Tax Form Checklist Item

Personal Information

- Your Social Security number (for you, your spouse and your dependents, if applicable).
- If you do not have a Social Security number, your Individual Tax Identification Number (ITIN)
- Dependents DOB and SSN and proof of eligibility to claim (SSC & Birth Certificate)

Childcare Expenses

- Fees paid to a licensed day care center or family day care for care of an infant or preschooler.
- EIN number or SSN for company/individual that was paid for daycare expense.

Employee Information

• W-2 Form (Must have EIN number)

Self-Employment Information

- Form 1099-MISC
- Schedule K-1
- Income records to verify amounts received if not reported on a 1099-MISC
- Records of all expenses paid during the tax year related to your self-employment business
- Business-use asset information (cost, date placed in service, etc.) for depreciation purposes
- Home office expense.

Educational Expenses

- Form 1098-T form from educational institutions
- Receipts that itemize qualified educational expenses
- Records of any scholarships or fellowships you received
- Form 1098-E if you paid student loan interest

Direct Deposit

Bank name, routing number, and account number

Home Forms

- Property taxes paid
- 1098 Mortgage Interest Paid Statement & 1099-INT Mortgage Interest Received
- Forms 1099-B, 1099-DIV, 1099-INT if you have income or losses from investments

Rental Income

- Records of income and expenses paid in 2019
- Rental asset totals cost, date placed in service for depreciation determination.

Retirement Information

- Pensions, IRA, and other retirement income (Form 1099-R)
- Social Security Income

Charitable Contributions

- Records of cash amounts donated to houses of worship, schools, other charitable organizations.
- Records of non-cash charitable donations.

Medical Expenses

- Total amount paid for healthcare insurance and expenses; along with itemized receipts
- Health Insurance: Form 1095-A if you enrolled in an insurance plan through the Healthcare Marketplace (B and/or 1095-C if you had insurance coverage through any other source)