



TAX DOCUMENTATION CHECKLIST	TAX YEAR	20 ____
	DEPOSIT ENCLOSED	\$ _____

CHECK OFF IF INFO. IS ENCLOSED	NUMBER OF FORMS ENCLOSED	FORM TYPE	DESCRIPTION	NOTES/STATUS (IF NOT INCLUDED, WHEN WILL ITEM(S) BE AVAILABLE?)
INCOME SOURCES:				
		W-2	WAGES, SALARIES	
		1099-INT/DIV	INVESTMENT INCOME (INTEREST/DIVIDENDS)	
		1099-G	TAXABLE STATE/LOCAL REFUNDS	
		DETAILS	ALIMONY RECEIVED	
		1099-MISC	BUSINESS INCOME (a)	
		1099-B/S	SALE OF INVESTMENTS / REAL ESTATE	
		1099-R	IRA,PENSION, OTHER RETIREMENT DISTRIBUTIONS	
		SUMMARY/1099	RENTAL INCOME/LOSS	
		K-1	PARTNERSHIP, S-CORP, TRUST, ETC. INCOME	
		1099-G	UNEMPLOYMENT COMPENSATION	
		SSA-1099	SOCIAL SECURITY BENEFITS	
		SUMMARY	ANY OTHER INCOME	

DEDUCTIONS:				
		SUMMARY	EDUCATOR EXPENSES	
		SUMMARY	HEALTH SAVINGS ACCT CONTRIBUTIONS	
		SUMMARY	MOVING EXPENSES	
		STATEMENTS	IRA, SEP, KEOGH CONTRIBUTIONS	
		SUMMARY	ALIMONY PAID	
		1098-E	STUDENT LOAN INTEREST PAID	
		1098-T/SUMMARY	TUITION & FEES EXPENSE	
		SUMMARY	MEDICAL/DENTAL EXPENSES PAID (including insurance)	
		1098	MORTGAGE INTEREST & REAL ESTATE TAXES	
		SUMMARY	PERSONAL PROPERTY, SALES & OTHER TAXES PAID	
		SUMMARY	CHARITABLE CONTRIBUTIONS (CASH/NONCASH)	
		SUMMARY	CASUALTY LOSSES/THEFTS	
		SUMMARY	UNREIMBURSED EMPLOYEE & MISC EXPENSES	
		SUMMARY	CHILDCARE COSTS	
		SUMMARY	BUSINESS EXPENSES (a)	
		SUMMARY	RENTAL EXPENSES	
		SUMMARY	OTHER MISC. DEDUCTIBLE EXPENSES- WHEN IN DOUBT, PLEASE INCLUDE INFORMATION	

NEW CLIENTS ONLY:				
		1040,STATE	COPY OF LAST 2-3 YEARS TAX RETURNS	

DEPENDENT CHANGES:				
NEW DEPENDENTS-		NEW DEP. #1	NEW DEP. #2	
	NAME			
	DATE OF BIRTH			
	SOCIAL SECURITY #			
	RELATIONSHIP			
	INCOME EARNED			
DELETED DEPENDENTS-		DELETED DEP. # 1	DELETED DEP. #2	
	NAME			
	SOCIAL SECURITY #			
	REASON FOR CHANGE			

(a) IF SMALL BUSINESS ACCTG. CLIENT, INFO. IS ALREADY AVAILABLE FROM DF ACCTG. RECORDS