimbursed job expenses
    G) Other

Please note that BOTH SPOUSES MUST sign joint returns. Please provide Email Address for Both Filer and Spouse:

Filer EMail:____

Spouse Email: ____

*** This is a general checklist. Other documents may be required – your CPA will notify you of any questions/additional documentation needed.**