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2023 TAX PREPARATION CHECKLIST

Use the checklist below to assist you in gathering the documents, forms, and records Accounting Plus LLC will need to complete your income tax return. Every item below may not apply to you and the list is not all inclusive. Last year's return is also a valuable resource for gathering information for this year's return. You should bring anything else you think would be helpful. Feel free to call or email us with any questions.

NEW CLIENTS

In order to comply with IRS regulations, we will need a copy of each of the following:

- Driver's license
- Spouse's driver's license
- Social security card for you and your spouse
- Birth Certificate for dependents
- Social security card for dependents
- Copy of last year's tax return (if not prepared by Accounting Plus LLC)
- Voided check (for direct deposit, if wanted) or Routing Number, Account Number, and Account Type

SOURCES OF INCOME

Employed

- W2(s) (Include your detailed year-end paystub/payroll statement)
- Employment related stock options

Unemployed

- Unemployment compensation

Self Employed

- 1099-Misc or Self Employment Income and expense records from any source
- Business Expenses; Rental Property; Farming expenses
- Car expenses: actual expenses or mileage for business purposes, need contemporaneous records
- Business-use asset information (cost, date placed in service, etc.) for depreciation
- Office in home information, if applicable

Retirement Income

- Pension and Annuity income 1099-R
- Social Security Benefit statements

Investments and Dividends

- 1099(s) (Interest, Dividends, Sale of Stock, etc)
- Bank, Savings & Loan, and Credit Union Accounts
- Interest, dividend income
- Mutual Funds and Money Market Accounts
- State Income Tax Refunds
- Brokerage or Investment Company Accounts
- Sales of Stock and Stock Dividends
- Federal, Municipal or Corporate Bonds
- IRS interest paid on income tax refund
- IRA or Qualified Plan distributions (you should receive a 1099-R even if reinvested)
- Contributions to HSAs, IRAs, SEPs or Keoghs
- K-1's from Partnerships, S-Corporations, Estates or Trusts
- Health Savings Plan Accounts including employer-sponsored Section 125 Caf  plans

Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)

Rental Income

- Records of income and expenses
- Rental asset information (cost, date placed in service, etc.) for depreciation

Miscellaneous Income/Losses/Deductions

- Record of alimony paid/received with ex-spouse's name and SSN (Date of Divorce: _____)
- Non-taxable (Municipal bond or bond fund) income
- Gambling Winnings (also provide information concerning losses if appropriate, to offset winnings)
- Disability Income (from state or from Employer-funded insurance policy)
- Hobby income and expenses (Hobby income is taxable if over \$600 net; expenses only if positive net income)
- Any other income reported to you on any other document (e.g., 1099K, 1099NEC, 1099MISC, etc)
- Military Related Moving Expenses \$ _____

DEDUCTIONS

Under the 2018 tax bill, many itemized deductions were either eliminated or limited and the standard deduction was dramatically increased. As a result, most people will be taking the standard deduction for federal tax purposes. However, please include this information as you may be eligible for state credits for these items.

Home Ownership

- Forms 1098 or other mortgage interest statements
- Property Taxes, Real Estate, Personal Property Taxes, Sales Taxes (as alternative to state income tax)
- Receipts for energy-saving home improvements (e.g., solar panels, solar water heater, geothermal, windows, doors, insulation, home energy audit, and wind energy) You must also have and retain documentation from supplier concerning qualification of materials for tax credits.
- Mortgage used for anything other than buying, building or improving your residence(s)?

Charitable Donations

- Cash or check contributions - You must have receipts from charitable organization
- Non Cash contributions – Need receipt showing name and address of charity, details of items donated, and date and value
- Miles driven for charitable purposes

Health/Medical Expenses

- Medical/Dental Expenses not reimbursed by insurance (please break expenses down as noted)
 - Prescriptions \$ _____ Doctors \$ _____ Dentists \$ _____ Hospitals \$ _____ Clinics \$ _____
 - Labs & Xrays \$ _____ Medical Aids \$ _____ Medical Equipment & Supplies \$ _____
 - Medical Miles _____ Parking, Tolls & Transportation \$ _____ Lodging \$ _____
 - Health Insurance Premiums (not previously deducted from income) \$ _____
 - Medicare Supplement Premiums (not deducted from SSI) \$ _____ Smoking Cessation \$ _____
 - Any Other Medical/Dental Expenses Not Listed:
 - Item: _____ Amount \$ _____ Item: _____ Amount \$ _____
 - Item: _____ Amount \$ _____ Item: _____ Amount \$ _____
- Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange)
- Long-term Care Insurance premiums
- Health Savings Account Contributions (not previously deducted from income) \$ _____

Childcare/Household Expenses

- Fees paid to a licensed day care center or family day care for care of an infant or preschooler (provide name, tax ID, address, and amount paid)
- Wages paid to babysitters, nannies, housekeepers, home health care provider, etc (Provide Names, SSNs, addresses, salary paid, and payroll taxes withheld)

Educational Expenses

- College Tuition or continuing professional education expenses for yourself or dependents (Form 1098-T from education institutions)
- Student Loan Interest Paid (Form 1098-E)
- Educator/Teacher Expenses paid personally \$ _____

State and Local Taxes

- State and Local Income Taxes
- Invoice showing amount of vehicle sales tax paid

Retirement & Other Savings

- Early withdrawal penalties on Certificates of Deposit or Savings Accounts
- Out of Pocket Contributions To: Traditional IRA \$ _____ Roth IRA \$ _____

MISCELLANEOUS INFORMATION

- Record of estimated tax payments made (not amounts deducted from income)
Please include Date, Amount, and Payee
- Online purchases where sales tax was not paid. Please provide total dollar amount spent.
- Verify banking information is the same as the previous year (if you used direct deposit last year)
- Name change this year. (This needs to be reported to social security or your return will not match)
- Family additions (need social security numbers, birthdates, copy of birth certificate, and Social Security card)
- If you own a home, please provide the property tax bill
- If you rent, please provide rent paid and if heat was or wasn't included
- Percentage of ownership/rent of property: If you own/rent with anyone other than spouse, please list percentage ownership/rent including name and SSN of co-tenants.

TAX PREPARATION QUESTIONNAIRE

Please complete the questions below and submit a copy of this page when you give us your other supporting documents. Due to regulations, we need an answer of either yes or no. If you answer "Yes" to any of the below questions, please provide details.

- Digital Assets: Did you sell, exchange, transfer, give, receive, or otherwise dispose of any digital assets or cryptocurrency, such as Bitcoin or NFTs, during the last year? Yes No
Details: _____
- Foreign Bank/Financial Account: Did you have financial interest in or signatory authority over any financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? Yes No
Details: _____
- Independent Contractors: If you own a business, a farm or a rental property, did you make any payments to employees or independent contractors? Yes No N/A
If yes, did you or will you file the required Form(s) W2 or 1099? Yes No N/A
Details: _____
- Household Employees: Did you have any household employees? Yes No
Details: _____
- Health Insurance: Did you purchase health insurance through a government-sponsored Marketplace? Yes No
Details: _____
- Are you part of a partnership, s corporation, corporation or LLC? Yes No
Details: _____
- Are you an Armed Forces Reservist? Yes No
Details: _____
- Are you a victim of Identity Theft? Yes No
Details: _____
- Any additional information that may be important for us to be aware of? Yes No
Details: _____
- Any additional information you would like from us? Yes No
Details: _____
- Any questions you would like to have answered? Yes No
Details: _____

DIRECT DEPOSIT INFORMATION

IF THIS SECTION IS NOT COMPLETED YOUR REFUNDS WILL BE ISSUED AS CHECKS IN THE MAIL

BANK NAME: _____ ACCOUNT TYPE: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ ORGANIZED BY: _____

2023 TAX CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of Accounting Plus LLC. This form is used to collect updated information about our clients and is for internal purposes only. The information you provide is confidential and will be treated accordingly.

FILING STATUS

Single Married Filing Joint Married Filing Single Head of Household Qualifying Widower

TAXPAYER INFO

Name: _____ SSN: _____ IRS ID PIN (6 digits): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

E-Mail: _____ Date of Birth: _____ Occupation: _____

State of Residency: _____ County of Residency: _____ School District: _____

Preferred Method of Contact: Email _____ Call _____ Text _____ Can Someone Claim You As A Dependant: Yes No

SPOUSE INFO

Name: _____ SSN: _____ IRS ID PIN (6 digits): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

E-Mail: _____ Date of Birth: _____ Occupation: _____

Preferred Method of Contact: Email _____ Call _____ Text _____ Can Someone Claim You As A Dependant: Yes No

DEPENDENTS

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Student? Yes No Disabled? Yes No

Number of Months lived With you in 2023: _____ Claiming For: EIC Yes No Dependant Yes No

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Student? Yes No Disabled? Yes No

Number of Months lived With you in 2023: _____ Claiming For: EIC Yes No Dependant Yes No

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Student? Yes No Disabled? Yes No

Number of Months lived With you in 2023: _____ Claiming For: EIC Yes No Dependant Yes No

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Student? Yes No Disabled? Yes No

Number of Months lived With you in 2023: _____ Claiming For: EIC Yes No Dependant Yes No

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Student? Yes No Disabled? Yes No

Number of Months lived With you in 2023: _____ Claiming For: EIC Yes No Dependant Yes No