



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
Fax: 202.544.4066

wrstax.com

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

NOTE: Immediately Save Checklist prior to filling in the form

2017 TAX CHECKLIST

(Page 1 of 5)

Part I-Income Items

<u>Document Type</u>	<u>(Check box)</u>	<u># of forms</u>	<u>Source of Information</u>
W2 Forms	<input type="checkbox"/>		W2-from Employer(s)
W2-G Forms(Gambling Income)	<input type="checkbox"/>		State Lotteries,Casinos,Racetracks
1099-INT (Interest Income) on all checking, savings, and investment accounts	<input type="checkbox"/>		Banks, Credit Unions, Brokers
1099-DIV(Dividend Income) on all investment accounts	<input type="checkbox"/>		Annual broker statements from Financial Institutions,Credit Unions,etc
1099-G (Unemployment Income) & State Tax Refunds	<input type="checkbox"/>		State unemployment agency & State tax authority
<u>1099-MISC (Miscellaneous income) from:</u>			
-Cancellation of mortgage debt- <u>principal residence</u>	<input type="checkbox"/>		Form 1099C from mortgage company
-Alimony payments received	<input type="checkbox"/>		From payer of alimony
-Credit card debt forgiven by banks	<input type="checkbox"/>		Form 1099C from credit card company
-Self employment income**	<input type="checkbox"/>		Paying agency that issued income
-Rental property income**	<input type="checkbox"/>		Paying agency that issued income
<u>**Complete appropriate spreadsheets for your type of business</u>			
1099-A(Acquisition and Abandonment of Property)-principal & rental property	<input type="checkbox"/>		Mortgage company that property was returned to.
1099-SA(Distributions Health Savings Acct) <u>*Distribution only taxable if funds are not used for qualified medical expenses</u>	<input type="checkbox"/>		Plan administrator issues form.
1099-K(Merchant Card and Third Pty Payments) <u>*Only for businesses that accept credit cards</u>	<input type="checkbox"/>		Merchant statements
1099-B(Proceeds from Sale of mutual funds, and stock) <u>*Please obtain cost basis of stock from investment company</u>	<input type="checkbox"/>		Year end investment statements



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
Fax: 202.544.4066

wrstax.com

2017 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
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 *Adjusted gross income limitations apply *Deduction limited when individual covered by a retirement plan through their employer	<input type="checkbox"/>		Form 5498 from plan administrator
Employment related moving expenses *Move must be at least 50 miles from last home (or) *Move must be at least 60 miles from last job	<input type="checkbox"/>		Receipts and cancelled checks 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



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
Fax: 202.544.4066

wrstax.com

2017 TAX CHECKLIST

(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
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 by employer medical plan <i><u>*Do not include premiums deducted from your wages</u></i>	<input type="checkbox"/>	Receipts and cancelled checks Long Term Care premiums paid Medical Miles for doctor visits
State income taxes paid on prior year(s) tax returns and estimated state income tax payments <i>*(Complete 2017 Tax Payment Schedule)</i>	<input type="checkbox"/>	Receipts and cancelled checks
Federal estimated income tax payments <i>*(Complete 2017 Tax Payment Schedule)**</i>	<input type="checkbox"/>	Receipts and cancelled checks
Sales taxes paid on vehicles, medical supplies, food, and clothing <i><u>*Must be higher than state income taxes paid to be deductible.</u></i>	<input type="checkbox"/>	Receipts to support purchases
<u>Primary residence related expenses below:</u>		
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
<i><u>*Do not include homeowner's insurance</u></i>		



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
Fax: 202.544.4066

wrstax.com

2017 TAX CHECKLIST

(Page 4 of 5)

Part III-continued

<u>Expense Type</u>	<u>(Check box)</u>	<u># of forms</u>	<u>Source of Information</u>
Cash contributions to religious organizations and 501©(3) charitable organizations only <i>*Do not include gifts made to individuals</i>	<input type="checkbox"/>	_____	Statement from religious organization or cancelled checks <i>All donations over \$250 must be supported by documentation</i>
Clothing and household item donations to 501©(3) organizations only <i>*Please include total value of items for each slip</i>	<input type="checkbox"/>	_____	Goodwill Slips, Purple Heart Slips, Disabled Veterans, etc <i>All donations over \$250 must be supported by documentation</i>
<u>Unreimbursed Expenses related to employment:</u>			
-Union dues paid	<input type="checkbox"/>	_____	Last paystub or statement
-Job education and seminar fees	<input type="checkbox"/>	_____	Receipts and cancelled checks
-Overnight job travel	<input type="checkbox"/>	_____	Mileage Log or receipts
-Job travel to different work sites or seminars	<input type="checkbox"/>	_____	Mileage Log for job
-Professional memberships related to your employer	<input type="checkbox"/>	_____	Receipts and cancelled checks

Part IV-Credits that Reduce Taxable Income

<u>Credit Type</u>	<u>Deductible Amount</u>	<u>Enter # of Children</u>	<u>Source of Information</u>
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 \$6,000 max for 2 children	_____	<i>Receipt from Daycare provider</i> Cancelled checks payable to Daycare provider <i>*Must have EIN of daycare provider and provider address</i>
Earned Income Credit	\$3,400 for 1 child \$5,616 for 2 children <i>*(Income limits apply)</i>	_____	<i>*Must have earned income from employer or net income from self-employment</i>
EDUCATION CREDITS:			
American Opportunity Credit	\$2,500 per student	_____	<i>Form 1098T (must have)</i> Undergraduate education costs
Lifetime Learning Credit	\$2,000 per student	_____	Graduate school education costs or after first (4) years of undergraduate education.
RESIDENTIAL ENERGY CREDITS:			
Solar Electric or Solar Water Property	30% of costs	_____	statement provided by installer



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
Fax: 202.544.4066

wrstax.com

2017 TAX CHECKLIST

(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

("Yes" or "No")

Did you have Medical coverage for the entire 2017 tax year? _____

Did you change employers in the 2017 tax year? _____

Proof of healthcare from each employer

Were you without healthcare for any portion of the year? _____

***Penalties for gaps in healthcare**

Part VI-Client Information

Clients Name (First,Middle,Last) _____ SSN#: ____ - ____ - ____ DOB: _____

Address (Street,City,State,Zip) _____

Did you reside in the above state for the full year of 2017? (check 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 V-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-client signature needed)

(Signature needed to process tax information)