



Personal Deductions and Checklist

- Date of Birth and Social Security numbers for you, your spouse and all dependents
- Bank account number and bank routing number if you would like direct deposit of your refund
- If this is your first year with Dubin Accounting Services, please include a copy of your prior year tax return if available

All Income and Wage Statements

Amount

- | | |
|---|----------|
| <input type="checkbox"/> W-2 forms for you and your spouse | \$ _____ |
| <input type="checkbox"/> 1099-Misc forms for you and your spouse for independent contractor work | \$ _____ |
| <input type="checkbox"/> 1099 –B for stock trade income | \$ _____ |
| <input type="checkbox"/> 1099-R form 8606 for payments/distributions from IRA or retirement plans | \$ _____ |
| <input type="checkbox"/> 1099 – C forms for cancellation of debt | \$ _____ |
| <input type="checkbox"/> 1099 – G forms for unemployment income, or state or local tax refunds | \$ _____ |
| <input type="checkbox"/> 1099-S forms for income from sale of property | \$ _____ |
| <input type="checkbox"/> Social Security – Statement of benefits received | \$ _____ |
| <input type="checkbox"/> Alimony Received | \$ _____ |
| <input type="checkbox"/> Business – profit/loss statement | \$ _____ |
| <input type="checkbox"/> Rental property income and expenses | \$ _____ |
| <input type="checkbox"/> Any other income (i.e. gambling winnings, jury duty) | \$ _____ |

Adjustments to your income – items that can reduce the amount of your taxable income

- | | |
|---|----------|
| <input type="checkbox"/> IRA contributions made during the year | \$ _____ |
| <input type="checkbox"/> Keough, SEP, SIMPLE, and other self-employed pension plans | \$ _____ |
| <input type="checkbox"/> Student loan statements | \$ _____ |
| <input type="checkbox"/> Records of Medical Savings Account contributions | \$ _____ |
| <input type="checkbox"/> Self-employed health insurance payment records | \$ _____ |

Health Insurance Information

- A note from you, stating the months you and your dependents had health insurance \$ _____
in 2015. No official documentation is required.
- Form 1095-A (Health Insurance Market Place Statement) – This form is required if you \$ _____
receive health Care Coverage under Covered California or a similar plan in another state.

Taxes you have paid

- Personal property tax \$ _____
- Real estate tax \$ _____
- DMV fees \$ _____
- State and local income taxes \$ _____
- Estimated tax payments made during the year \$ _____

Other information

- Information about any foreign bank accounts or investments
- Copies of any IRS notices you have received

If you itemize deductions – Tax deductions and credits

- Donations to charity
- Child and dependent care (name, address and taxpayer ID number for each provider)
- Tuition and Fees paid for higher education
- Adoption costs (social security number of child, records of legal, medical and transportation costs)
- Mortgage interest statements
- Medical and dental expenses (doctor and dental fees, transportation and lodging to obtain medical care, hearing aids, eyeglasses, medical devices)
- Rental property income and expenses

Miscellaneous expenses

- Tax Preparation
- Union Dues
- Safety deposit box rental
- Uniforms – Purchase and cleaning