

- Prior Client
- New Client

Year _____

CHECKLIST

Income Tax Data

This Checklist Will Serve as a Guide in Assembling Your Tax Data and Help You to Take Advantage of All Allowable Deductions. Round off All Figures to the Nearest Even Dollar.

Taxpayer				Spouse (if joint)			
Last Name				Last Name			
First Name and Initial			Presidential Campaign?	First Name and Initial			Presidential Campaign?
Occupation		Blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation		Blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Birth Date		Social Security Number		Birth Date	
Indiana Only	County of Residence (Jan. 1)	County of Work (Jan.1)		Indiana Only	County of Residence (Jan. 1)	County of Work (Jan. 1)	
Address on Tax Return				Shipping Address (leave blank if the same)			
Street Address or P.O. Box				Street Address or P.O. Box			
City		State	Zip	City		State	Zip
Miscellaneous Information							
County of Residence (as of 12/31)			Township or City (as of 12/31)		School District Name (as of 12/31)		
Contact Information							
Home Phone		Business Phone			Cell Phone		
Fax		E-Mail			Best Time to Reach		
Payment Information							

CHECK HOW YOU WANT TO PAY:

- Charge My Bank Card
- Send Invoice, Hold Returns Until You Receive Payment

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Credit	<input type="checkbox"/> Debit	Expiration								
				Month	Year							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>								<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> </td> <td style="width: 50%; border: 1px solid black;"> </td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black;"> </td> </tr> </table>	

Charge this order to my Charge Account as I have indicated to be paid according to the current terms of that Account.

Signature _____
(Authorized credit card signature)

Dependents • Must have Social Security Number, ATIN, or ITIN

First, Initial, Last	Date of Birth	Social Security #	Relationship	Months in Home	Full-Time Student*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

* If dependent is 19 or over, check box if full-time student for at least 5 months of calendar year. See page 5 to list education expenses for either Hope Credit or Lifetime Learning Credit.

Estimated Tax Paid • Send copies of canceled checks

		Federal	State	Local
Name of State\Local				
Prior Year Credit				
1 st Quarter	Amount			
	Date Paid			
2 nd Quarter	Amount			
	Date Paid			
3 rd Quarter	Amount			
	Date Paid			
4 th Quarter	Amount			
	Date Paid			
Extension	Amount			
	Date Paid			

Wages from W-2 • Enclose all copies of W-2 statements. If clergy, send a copy of payroll sheet.

H/W	Employer	Wage	Fed Tax	FICA	Medicare	State	Local

IRA Distributions Received • Enclose all statements - 1099R & 5498

H/W	Source & Type	Fed Tax	Amount	Value of Acc't (12/31)

- Yes** **No**
 Were proceeds used for expenses as a first-time home buyer? (Did not own home for two years preceding purchase)
 Were proceeds used to pay for higher education costs? (If yes, list on page 5)

Pension & Annuity Income Received • Enclose all statements - 1099R

H/W	Source & Type	Fed Tax	Gross Amount	Taxable Amount

Itemized Deductions - Medical

Amount Reimbursed by Insurance \$

Type of Expense	Amount	Type of Expense	Amount	Type of Expense	Amount
Insurance Premiums		Ambulance		Nursing Home	
Medicare Premiums		Artificial Teeth		Air Conditioner (Prescribed)	
Long-Term Care Prem		Eye Glasses		Humidifier (Prescribed)	
Prescriptions		Hearing Aid		Electricity / AC & Humidifier	
Insulin		Batteries / Hearing		Auto Travel (miles)	
Doctors		Lab Fees		Transportation	
Dentists		Special Shoes		Lodging	
Chiropractors		X-Rays		Other	
Hospitals		Supplies (Prescribed)			

Taxes • Enclose Closing Statement for real estate purchased or sold during year

Type of Tax	Amount	Type of Tax	Amount
Paid with State Return		Real Estate Tax #1	
Paid with Local Return		Real Estate Tax #2	
4 th qtr state/local estimate (due in 1/15)		Auto Excise	
Sales Tax (not including motor vehicles)		Personal Property Tax	
Sales Tax on Motor Vehicles & Boats			

Interest Paid

Home Interest	Amount	Mortgage Interest Paid to Individual			
1 st Mortgage		Name	Address	Social Security #	Amount
2 nd Mortgage					
Line of Credit		Points Paid			
Vacation Home		New... <input type="checkbox"/>	Date of Loan	# Years of Loan	Amount
Investment Interest	Amount	Refinanced. <input type="checkbox"/>			
				Other Interest	
				Student Loan Int.	

Contributions

Cash		Noncash (Total is \$500 or Less)			
To Whom	Amount	To Whom	Amount	To Whom	Amount
Church		Other		Supplies	
				FMV Furniture	
Red Cross/Scouts				FMV Clothing	
Salvation Army				Other	
United Fund				Travel	
Missions				Mileage	
Radio Broadcasts				Lodging, Fares	
*College				Meals	
				Other	

* Enter Name of College:

Date of Contribution:

Noncash Contributions (Total is More Than \$500)

Donee Organization Name/Address	Description of Items Donated	Date of Contribution	Date Acquired (m/yr)	How Acquired	Cost Basis	Fair Market Value	Method Used to Determine FMV

Note: For any items more than \$5,000, additional information will be needed. Appraisal is generally required except for certain securities.

Itemized Deductions - Miscellaneous Deductions

Tax Preparation & Job Related Expenses (Teachers, see next section; Ministers, use page 7)					
H/W	Type of Expense	Amount	H/W	Type of Expense	Amount
	Tax Preparation			Uniforms	
	Accounting Books			Cleaning of Uniforms	
	Union Dues			Small Tools	
	Professional Fees			Equipment	
	Professional Publications			Business Telephone	
	Supplies for Job			Employment Agency Fee	
	Safety Equipment			Other	
	Safety Clothing				
	Special Shoes/Nylons				
Teaching Expenses					
	Supplies			Other	
	Books				
Job Hunting Expenses					
	Meals			Postage, Typing	
	Lodging			Toll Calls	
	Airfare, Auto Rental			Other	
	Auto Travel (miles)				
Investment Expenses					
	Publications			Escrow Fees	
	Broker Fees			Other	
	Safe Deposit Box				
Miles Between Two Jobs					
Number of days worked 2 jobs in same day			Number of miles between the two jobs sites		

Casualty or Theft

Description of Property	Date Acquired	Date of Casualty or Theft	Cost	FMV Before	FMV After	Insurance Reimbursement

Education Expenses • Hope Credit, Lifetime Learning Credit or Job-Related Expenses

First Name of student - Husband, Wife, or dependent				
Name of School (Hope, Lifetime)				
Date(s) Tuition Paid (Hope, Lifetime)				
Type of Education - College, Vocational, Job Related, etc				
Was student enrolled at least half-time for at least one academic period in a program leading to a degree certificate, or other recognized credential? (Hope, Lifetime)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was student in first or second year of post-secondary education? (Hope, Lifetime)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships, Grants or Amount Reimbursed by Employer				
Tuition & Fees (Hope, Lifetime, Job-related)				
Books (Hope & Lifetime - only if condition of enrollment)				
Supplies (Hope & Lifetime - only if condition of enrollment)				
Job Related Education Expenses				
Auto Miles (list details under "Auto Expense", page 7)				
Lodging / Room & Board				
Meals while away from home overnight				
Were you employed while incurring expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had you already met minimum requirements of your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did course(s) improve job skills or required by employer or by law to keep present salary or position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the course(s) lead to a new profession or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clergy Information • Please provide copy of payroll sheet and/or breakdown of your compensation package.

Position _____ Ordained, Licensed, or equivalent (circle one)

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you exempt from paying Social Security? (If yes, send copy of approved Form 4361) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you adequately accounted to your employer and been reimbursed for your professional expenses? (If no, show details on next page) |
| <input type="checkbox"/> | <input type="checkbox"/> | To the best of your knowledge is your W-2 prepared correctly? If no, what is incorrect? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any gifts, bonuses, and allowances (other than parsonage allowance) from your employer that was not included as taxable on your W-2? If yes, what?
_____ Amount? _____ |
| \$ _____ | | Parsonage Allowance officially designated in advance? |
| \$ _____ | | If more than one employer during the year, amount designated with second employer? |
| \$ _____ | | Amount you receive each payday? How often are you paid? _____ |
| \$ _____ | | Amount you receive monthly? |

Parsonage Information • Parsonage allowance exclusion can apply to only one home at a time, the one that is your personal residence. During a transition or move, you may have incurred parsonage expenses for two homes. Separate the expenses below.

	Home #1	Home #2	Home #3
If employer provided parsonage, what is its rental value?			
If you own, what is current fair market value of home?			
Date occupied	/ /	/ /	/ /
Location (city & state)			
Type of Expenses Paid by You	Amount	Amount	Amount
Rent Paid			
Principal Payments			
Taxes			
Interest			
Insurance			
Repairs and Upkeep			
Furniture / Appliances			
Decorator Items			
Utilities			
Miscellaneous Supplies and Expenses			

Moving Expenses • Qualified moving expenses include only the cost of moving household goods and personal effects as well as yourself and your family. Any amounts reimbursed for meals, house hunting, temporary living expenses, purchasing or selling home, etc. do not qualify and should be included as taxable on Form W-2.

Amount Reimbursed or Paid Directly by Employer \$ _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Was any of the amount reimbursed for nonqualifying moving expenses? If yes, how much? \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Was any or all of the reimbursement included on Form W-2, box 1? If yes, how much? \$ _____ |
| _____ | | Distance between former residence and new job? _____ Date of Departure? / / |
| _____ | | Distance between former residence and former job? _____ Date of Arrival? / / |

Expenses	Amount
Cost of moving furniture and personal effects	
Transportation of family: Auto Travel - total miles	miles
Fares (air, bus, train, etc.)	
Cost of Lodging En route	

Auto Expenses

Amount Reimbursed \$ _____

- If multiple business use for same auto, list mileage for each use in separate column.
- If new client, send complete history of business use of auto. Send copies of invoice and complete details of purchase and/or trade for each business auto. Even if you have always used standard mileage rate, you may have a taxable gain or deductible loss on the sale of a business auto that must be reported. If leasing, give beginning value.

Auto Information	Auto #1	Auto #2	Auto #3	Auto #4	Auto #5	Auto #6
Year						
Make						
Date of Purchase						
Purchase Price (plus sales tax)						
Odometer at Purchase						
Odometer at End of Year						
Type of Use (Clergy, Sch C, etc.)						
Total Miles for the Year						
Total Business Miles for Year						
Daily Round Trip Commuting Miles						
Commuting Miles for the Year						
Auto Lease Payments						
Garage Rent						
Gas, Oil, Lube						
Repairs						
Tires & Battery						
Insurance & Auto Club						
Miscellaneous						
Washing & Polishing						
License (Registration Only)						
Interest						
Personal Property Tax						
Other						

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you (or your spouse) have another vehicle available for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the vehicle available for personal use during off-duty hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have written evidence to support your deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | If "Yes", is the evidence written? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the vehicle used primarily by a more than 5% owner or related person? (Sch C, E, F, only) |

Travel & Professional Expenses

Amount Reimbursed \$ _____

Local Travel		Travel - While Away from Home Overnight		Professional Expenses	
Expense	Amount	Expense	Amount	Expense	Amount
Parking		Auto Rental / taxi / etc.		Education expenses	
Tolls		Fares (air / train / bus)		Office Supplies & Postage	
Fares		Parking & Tolls		Religious Materials	
Meals & Entertainment		Laundry & Cleaning		Seminars & Dues	
Meals/Away Overnight		Lodging		Subscriptions & Paperbacks	
# Days Away Overnight		Telephone, Postage, Fax		Business Telephone	
Entertainment, Meals		Tips (Other than meals)		Gifts	
Entertainment, Other		Other		Other	
Tips for Meals					

Equipment & Library					
Date	Description	Amount	Date	Description	Amount

Business Income & Expense: Schedule C

H/W/I/J (If single leave blank) _____ Principle Activity /Product or Service _____
 Business Name & Address _____

Accounting Method: Cash Accrual Other **Employer Identification Number (9 digits)** _ _ - _ _ _ _ _
Inventory Method: Cost Lower Cost or Market Other
 If Other _____ If Other _____

- Yes No**
- Did you "materially participate" in the operation of the business?
 - Did you start or acquire the business this year?
 - Did you cease operation of the business during the year?
 - Were you a statutory employee with income reported on Form W-2?

Receipts				
Services		Honorariums		Other:
Sales of Merchandise		Child Care		Beginning Acc't. Receivable
Commissions		Other:		Ending Acc't. Receivable

Cost of Goods Sold				
Beginning Inventory		Cost of Labor		
Purchases		Materials & Supplies		
Less Personal Use		Freight / Receiving		Beginning Acc't. Payable
Ending Inventory		Other:		Ending Accounts Payable

Expenses ("Auto & Truck Exp." - Show details on page 7)				
Accounting		Outside Services		Travel
Advertising		Parking & Tolls		Meals & Entertainment
Answering Service		Pension Plans		Uniforms
Bad Debts from Sales		Postage		Utilities
Bank Service Charges		Printing		Wages
Auto & Truck Exp		Rent: Machinery & Equip.		Miscellaneous:
Commissions		Rent: Other Business Prop		
Delivery & Freight		Repairs		
Dues & Subscriptions		Security		
Employee Benefits		Supplies		
Insurance		Taxes: Real Estate		
Interest: Mortgage		Taxes: Personal Property		
Interest: Other		Taxes: Sales		
Janitorial		Taxes: FICA & Medicare		
Laundry & Cleaning		Taxes: Unemployment		
Legal & Professional		Telephone		
Office Expense		Tools		

Business-In-Home (Enter Cost of Home, Land Value, & Improvements in "Depreciation" Below)				
Total Square Feet in Home		Rent		Heat & Light
Sq. Feet Used for Business		Interest		Repairs (Entire House)
# of Hours (Child Care Only)		Taxes		Repairs (Business Portion)
# of Months of Bus. Activity		Insurance		Other

Depreciation of Buildings & Equipment (Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)					
Date Placed in Service	Description	Amount	Date Placed in Service	Description	Amount

Sale of Property, Stock: Schedule D

H/W/J	Description	# of Shares	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Expense of Sale

Installment Sale

- If contract began this year, send copies of contract, amortization schedule (list principal and interest), original purchase closing statement, cost of all improvements.
- Enter Interest on page 3, "Seller-Financed Mortgage".

Description	Date Acquired	Date Sold	Gross Profit Percentage	Principal Received This Year	Principal Received Prior Years

- Sale of Personal Residence** • Send copies of closing statement for purchase and sale of home.
- If home was used as main home for 2 out of the last 5 years and gain on its sale is less than \$250,000 (\$500,000 jointly owned), the sale is not required to be reported on your federal return unless there was depreciation taken on home for business usage.

Date Purchased Home ___ / ___ / ___ Date Sold Home ___ / ___ / ___

Yes No

- Did you own and use property as your main home for a total of at least 2 years of the 5-year period before the sale?
- If no, did you sell the home because of a change in health or a change in employment?

If yes, enter dates that you did use as main home: From ___ / ___ / ___ To ___ / ___ / ___

Description	Amount	Description	Amount
Original Cost		Sales Price	
Improvements:		Expense of Sale	
		Gain Postpone from Previous Sale	
		Casualty Losses Previously Allowed	
		Depreciation for Previous Business Use	

Child and Dependent Care Employer-Provided Dependent Care Benefits \$ _____

- You are required to file Sch H if amounts paid to any person working in your home is \$1,300 or more in a calendar year.

Persons or Organizations Providing the Care (Nursery & Kindergarten school expenses may qualify).

Name	Address	SSN or EIN	A mount

Qualifying Person(s) for Whom Expenses Were Paid (The total of the "Amount" column above and below should equal)

Name of Dependent	Age	Relationship	Social Security #	A mount

Farm Income & Expense: Schedule F

Location and Size of Farm _____

Principal Product _____

Employer Identification Number (9 digits) ____ - ____ Accounting Method: Cash Accrual

Yes No Did you "materially participate" in the operation of this business during the year?

Yes No Do you elect, or did you previously elect, to currently deduct certain preproductive period expense.

Income • (Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report them in "Sales ..." section below.)

Sales of Livestock for Resale		Crop Insurance Proceeds	
Cost of Livestock for Resale	()	Disaster Relief Payments	
Sales of Other Items for Resale		Custom Hire	
Cost of Other Items for Resale	()	Federal Fuel Tax Credit	
Sales of Livestock You Raised		State Fuel Tax Credit	
Sales of Produce, Grain, Other You Raised		Other	
Patronage Dividends			
Agricultural Program Payments			
CCC Loans Reported Under Election			
CCC Loans Forfeited			

Expenses ("Car & Truck Exp." - Show details on page 7)

Car & Truck Exp		Interest: Mortgage		Taxes: FICA & Unemployment	
Chemicals		Interest: Other		Utilities	
Conservation Exp		Labor Hired		Veterinary/Breeding/Medicine	
Custom Hire		Pension & Profit Sharing		Telephone	
Employee Benefit Programs		Rent: Vehicles/Machinery/Equip		Advertising/Accounting	
Feed Purchased		Rent: Other (Land, Animals, Etc)		Dues/Subscriptions	
Fertilizers & Lime		Repairs & Maintenance		Travel	
Freight & Trucking		Seeds & Plants Purchased		Meals & Entertainment	
Gasoline		Storage & Warehousing		Other	
# Gallons of Gas (Off Road)		Supplies			
Other Fuel & Oil		Taxes: Real Estate			
Insurance		Taxes: Personal Property			

Sales of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy

Description	Date		Sales Price	Cost	Depreciation Claimed	Expense of Sale
	Acquired	Date Sold				

Depreciation of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy
(Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)

Date Placed in Service	Description	Amount	Date Placed in Service	Description	Amount

Retirement Contributions to IRAs, Self-Employed Plans, & Salary Reduction Plans

• If Single, use husband column

Type of Plan	Husband Amount	Wife Amount	Type of Plan	Husband Amount	Wife Amount
Traditional IRA			Active Participant In Employer Provided Retirement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roth IRA			401(k) Employee Contributions		
Self-Employed SEP			403(b) Employee Contributions		
Keough			SEP Employee Contributions		
Self-Employed SIMPLE			SIMPLE Employee Contributions		
Education IRA			Other Salary Reduction Contr.		

Health Savings Accounts (HSAs) & Archer Medical Saving Accounts (MSAs)

Type of coverage under high deductible health plan? Self-Only Family
 If applicable, spouse's type of coverage under high deductible health plan? Self-Only Family

Contributions	Amount	Distributions	Amount
Deductible Amount of Health Insurance		Total Distributions from HSA or MSA	
Employer Contributions to HSA or MSA for Year		Rollover Distributions	
Employee Contributions to HSA or MSA for Year		Total Distributions from Medicare+Choice MSA	
Number of Full Months Plan was in Place for Year		Total Unreimbursed Qualified Medical Expenses	

Alimony Paid • Bring Copy of Divorce Decree

To whom _____ Social Security Number _____ Amount \$ _____

Reside in Foreign Country During the Year?

Name of Country _____ Date entered ____ / ____ / ____ Date Left ____ / ____ / ____

Yes No

- Do you consider yourself a bonafide resident of this country?
- If no, were you (or do you anticipate being) physically present in this country for at least 330 days during a 365 day period?

Part-Year State Breakdown • If you resided in more than one state during the year, breakdown income associated with each state. Interest, dividends, capital gain distributions, alimony, IRA & pension distributions are normally taxable to the state of residence when received.

Name of State	#1	#2		State #1	State #2
	From:	From:	Sch C Income		
Dates Resided	To:	To:	Sch C Expense		
Wages			IRA Distributions		
Interest			Pension Distr.		
Dividends			Sch E Income		
Cap Gain Dist			Sch E Expense		
Alimony			Other		

Questions, if yes explain below

Yes No

- Any births, adoptions, marriages, divorce or deaths in your family during the past year?
- Does anyone owe you money that has become a bad debt?
- Have you used bartering to exchange any goods and services?
- Did you or your spouse receive any source of income that is not listed in this checklist?
- Did you sell an auto, equipment, or any property? If yes, give details.
- Did you receive any nontaxable income such as child support, veteran's benefits, or welfare payments?

Taxpayer's Statement

The Information furnished herewith is to enable you to prepare my (our) income tax return for the stated year. It is true and complete to the best of my (our) knowledge and belief, and is to be relied upon by you accordingly.

Signature _____ Date _____

Signature _____ Date _____