|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual Tax Documents (Provide Documents) | | | | |
| **√** | **Tax Form** | **What it is for** | | **Who it is from** |
|  | W-2 | Employment Wages & Tips | | Employer |
|  | W-2G | Gambling Winnings | | Casino or the payer of the winnings |
|  | 1095-A, B, or C | Healthcare Coverage for the Year. | | Your Healthcare Insurer |
|  | 8965 | Marketplace Exemption Certificate Number (ECN) | | Provided by the Marketplace after filling out the Health Insurance Exemption form. |
|  | 1098 | Mortgage Interest | | Mortgage Company |
|  | 1098-E | Paid Interest on Education Loans | | The Lender of the Loan |
|  | 1098-T | Qualified Higher-Education expenses if you qualify for the American opportunity tax credit or lifetime learning credit. | | Academic Institution |
|  | 1099-DIV | Dividends or Earnings from Stocks & Mutual Funds | | Broker or Mutual Fund Company |
|  | 1099-B | Income from the sale of Stocks, Bonds, or Mutual Funds | | Broker or Mutual Fund Company |
|  | 1099-G | * State or Local Municipality Tax Refund * Unemployment Income | | The State or Local Municipality |
|  | 1099-INT | Earned interest from a bank account or certificate of deposit | | Bank |
|  | 1099-K | Receiving payments by credit card or debit card, including payments made to a PayPal or like account. | | Bank |
|  | 1099 MISC | * Self-employed Individual that made over $600 from another individual or company. * Prizes or Award winnings * Jury Duty Expenses * Royalty Income * Commissions * Business Income from Rentals | | * Company who hired you to do contract work for them. * Payer of the winnings * Court System * Provider of Royalty Income * Company who supplied the commissions * From Banks |
|  | 1099-OID | You'll get Form 1099-OID (Original Issue Discount) when you purchase a bond or note for an amount less than face value. | | Bond or Note provider |
|  | 1099-SA | Distributions from Healthcare Savings Accounts (HSA), Archer MSA, or Medicare Advantage MSA | | Holders of HSA or MSA accounts |
|  | 1099-SSA | Social Security Income | | Social Security Administration |
| Individual Tax Documents (Provide Documents) | | | | |
| **√** | **Tax Form** | **What it is for** | | **Who it is from** |
|  | 1099-R | Pension or distribution from a retirement account or plan | | Retirement Plan Originator |
|  | 1099-C | Discharge of debt owed | | Lender or Creditor |
|  | 5498 | Report of Total annual contributions to an IRA and whether it is a Traditional, Roth, SEP, or SIMPLE IRA. Will show roll-overs from other types of retirement accounts into the IRA. | | IRA Broker/Bank |
|  | Schedule K1 | Partner’s Share of Income, Deductions, Credits, etc. from a Business Partnership, S-Corp, or Trust | | Business you are a partner in. |
|  |  |  | |  |
| Other Income | | | | |
| **√** | **What it is for** | | **Who it is from** | |
|  | Trust Income: $ | | Trust Company | |
| Potential Expense Deductions | | | | |
| **√** | **What it is for** | | **Who it is from** | |
| **MEDICAL EXPENSES** | | | | |
|  | Medical Expenses: Bills for Doctors, dentists, hospitals, Prescriptions, Glasses, Contacts, Hearing Aids, and HSA Accounts. TOTAL: $ | | Doctors, Dentists, Vision Care, Hospitals, Pharmacies, HSA Accounts | |
|  | Medical Insurance Premiums for the year: Medical $ Dental $ Vision $ LTC $ | | Medical, Dental, Vision, and Long Term Care (LTC) Healthcare providers | |
|  | Mileage Driven for Medical Purposes. Miles | | Car Odometer Mileage tracking | |
| **TAXES AND INTEREST** | | | | |
|  | Real Estate Taxes:  Q1: DATE PAID:  Q2: DATE PAID:  Q3: DATE PAID:  Q4: DATE PAID: | | City/County Tax Payments | |
|  | Personal Property Tax (Vehicle License Fee): | |  | |
|  | Vehicle Sales Tax Paid when purchasing a car. (Need Invoice): $ | | Sales invoice from Car company. | |
|  | Mortgage Interest: $ | | Bank or Mortgage holder. | |
|  | Mortgage Insurance Premiums: $ | | Mortgage Insurer | |
|  | State and Local Income Tax or Sales Tax paid last year: $ | | Tax payment receipts | |
|  | Investment Interest: $ | | Investment Fund | |
|  | Estimate of Foreign Taxes Paid: $ | | Any Foreign Taxes Paid | |
| Potential Expense Deductions (Continued) | | | | |
| **√** | **What it is for** | | **Who it is from** | |
| **CHARITABLE CONTRIBUTIONS** | | | | |
|  | Donations – Cash and Non-Cash: $  **DOCUMENTATION REQUIRED** | | Receipts from Organization you donated to. Must be 501c3 approved. | |
|  | Mileage Driven for charitable services: Miles | | Car Odometer Mileage tracking | |
|  | Out-of-Pocket Volunteer Expenses: $ | | Any purchases made that were not reimbursed. | |
| **JOB RELATED EXPENSES** | | | | |
|  | Unreimbursed Employment related Expenses: $ | | Uniforms, dues, etc. | |
|  | Job Related Education Expenses:$ | | Unreimbursed expenses for job required education. | |
|  | Job Hunting expenses:  $ | | Cost for travel, food, and lodging that you paid out of pocket and not refunded by the employer. | |
|  | Moving Expenses not reimbursed by employer:  $ | | Receipts from moving company, flight costs, driving mileage. | |
| **CHILDCARE EXPENSES** | | | | |
|  | Child Care Expenses & Provider Information  Provider Name:  EIN #:  Amount Paid: $ | | Checks or payroll statements and provider name, address, and contact info. | |
|  | Adoption Expenses: $ | | Adoption agency payments, etc. | |
|  | Record of Alimony paid/received: $ | | Payment Receipts with Ex-spouses name and SSN. | |
|  | Records of any scholarships or fellowships:  $ | | Scholarship or Fellowship statements | |
| **ADDITIONAL EXPESNES** | | | | |
|  | Tax Preparation Fees for last year: $ | | Receipts from Tax Preparer from last year. | |
| **Additional Tax Documents** | | | | |
|  | Year-End Broker Statements | | Brokers | |
|  | HUD Statements (for each home purchase or refinance. | | HUD Mortgage Lender. | |
|  | Notices Received from the IRS or FTB | | IRS or the Franchise Tax Board of California Alternatively other State Tax Agencies, if outside of CA. | |