



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

1. Copy of your Driver's License or state identification. (Provide a copy for each taxpayer)
2. **Bank Account** – For direct deposit, list last 4 digits of account#: _____ (If new account, please provide a voided check)
3. Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No Yes (Attach documents)
4. **Marital Status** - Did your status change? No Yes If **YES**, list new Marital Status: _____
5. Do you have a Foreign Bank Account? No Yes (Provide Details)
6. 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)
7. 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
8. 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)
9. Did you receive Health Savings Account (HSA) Distributions? No Yes (If **YES**, Attach 1099SA)
10. 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"/> Interest (Form 1099-Int or 1099-OID)
<input type="checkbox"/> Dividends (Form 1099-Div)
<input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B)
<input type="checkbox"/> Unemployment Compensation (Form 1099-G)
<input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R)
<input type="checkbox"/> Social Security (Form 1099-SSA)
<input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C)
<input type="checkbox"/> Foreclosure or Abandonment of Principal Residence (Form 1099-A)
<input type="checkbox"/> Sale of Real Estate (Provide closing statements)
<input type="checkbox"/> Received Installment Payments for Property Sold
<input type="checkbox"/> Disability Income (Provide Documents)
<input type="checkbox"/> Income in a Foreign Country (Provide Documents)
<input type="checkbox"/> Gambling (Form W-2G)
<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		\$	\$	\$	\$