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Services@taxprosinmotion.com 800-295-4313
410-793-7516



GENERAL 1040 TAX CHECKLIST – Check all that applies

Name(s): _____ Tax Year(s): _____

Phone#: _____ Email: _____

PERSONAL INFORMATION

- Filing Single
- Filing Jointly
- Married Filing Single
- Business Owner
- Last year's income tax if you are a new client
- Name, address, Social Security number, and Date of Birth for yourself, spouse, and dependents
- Dependent Provider, Name, Address, Tax ID, and SSN

Banking information if Direct Deposit Required

INCOME DATA REQUIRED

- Wages and/or Unemployment
- Interest and/or Dividend Income
- State/Local income tax refunded
- Social Assistance Income
- Pension/Annuity/Stock or Bond Sales
- Contract/Partnership/Trust/Estate Income
- Gambling/Lottery Winnings and Losses/Prizes/Bonus
- Alimony Income
- Rental Income
- Self-Employment
- Foreign Income

CHECK EXPENSES AND SUBMIT ACCORDINGLY

- Dependent Care Costs
- Education/Tuition Costs/Materials Purchased
- Medical/Dental
- Mortgage/Home Equity Loan Interest/Mortgage Insurance
- Employment Related Expenses
- Gambling/Lottery Expenses
- Tax Return Preparation Expenses
- Investment Expenses
- Real Estate Taxes
- Estimated Tax Payments to Federal and State Government and Dates Paid

- Home Property Taxes
- Charitable Contributions Cash/Non-Cash
- Purchase qualifying for Residential Energy Credit
- IRA Contributions/Retirement Contributions
- Home Purchase/Moving Expenses

Notes: