



Personalized Tax Preparation for Over 25 Years

W.R. Strother III Tax & Financial Services

511 11th Street S.E.
Washington, D.C., 20003
Office: 202.544.1442
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www.wrstax.com

*****(PLEASE COMPLETE, SIGN, DATE & SUBMIT WITH TAX INFORMATION)*****

*****(PLEASE DO NOT PUT NUMBERS ON THE CHECKLIST)*****

2016 TAX CHECKLIST

(Page 1 of 5)

Part I-Income Items

Document Type

(Check box)

of forms

Source of Information

W2 Forms

W2-G Forms(Gambling Income)

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

W2-from Employer(s)

State Lotteries,Casinos,Racetracks

1099-INT (Interest Income) on all checking,
savings, and investment accounts

<input type="checkbox"/>	<input type="text"/>
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Banks, Credit Unions, Brokers

1099-DIV(Dividend Income) on all investment
accounts

<input type="checkbox"/>	<input type="text"/>
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Annual broker statements from
Financial Institutions,Credit Unions,etc

1099-G (Unemployment Income) & State Tax Refunds

<input type="checkbox"/>	<input type="text"/>
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State unemployment agency &
State tax authority

1099-MISC (Miscellaneous income) from:

-Cancellation of mortgage debt-principal residence

-Alimony payments received

-Credit card debt forgiven by banks

-Self employment income**

-Rental property income**

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

Form 1099C from mortgage company

From payer of alimony

Form 1099C from credit card company

Paying agency that issued income

Paying agency that issued income

**Complete appropriate spreadsheets or worksheets for
your type of business

1099-A(Acquisition and Abandonment of
Property)-principal & rental property

<input type="checkbox"/>	<input type="text"/>
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Mortgage company that
property was returned to.

1099-SA(Distributions Health Savings Acct)

<input type="checkbox"/>	<input type="text"/>
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Plan administrator issues form.

*Distribution only taxable if funds are not used
for qualified medical expenses

1099-K(Merchant Card and Third Pty Payments)

*Only for businesses that accept credit cards)

<input type="checkbox"/>	<input type="text"/>
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Merchant statements

1099-B(Proceeds from Sale of mutual funds,
and stock)*Please obtain cost basis of stock from
investment company

<input type="checkbox"/>	<input type="text"/>
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Year end investment statements

**2016 TAX CHECKLIST**

(Page 2 of 5)

Part I-continued

<u>Document Type</u>	<u>(Check box)</u>	<u># of forms</u>	<u>Source of Information</u>
1099-S(Proceeds from Sale of Real Estate) from sale of home or rental property	<input type="checkbox"/>		HUD-1 settlement statement
1099-SSA(Proceeds from Social Security benefits)	<input type="checkbox"/>		Social Security Administration
<u>1099-R(Proceeds from Retirement Benefits)</u>			
-Pension benefits received	<input type="checkbox"/>		From previous employer
-Federal retirement benefits received	<input type="checkbox"/>		From previous employer
-Withdrawals from 401(k) &(403)(b) plans that are not loans	<input type="checkbox"/>		From broker/plan administrator
-Withdrawals from all IRA Accts	<input type="checkbox"/>		From broker/plan administrator
Schedule K-1(s) for Investments in partnerships, LLC(s),S-Corporations,Trusts.	<input type="checkbox"/>		From broker/plan administrator

Part II-Deductions to Reduce Adjusted Gross Income

Classroom expenses for Teachers and other types of educators	<input type="checkbox"/>		Receipts and cancelled checks or summary statement
Contributions to Health Savings Acct(HSA) Archer MSA or Medicare Advantage MSA	<input type="checkbox"/>		Form 5498-SA from plan administrator
Retirement Accounts, SEP IRA,SIMPLE IRA <i>*Adjusted gross income limitations apply</i> <i>*Deduction limited when individual covered by a retirement plan through their employer</i>	<input type="checkbox"/>		Form 5498 from plan administrator
Employment related moving expenses <i>*Move must be at least 50 miles from last home (or) *Move me be at least 60 miles from last job</i>	<input type="checkbox"/>		Receipts and cancelled checks or categorized summary statement for moving company expenses. Receipts and cancelled checks for temporary housing.
Premiums paid to Self-employed health insurance plans for you and your family	<input type="checkbox"/>		Invoices or cancelled checks or summary statement



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(Page 3 of 5)

Part II-continued

<u>Expense Type</u>	<u>(Check box)</u>	<u># of forms</u>	<u>Source of Information</u>
Penalties on early withdrawal of funds from a CD, annuity or savings accounts.	<input type="checkbox"/>		Form INT or Form OID from the financial institution that holds the account.
Alimony payments to a former spouse pursuant to divorce decree or separate agreement	<input type="checkbox"/>		Receipts and cancelled checks Divorce Decree/Separation Agreement or summary statement
Form 1098-E Student loan interest paid on college loans <i>*(max deduction \$2,500)</i>	<input type="checkbox"/>		Form 1098-E from educational institution
Form 1098-T Tuition and fees paid to colleges, universities, vocational schools, and other postsecondary institutions	<input type="checkbox"/>		Form 1098-T from educational institution <i>(Only tuition)</i>

Part III-Itemized Deductions that reduce Adjusted Gross Income

Large, Out-of-pocket medical expenses <u>not</u> covered covered by employer medical plan <i>*Do not include premiums deducted from your wages</i>	<input type="checkbox"/>		Receipts and cancelled checks Long Term Care premiums paid Medical Miles for doctor visits or categorized summary statement
State income taxes paid on prior year(s) tax returns and estimated state income tax payments <i>*(Complete 2016 Tax Payment Schedule)</i>	<input type="checkbox"/>		Receipts and cancelled checks or summary statement
Federal estimated income tax payments <i>*(Complete 2016 Tax Payment Schedule)**</i>	<input type="checkbox"/>		Receipts and cancelled checks or summary statement
Sales taxes paid on vehicles, medical supplies, food, and clothing <i>*Must be higher than state income taxes paid to be deductible.</i>	<input type="checkbox"/>		Receipts to support purchases
Primary residence related expenses below:			
Form 1098-MTG Mortgage interest paid on primary residence	<input type="checkbox"/>		Form 1098-MTG from all mortgage companies
-Real estate taxes paid on primary residence	<input type="checkbox"/>		Form 1098-MTG
-Origination fees(points) paid on the purchase of a primary residence	<input type="checkbox"/>		HUD-1 statement from mortgage company
-Mortgage insurance premiums paid on primary residence	<input type="checkbox"/>		Form 1098-MTG from all mortgage companies
<i>*Do not include homeowner's insurance</i>			



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(Page 4 of 5)

Part III-continued

Expense Type

(Check box) # of forms

Source of Information

Cash contributions to religious organizations and 501©(3) charitable organizations only

**Do not include gifts made to individuals*

☐

Statement from religious organization or cancelled checks

All donations over \$250 must be supported by documentation

Clothing and household item donations to 501©(3) organizations only

**Please include total value of items for each slip Also include date of donation.*

☐

Goodwill Slips, Purple Heart Slips, Disabled Veterans, etc

All donations over \$250 must be supported by documentation

Unreimbursed Expenses related to employment:

- Union dues paid
- Job education and seminar fees
- Overnight job travel
- Job travel to different work sites or seminars
- Professional memberships related to your employer

Last paystub or statement
Receipts and cancelled checks
Mileage Log or receipts
Mileage Log for job
Receipts and cancelled checks or categorized summary statement

Part IV-Credits that Reduce Taxable Income

Credit Type

Deductible Amount

Enter # of Children

Source of Information

CHILD CREDITS:

Child Tax Credit \$1,000 per eligible child

☐

Child's ssn card

Child's date of birth

Child & Dependent Care Credit \$3,000 per eligible child

☐

Receipt from Daycare provider

\$6,000 max for 2 children

Cancelled checks payable to Daycare provider

**(Income limits apply)*

***Must have EIN of daycare provider and provider address**

Earned Income Credit \$3,359 for 1 child
\$5,548 for 2 children
\$6,242 for 3 or more children
**(Income limits apply)*

☐

***Must have earned income from employer or net income from self-employment**

EDUCATION CREDITS:

American Opportunity Credit \$2,500 per student

☐

Form 1098T (must have)

Lifetime Learning Credit \$2,000 per student

☐

Undergraduate education costs
Graduate school education costs or after first (4) years of undergraduate education.

RESIDENTIAL ENERGY CREDITS:

Exterior Doors & Windows \$500 max credit

☐

Furnaces, Hot water Boilers \$500 max credit

☐

Solar Electric or Solar Water Property 30% of costs

☐

Energy Star certificates & documents provided by installer or summary statement



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(Page 5 of 5)

Part V-Affordable Care Act

For Healthcare Plans obtained through the Marketplace:

Form 1095-A Health Insurance Marketplace Statement

To determine Net Premium Tax Credit(PTC) or
Excess Advance PTC repayment amount

Source of Information

State Health Exchanges or Federal
Health Exchange will provide statement

Form 1095-B Health Coverage Statement

Insurance companies and self-insured
health plans will provide statement

For Healthcare Plans obtained through your Employer:

Form 1095-C Employer provided Health Insurance Offer and coverage

Your employer will provide statement

Did you have Medical coverage for the entire 2016 tax year?

("Yes" or "No")

Y or N

Did you change employers in the 2016 tax year?

Y or N

Were you without healthcare for any portion of the year?

Y or N

Proof of healthcare from each employer

***Penalties for gaps in healthcare**

Part VI-Client Information

Clients Name (First, Middle, Last): _____ Social: ____-____-____ DOB: __/__/__

Address (Street, City, State, Zip): _____

Did you reside in the above state for the full year of 2016? (circle one) Yes or No

If no, please provide previous state(s) of residency and length of stay: _____

1st Dependent (First, Middle, Last): _____ Social: ____-____-____ DOB: __/__/__

2nd Dependent (First, Middle, Last): _____ Social: ____-____-____ DOB: __/__/__

3rd Dependent (First, Middle, Last): _____ Social: ____-____-____ DOB: __/__/__

*****Please be prepared to provide Birth Certificates and Social Security Cards for all dependents***
If you need to add additional dependents, please do so on the back of this form.**

Part VII-Acknowledgement of Tax Checklist completion

I have completed the tax checklist to the best of my ability. The documents I have submitted along with my checklist are accurate and can be relied on for tax preparation.

(Please sign & date)

(Signature needed to process tax information)