

## Tax Preparation Checklist

Client Name: \_\_\_\_\_

- Last Year's Returns – **New clients only**
- New Tax Client Information Sheet – **New clients only**
- Driver's License (for you and spouse – if applicable) – **New Clients & Renewals this year**
- Social Security Cards / Birthdates for all taxpayers and dependents – **New Clients & New Dependents**
- Proof of Residency for dependents (school/medical records) – **For anyone who claims dependents**

### Contact Information

Please circle your preferred method of contact. (E-mail, Work, Home, or Cell phone, Text)

Please write your preferred contact information: \_\_\_\_\_

### Delivery of Your Personal Copy of the Tax Return

I want online access to my tax return (Available in a secure and private portal)

E-mail required: \_\_\_\_\_

I want my copy printed on paper

I want my copy to be mailed

### Questions

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#### Personal Information

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did your marital status change during the year

Can you be claimed as a dependent by another taxpayer

Did you own, sell or otherwise acquire financial interest in virtual currency

Did you receive a stimulus check?

If partial amount, \$ \_\_\_\_\_

#### Dependent Information

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you have children under the age of 19 at the end of the tax year, or under the age of 24 if full-time student for at least five months of the year, or permanently and total disabled?

Did your dependents live with you for more than half the year (If so, provide proof of residence.)

Did your dependents provide more than 50% of his/her own support

Did your dependents have less than \$4,300 in gross income

Did you provide over half the support to any person(s) other than dependents

Pay for childcare while you worked, looked for work, or while a full-time student

If yes, please provide \_\_ Provider Name, Address & SSN or EIN

\_\_ Amount Paid

Pay any expenses related to the adoption of a child during the year

If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities

**Income Information**

Y	N	Did you have:
		W-2 form(s) for Wages, Salaries, and Tips
		Interest Income: Form 1099-INT, 1099-OID
		Dividend Income: Form 1099-DIV
		State & City Tax Refunds: Form 1099-G
		Alimony Received/ Paid
		Divorce Date: _____
		Business Income/(Loss) <b>If yes, please answer questions under Business Information below</b>
		Rental real estate or Royalties Income/(Loss) <b>If yes, please answer questions under Rental Information below</b>
		Pensions and annuities: 1099-R
		Unemployment Income: Form 1099-G
		Social Security Benefits: Form SSA-1099
		Disability Income: Form SSA-1099
		Gambling Income: Form W-2G or Records
		Hobby Income
		Debt Cancellation: Form 1099-C
		Other Income



**Foreign Income/ Assets Information**

Y	N	Did you have:
		Any foreign income or pay any foreign taxes
		Financial interest in or signature authority over a financial account, securities account, or brokerage account located in a foreign country

**Retirement Information**

Y	N	Form 1099-R, 5498
		Are you an active participant in a pension or retirement plan
		Did you make: Contributions to your retirement plan
		Distributions from your retirement plan



**Health Care Information**

Y	N	Form 1095-A
		Did you have marketplace insurance

**Health Savings Account**

Y	N	Form 1099-SA, 5498-SA
		Did you make: Contributions to your HSA account
		Distributions from your HSA account
		Were all distributions used to pay unreimbursed qualified medical expenses



**Purchases & Sales Info**

Y	N	Did you have:
		Sale of stock, real estate, or other property
		A new or additional interest in a Partnership or S-Corporation
		Out of state purchases (by telephone internet, mail, or in person) for which the seller did not collect state sales or use tax
		If yes, how much \$ _____

\*\*\*\*\*For self-employed and / or rental property owner clients only\*\*\*\*\*

**Business Information**

Please provide Income (Records, Form 1099s) and Expenses (Summary by category)

Y	N	Did you:
		Start a new business
		Sell, exchange, or purchase any assets
		Pay more than \$600 for rents or services for your business this year
		File 1099 forms for rents & services
		Pay health insurance premiums to employees
		Provide retirement plan to employees
		Maintain a home office
		Total Sq ft: _____
		Office Sq ft: _____
		Use a vehicle for business
		If yes, please answer Vehicle Information on the right.

**Rental Information**

Please provide Income (Records, Form 1099s) and Expenses (Summary by category)

Y	N	Did you:
		Purchase a rental property
		Sell, exchange, or purchase any assets
		Pay more than \$600 for rents or services for your business this year
		File 1099 forms for rents & services

**Vehicle Information: Auto Expenses**

Total miles: \_\_\_\_\_  
Business miles: \_\_\_\_\_

Y	N	Evidence to support business/investment use
		Evidence is written (i.e., mileage log)
		Provide vehicles to employees



**Grant or Loan Information**

		Receive EIDL (Economic Injury Disaster Loan)/EIDL Grant or PPP (Paycheck Protection Program) Loan
		If so, how much \$ _____ and which one(s) _____

**Education Information**

Y	N	Did you, your spouse, or your dependents:
		Have any educational expenses
		If yes, please provide: Form 1098-T, Records
		Have education savings or 529 plan account
		Would you like a worksheet to aid in the completion of a Free Application for Federal Aid (FAFSA)
		Pay any student loan interest this year

**Miscellaneous Information**

Y	N	Did you
		Make gifts of more than \$15,000 to an individual
		Pay any individual as a household employee
		Work out of town for part of the year



Filing Status	Standard Deduction Amount
Single	\$12,400
Married Filing Jointly	\$24,800
Married Filing Separately	\$12,400
Head of Household	\$18,650

**Itemized Deductions (If more than standard deduction amount)**

Please check mark appropriate items.

Medical:

- Medical & Dental
- Insurance Premiums
- Long-Term Care Premiums
- Prescription Drugs
- Miles Driven



Taxes:

- Sales Tax – Did you make any major purchases during this year (cars, boats, RVs, etc.)?
- State and Local Taxes Paid
- Real Estate Taxes Paid
- License Plate Fees

Interest:

- Home Mortgage Interest: Form 1098
- Investment Interest or Expenses



Gifts to Charity:

- Cash Contribution
- Non-Cash Contribution
- Evidence such as a receipt from the organization, a canceled check, payment record.
- Miles Driven



- Gambling Losses

**Michigan Homestead Property**

If you own your house,	If you rent your house,
<input type="checkbox"/> Property Tax Statement	<input type="checkbox"/> Landlord Name & Address
	<input type="checkbox"/> # of Months at Address
	\$ _____ per month

Did you receive?

- Child Support
- Supplemental Security Income
- Gifts or Expenses paid on your behalf
- FIP and other MDHHS Benefits

**Estimated Payments**

If you paid any estimated payments, please write down the amount and date it was paid.

Federal	Amount	Date Paid	State	Amount	Date Paid	City	Amount	Date Paid
Refund Applied:			Refund Applied:			Refund Applied:		
1 <sup>st</sup> Quarter (Apr 15 <sup>th</sup> )			1 <sup>st</sup> Quarter			1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter (Jun 15 <sup>th</sup> )			2 <sup>nd</sup> Quarter			2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter (Sep 15 <sup>th</sup> )			3 <sup>rd</sup> Quarter			3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter (Jan 15 <sup>th</sup> )			4 <sup>th</sup> Quarter			4 <sup>th</sup> Quarter		

I have engaged your firm to prepare my **Federal, State and City** income tax returns (as needed) for the year **2020**. In that regard, I state that, to the best of my knowledge and belief:

1. **I have provided true, correct and complete information regarding my income** as listed on the attached Forms W-2, 1099 and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the return(s). **I have and will retain for five (5) years all of the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense** claimed on my return.
2. **I have provided true, correct and complete information regarding** amounts I have provided to you to claim tax **deductions**, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of the law, and a conflict exists between the taxing authorities' interpretation of the law and other supportable positions, that you will use your professional judgment in resolving the issues.
3. I understand that: (a) taxing authorities examine the returns, (b) documentation should be retained to support the information provided to you, especially business travel & entertainment deductions, business use of autos and other assets and barter activities, and (c) penalties may be imposed on returns that are late, underpaid, or incorrect.
4. **I understand that:** (a) you will not audit or otherwise verify any information, (b) you may require clarification or additional information, and (c) **you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.**
5. I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination or inquiry, except for services covered by your service guarantees in effect this year.
6. **I will contact you immediately if I discover additional information that will lead to a change in my return**, or if I receive any letters from the IRS or state or city taxing authorities.
7. **I understand that your bill will be due and payable upon completion of these returns.** (Unless I am already under annual contract as a Culver Care Relationship Advisory client.) I understand that additional services will not be performed until the bill for these services is paid in full. I understand that your bill will be based upon your standard pricing schedule. I understand that there is a \$50 fee for all returned checks. I understand that unpaid balances accrue service charges of 1.5% per month until the balance is paid in full. I understand that, if necessary, I will also be responsible for any and all collection costs, including small claims court.
8. I have not employed any household help that would be subject to payroll taxes in **2020**.
9. I personally guarantee the obligation and debt owed by my business(es) for work performed and services listed in the agreement.

If there are other services or tax returns that I expect you to prepare, such as estate, gift, sales, fiduciary, property, other states or cities, or other returns, I will note them on the bottom of this letter.

Read, Understood and Accepted by:

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Taxpayer Signature

Date

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Spouse Signature

Date