



2018 Tax Information Checklist

Please complete the checklist.
Gather all applicable documents and upload to the Portal

Taxpayer Name: _____

Spouse Name: _____

Taxpayer Email: _____

Spouse Email: _____

Best Phone # Taxpayer: _____

Spouse Best Phone #: _____

Home Address (if new in 2018): _____

Your completed 2018 Tax return will be uploaded to your portal.

***If you require a paper copy, choose a delivery option:** Mail Pick Up in Hamilton Pick Up in Oxford

*Additional Fee May Apply

PERSONAL INFORMATION

- Copy of your Driver's License or state identification. (Provide a copy for each taxpayer)
- Bank Account** – For direct deposit, list last 4 digits of account#: _____ (If new account, please provide a voided check)
- Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No Yes (Attach documents)
- Marital Status** - Did your status change? No Yes If **YES**, list new Marital Status: _____
- Do you have a Foreign Bank Account? No Yes (Provide Details)
- Would you like us to **Prepare a Return for a Dependent** (additional fee) who had Federal Tax withholding of more than \$250 or had investment income greater than \$1,050? No Yes (Provide W-2 and other income statements)
- Will you have any major life changes in 2019? Retirement Income Changes Dependent Change Martial Status
 - Would you like us to contact you to discuss tax planning? No Yes
- Did you have health care coverage for every month of 2018 for your family? No Yes (If **YES**, Attach form 1095)
 - Do you or your family qualify for an exemption from healthcare mandate? No Yes (If **YES**, Attach Exemption Certificate)
- Did you receive Health Savings Account (HSA) Distributions? No Yes (If **YES**, Attach 1099SA)
- List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ _____

INCOME INFORMATION (Please attach all applicable forms)

- | | |
|--|--|
| <input type="checkbox"/> Income Statements (Form W-2) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C) |
| <input type="checkbox"/> Interest (Form 1099-Int or 1099-OID) | <input type="checkbox"/> Foreclosure or Abandonment of Principle Residence (Form 1099-A) |
| <input type="checkbox"/> Dividends (Form 1099-Div) | <input type="checkbox"/> Sale of Real Estate (Provide closing statements) |
| <input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B) | <input type="checkbox"/> Received Installment Payments for Property Sold |
| <input type="checkbox"/> Unemployment Compensation (Form 1099-G) | <input type="checkbox"/> Disability Income (Provide Documents) |
| <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R) | <input type="checkbox"/> Income in a Foreign Country (Provide Documents) |
| <input type="checkbox"/> Social Security (Form 1099-SSA) | <input type="checkbox"/> Gambling (Form W-2G) |
| <input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Alimony Received \$ _____ |

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership?**

- Shareholder (Include Form 1120-S K-1)
- Partner (Include Form 1065 K-1)
- Beneficiary (Include Form 1041 K-1)

Did you receive **other income** during 2018? (*For a detailed worksheet visit www.kirschcpa.com/about/tax-forms/)

- Business Income (Please refer to Schedule C Worksheet* or Provide details)
- Rental Income (Please refer to Schedule E Worksheet* or Provide details)
- Farm Income (Please refer to Schedule F Worksheet* or Provide details)
- If you paid more than \$600 to an individual or unincorporated business for rent or service during 2018, Form 1099 must be issued.*

* If you need help issuing Form 1099 - Provide: name, address, Social Security# and amount paid by 1/15/2019

DEDUCTION INFORMATION

PLEASE NOTE: New tax law increased the standard deduction to \$24,000 for married filing jointly and \$12,000 for individuals filing single. Send in your itemized deductions if you exceed the standard deduction or if you are in a state that allows itemized deductions.

- Unreimbursed Medical Expense** - Please enter in amounts below if greater than 7.5% of your income
 Medical Insurance Premiums: \$ _____ Care Giver Expense: \$ _____
 Doctor/Dentist/Vision: \$ _____ Prescription Expense: \$ _____ Medical Miles Driven: \$ _____
- Long Term Care Premiums:** Taxpayer \$ _____ Spouse \$ _____
- Real Estate Tax Paid:** \$ _____
- Mortgage Interest Payments:** Provide a copy of **1098** Mortgage Interest Statement.
- Charitable Contributions: (Keep Your Receipts!)** Provide totals for the following items:
 TOTAL monetary contributions \$ _____
 TOTAL of your Charitable Miles Driven: _____
 TOTAL non-cash charitable contributions \$ _____ (If over \$500, please provide name of organization & description)
- Retirement Contribution** to which Plan Type: Please select IRA Roth IRA SEP KEOGH
 Contribution Amount: Taxpayer: \$ _____ Spouse: \$ _____
- Student Loan Payment** (Attach Form 1098-E for interest paid)
- College Education Expenses** (Attach Form **1098-T** issued by the university)

Dependent Name	University Name	Qualified Tuition	Books & Materials	First 4 Years (yes or no)
		\$	\$	
		\$	\$	

- Contributed to a State College Saving 529 Plan**

Beneficiary Name	Beneficiary SSN	Total Contributed	Program State
		\$	
		\$	

- Child Care Expenses** (Provide total of all expenses and detail related to child care)

Dependent Name	Provider Name	Federal ID or SSN	Address	Total Expense
				\$
				\$
				\$

- Did you have a baby or add a new dependent?**

New Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION

- Alimony paid \$ _____
- Purchased a Qualified Electric Vehicle (Provide Invoice)
- Gift Tax Return may be required:
- Single and gift is greater than \$15,000? \$ _____
- Married and gift is greater than \$30,000? \$ _____
 - Provide name, address, amount & SS# of recipient
- Moving expense for military position \$ _____
- Rented a property in Indiana \$ _____
- Bought or sold real estate (Provide Closing Statement)
- Paid household employee wages of \$2,100 or more
- COBRA premiums paid \$ _____
- Made OH statewide political contribution \$ _____
- Engaged in bartering transactions
- Any internet/phone purchases without sales tax?
 - List Total Purchase Amount \$ _____

QUARTERLY ESTIMATED PAID IN 2018 (List below or attach copies of cancelled checks)

List all payments	Date Paid	Federal	State	City	School District
2017 4th Quarter Payment		\$	\$	\$	\$
2018 1 st Quarter Payment		\$	\$	\$	\$
2018 2 nd Quarter Payment		\$	\$	\$	\$
2018 3 rd Quarter Payment		\$	\$	\$	\$
2018 4 th Quarter Payment		\$	\$	\$	\$