

## 2009 Individual Tax Checklist

<b>Taxpayer's Name:</b>			<b>Spouse's Name:</b>		
<b>Street Address:</b>			<b>Street Address:</b> (check <input type="checkbox"/> if same as taxpayer)		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>School District:</b>		<b>Municipality:</b>		<b>County:</b>	
<b>Occupation:</b>			<b>Occupation:</b>		
<b>Email Address:</b> _____ @ _____ .			<b>Email Address:</b> _____ @ _____ .		
<b>Home Phone #:</b> (____) _____ - _____			<b>Home Phone #:</b> (____) _____ - _____		
<b>Work Phone #:</b> (____) _____ - _____			<b>Work Phone #:</b> (____) _____ - _____		
<b>Cell Phone #:</b> (____) _____ - _____			<b>Cell Phone #:</b> (____) _____ - _____		
<b>Taxpayer's Date of Birth:</b> / /	<b>Taxpayer's Soc. Sec. #</b> - -		<b>Spouse's Date of Birth:</b> / /	<b>Spouse's Soc. Sec. #</b> - -	
<b>Dependent's Name</b>	<b>Soc. Sec. #</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b># of Months Lived w/ you</b>	
	- -	/ /			
	- -	/ /			
	- -	/ /			
	- -	/ /			

PLEASE PROVIDE COPIES OF SOC. SEC. CARDS FOR ALL FAMILY MEMBERS IF WE HAVE NOT PREVIOUSLY PREPARED YOUR RETURNS.  
**DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.**

- |   |   |
|---|---|
| <input type="checkbox"/> Wages (W-2's)  | <input type="checkbox"/> Pension & Annuity Distributions (1099-R)               |
| <input type="checkbox"/> Interest (1099-Int)                                      | <input type="checkbox"/> Rental Income & Expenses (Enclose a Detailed Schedule) |
| <input type="checkbox"/> Dividends (1099-Div)                                     | <input type="checkbox"/> Partnerships , S Corporations & LLC (K-1)              |
| <input type="checkbox"/> Tax-Exempt Interest (1099-Int)                           | <input type="checkbox"/> Estate or Trust (K-1)                                  |
| <input type="checkbox"/> State & Local Tax Refunds (1099-G)                       | <input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist)   |
| <input type="checkbox"/> Alimony Received \$ _____                                | <input type="checkbox"/> Unemployment (UC-1099-G)                               |
| <input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist) | <input type="checkbox"/> Social Security (Statement)                            |
| <input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B)                       | <input type="checkbox"/> Commissions & Fees Received (1099-MISC)                |
| <input type="checkbox"/> Sale of Property or Residence (Settlement Sheet)         | <input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G)     |
| <input type="checkbox"/> IRA Distributions (1099-R)                               | <input type="checkbox"/> Interest in Any Foreign Financial Account              |

**>> Did you make Estimated Tax Payments for 2009? <<**

	<u>04/15/2009</u>	<u>06/15/2009</u>	<u>09/15/2009</u>	<u>01/15/2010</u>
IRS (US Treasury)	\$	\$	\$	\$
PA Department of Revenue	\$	\$	\$	\$
Local Tax Collector	\$	\$	\$	\$

<input type="checkbox"/> Regular IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Roth IRA (not tax deductible)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Non-Deductible IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> SEP / Simple / Qualified Plan	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ - _____ - _____				\$
<input type="checkbox"/> Medical & Dental Expenses				\$
<input type="checkbox"/> Health Insurance Premiums				\$
<input type="checkbox"/> Long-Term Care Insurance Premiums	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Medical Mileage - Miles _____ @ .24 cents				\$
<input type="checkbox"/> Real Estate Taxes				\$
<input type="checkbox"/> Occupational Privilege Taxes or EMST				\$
<input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet)				\$
<input type="checkbox"/> Home Mortgage Interest (1098)				\$
<input type="checkbox"/> Home Equity Interest (1098)				\$
<input type="checkbox"/> Home Mortgage Interest Paid to Individuals				\$
>Name, Address, Soc. Sec. #				
<input type="checkbox"/> Points not reported on Form 1098				\$
<input type="checkbox"/> Mortgage Insurance Premiums				\$
<input type="checkbox"/> Investment Interest (Broker’s Statement)				\$
<input type="checkbox"/> Student Loan Interest				\$
<input type="checkbox"/> Charitable Contributions – All must be documented				\$
<input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details)				\$
<input type="checkbox"/> Mileage Driven for Charity # _____ miles x .14 cents				\$
<input type="checkbox"/> Union & Professional Dues	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Unreimbursed Employee Expenses (Details)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Business Use of Your Auto <b>You must complete the “Vehicle Information Questionnaire”</b>				\$
<input type="checkbox"/> Teaching Supplies				\$
<input type="checkbox"/> Job Education				\$
<input type="checkbox"/> Job Hunting Expenses				\$
<input type="checkbox"/> Tax Return Preparation Fee				\$
<input type="checkbox"/> Investment Expenses				\$
<input type="checkbox"/> Safe Deposit Box Rental				\$
<input type="checkbox"/> Moving Expenses Date Moved: _____				\$
<input type="checkbox"/> Child Care Expenses Dependent Name: _____				\$
>Provider name, address, Soc. Sec. # or EIN #				\$
<input type="checkbox"/> College Tuition & Enrollment Related Expenses				\$
>Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
>Course Materials (See “American Opportunity Credit” at <a href="http://www.dstortz.com/resources">www.dstortz.com/resources</a> for qualifications)				\$
<input type="checkbox"/> Contributions to 529 Plans –Limit \$13,000 per beneficiary, per taxpayer, list beneficiary name(s) and amounts				\$
<input type="checkbox"/> Adoption Expenses				\$
>Which Dependent(s)?				
<input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Energy-Efficient Improvements and Energy-Efficient Property. Refer to “Supplemental Information for 2009 Energy Tax Credits” at <a href="http://www.dstortz.com/resources">www.dstortz.com/resources</a> for qualifications and additional information.				
<input type="checkbox"/> Settlement Sheet for purchase of home for 1 <sup>st</sup> time Homebuyer Credit				
<b>&gt; Other Comments:</b>				
Do you want your refund Direct Deposited? If Yes, please attach a voided check or deposit slip. (up to 3 accounts)				

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer disks, etc. provided to you for preparation of our returns.

Sign X \_\_\_\_\_ Sign X \_\_\_\_\_ Date \_\_\_\_\_