



CHECKLIST

www.stadlertax.com • taxpro@stadlertax.com

NEW CLIENTS ONLY

- | | |
|---|---|
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Spouse and all Dependent Social Security Cards |
| <input type="checkbox"/> Birth Dates for Every Person on the Return | <input type="checkbox"/> Birth Certificates 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-NEC) |
| <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) |
| <input type="checkbox"/> Virtual/Crypto Currencies | <input type="checkbox"/> |

DEDUCTIONS

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Interest/Points/PMI (Form 1098) | <input type="checkbox"/> Cash & Non-Cash Charitable Donations (must have receipts) |
| <input type="checkbox"/> Excise Tax on Automobile License | <input type="checkbox"/> Miles Driven for Charity |
| <input type="checkbox"/> Office In-Home Deductions (If Self-Employed) | <input type="checkbox"/> Property Taxes Paid In Tax Year |
| <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"/> Child Care Provider Name/Address/SS#(EIN) & Amount Paid | <input type="checkbox"/> Receipts for Energy-Efficient Home Improvements |
| <input type="checkbox"/> Amt. Paid to Educational Institution (Form 1098-T and Account Transcript) | <input type="checkbox"/> Charitable Contributions up to \$300 |

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 - proof of support/residency may be requested | <input type="checkbox"/> Direct Deposit Info (routing and account #s) if applicable |
| <input type="checkbox"/> Most Recent Investment Statements | <input type="checkbox"/> 1095-A Form (Marketplace/Exchange Health Insurance) |
| <input type="checkbox"/> Stimulus Payment Date Received & Amount | <input type="checkbox"/> PPP Proceeds (Small Businesses) |
| <input type="checkbox"/> Form 8332 or copy of divorce agreement proving your right to claim a child living with your ex-spouse | |

STATE OF INDIANA

- | | | |
|--|--|--|
| <input type="checkbox"/> Homeschool Expenses | <input type="checkbox"/> Record of Purchase or Sale of Residence | <input type="checkbox"/> Medical Insurance Premiums paid |
| <input type="checkbox"/> Property Taxes Paid in Tax Year | <input type="checkbox"/> Prior Years' IN Refund (if itemizing federal) | <input type="checkbox"/> Contributions to a 529 Plan |
| <input type="checkbox"/> Rent Paid and Number of Months Spent in Residence (Include Landlord's Name & Address) | | |

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