**Killingbeck Tax Service**

**What to bring - Checklist**

**WHAT TO BRING:**

* Driver’s licenses for IRS identity verification.
* SS card for dependents not claimed before
* Proof of expenses and residence for HoH, new clients
* W-2s from all Jobs, Sickpay and Subpay
* 1099s on: Pensions, IRAs, Social Security, HSA,Unemployment, Savings Interest & Bonds Cashed
* 1099s for Dividends on Stock and Stock Sales, Cancelled Debt, Foreclosures and Condemnations
* 1095A if you had insurance through Obamacare
* 1095B or 1095C on your health insurance
* Other income: Jury Duty, Lottery, Gambling
* Rental or business income and expenses
* Property tax paid for your home
* For renters: rent paid, landlord’s name & address
* 1098-T for College Tuition, also amounts paid for books & expenses
* Student loan interest
* Day Care receipt & information
* K-12 Private or home school expenses
* Estimated tax payments to IRS or State
* Contribution to 529 College Choice

**Itemization is beneficial if it exceeds the Standard Deduction of:**

**$12,950 Single and MFS, $19,400 Head of Household, $25,900 Married Filing Joint**

**Taxes Paid (limit of $10,000)**

Home, Other Property, . \_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicles: Excise Tax / Wheel/Sur \_\_\_\_\_\_/\_\_\_\_\_\_

Boat, Trailer, RV, Personal Property Tax \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount You Owed the State Last Year \_\_\_\_\_\_\_\_\_\_\_\_\_

State, County & Estimated Income Tax Paid \_\_\_\_\_\_\_\_\_\_\_\_\_

**Contributions**

Church or Religious Organization \_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Organizations \_\_\_\_\_\_\_\_\_\_\_\_\_

Miles Driven for Charity, \_\_\_\_\_\_\_\_\_\_\_\_\_

List Items Donated in good condition (Used Value) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Gambling Losses up to Winnings \_\_\_\_\_**\_\_\_\_\_\_\_

**Medical bills must exceed 7.5% of your AGI**

Prescriptions, Insulin, Prescribed foods \_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: Medicare, Supplements, Long Term Care \_\_\_\_\_\_\_\_

Doctors, Dentists, Chiropractor, Hospital, Eye Doctor \_\_\_\_\_\_\_

Nurse, Nursing Home or Long Term Care Costs \_\_\_\_\_\_\_\_\_

Therapy, Wheelchair \_\_\_\_\_\_\_\_\_\_

Hearing Aids, Eyeglasses, Equipment, \_\_\_\_\_\_\_\_\_\_

Auto Mileage, Travel Expenses, Other Costs \_\_\_\_\_\_\_\_\_\_\_

**Home Interest**

1st Mortgage, Purchase Points \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Mortgage, Home Equity Loan \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Home or a RV or Boat Used as a 2nd Home \_\_\_\_\_\_\_\_\_\_