VOLUNTEER INCOME TAX ASSISTANCE 2019

Information Checklist

Name____________________Email:________________________

Please bring the following tax information, including all statements and documents – including your own records – pertaining to these items. Don't forget your bank information (below) as we need to confirm it.

INCOME

- **W-2 Forms** (bring all W-2s & complete W-2 worksheet)
- **1099 Income Forms**:

  1099-INT-Interest (under $10-bring year-end stmt.)

  1099-DIV-Dividends (under $10-bring year-end stmt.)

  1099-G - Unemployment Compensation and State Tax Refunds (if NY, your own records)

  1099-B - Sale of Stock/Mutual Funds (must have original purchase, date, cost, and sale information)

  1099-MISC – Self-Employment, Independent Contractor and Freelance Fees (Performing and Non-Performing), Royalty Income

  1099-R - Pension/Retirement Earned

  1099-SSA - Social Security

- **Alimony Received** (not child support)
- **Prize Winnings, Lotto, Jury Pay, Election Pay, etc**.
- **Scholarships, Awards, Honoraria**
- **ALL OTHER INCOME: whether reported on these forms or not – Bring it with you.**

NEW THIS YEAR: YOU MUST COMPLETE THE TOTAL INCOME WORKSHEET - SEE PAGE 3 OF THIS WORKSHEET PACKET.

- **Direct Deposit or Debit** – Blank Check **or**:

Routing #________________ Acc't #___________________

Name of Bank________________Checking ____ Savings ____

FILL IN THE ABOVE BANK INFORMATION, SO WE DON"T HAVE TO ASK FOR IT. THANKS.

DEDUCTIONS/EXPENSES

- **Medical Expenses**: (**Include ALL ACA Documents**)

  Med & Dental Insurance Premiums $_____________
  If on the Marketplace/ Exchange, **must** have 1095-A_____
  Long-Term Care Insurance Premiums $____________
  Med.Costs (co-pays,out-of-pocket, incl. transp.) $___________

- **Charitable Contributions** – Cash, Check, CC $_______
- **Charitable Contributions** - Goods Donated $_________ (If over $500, bring name, EIN, address, date of donation and valuation of goods)
- **Mortgage Interest** (Form 1098) $_________________
- **Real Property Taxes** (less Rebates) $_____________
- **Child or Dependent Care Costs** (ID#, name/address)
- **Alimony Paid** (NOT child support - include SSN & name of Recipient) $_________
- **Retirement/ IRA/ Roth/ SEP Contributions** $_________
- **Total Annual Rent Paid** $___________
- **Business & Auto Expenses** (complete worksheets)
- **Travel Expenses** (complete worksheet)
- **Expenses Related to Investment Income** (bring stmt.)
- **College Tuition 1098-T/Student Loan Interest Pd**
- **Did you pay tax to any state when you filed your returns last year? If so, how much?** $___________
- **Estimated Fed & State Taxes Dates Paid & Amounts:**

	Date______	Date_______	Date_______	Date_______
Fed	1st $______	2nd $________	3rd $________	4th $________
State	1st $______	2nd $_______	3rd $_______	4th $_______

- Extensions Paid Fed $_________ State $_________

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