



# 2018 New Client Tax Information Checklist

Please complete the checklist.

Gather all applicable documents upload to the Portal or send to Kirsch CPA Group.

Thank you for choosing Kirsch CPA Group. We look forward to working with you. If you have any questions, please call us at (513) 523-1100.

**Taxpayer Name:** \_\_\_\_\_ **Spouse Name: :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security#:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email: :** \_\_\_\_\_

**Best Phone # to contact you:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **County** \_\_\_\_\_

| 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"/> |
|                |              |               |             | <input type="checkbox"/> | <input type="checkbox"/> |

**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 taxpayer and spouse)
- Bank Account – Would you like direct deposit? No  Yes  - Provide a voided check  
If you have tax due, would you like direct payment from your account? No  Yes  - Provide a voided check
- Provide a **copy of the last Two Years Tax Returns.** (2016 & 2017)
- Marital Status -  Single  Married  Widowed  Divorced  Same Sex Marriage
- Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No  Yes  (Attach documents)
- 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? \$ \_\_\_\_\_

Deliver all your Documents to Kirsch CPA Group by **March 20, 2019**

**INCOME INFORMATION (Please attach all applicable forms)**

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

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/](http://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, provide name of organization & description)

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**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

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



**QUARTERLY ESTIMATED PAID IN 2018 – Limited to \$10,000 (List below or attach copies of cancelled checks)**

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

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Upload to Your Secure Portal - If you do not have a Portal, send an email to [info@kirschcpa.com](mailto:info@kirschcpa.com)