



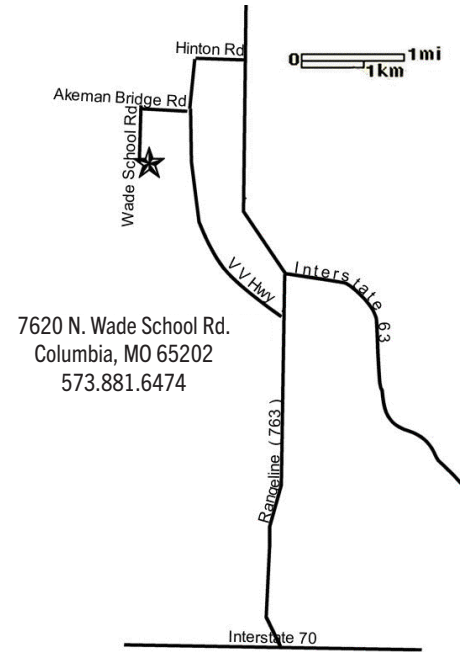
D. TODD MACKEY, CPA, LLC

TAX PREPARATION, ACCOUNTING, PAYROLL,
AND SMALL BUSINESS CONSULTING

Individual Tax Preparation Checklist

General Information

- If you are a **new client**, please include a copy of your previous tax return.
- If you are a previous client and a checklist item remains the same as the previous tax year (i.e. address), just write "same".
- If you are a **previous client**, I can email you a comprehensive client organizer from my tax software that lists out your previous year income/expense items and gives you space to document your current information. Just send me an email if you would like this organizer.
- I have a white drop box to the right of my garage door. You can deliver your tax items to that drop box anytime. Please put the flag up.
- You may scan and email your documents.
- Email is my preferred method of communicating.
- I utilize secure and encrypted e-signing software that provides a copy of the return.



Contact Information

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1 - Personal Data (for new clients or existing clients with changes)

Taxpayer:	Name (First Middle Last)	SSN	Date of Birth	Job Title
	Preferred Email Address	Secondary Email Address	Cell Phone	Secondary Phone

Spouse:	Name (First Middle Last)	SSN	Date of Birth	Job Title
	Preferred Email Address	Secondary Email Address	Cell Phone	Secondary Phone

Street Address	City	State	Zip
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Notes: _____

2 - Dependents (for new clients or existing clients with changes)

	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>SSN</i>	<i>Date of Birth</i>
Dependent 1	# of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>SSN</i>	<i>Date of Birth</i>
Dependent 2	# of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>SSN</i>	<i>Date of Birth</i>
Dependent 3	# of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>SSN</i>	<i>Date of Birth</i>
Dependent 4	# of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

3 - Direct Deposit Information

Bank Information

Acct. Type (Checking or Savings):

Routing # (1st 9 digits)

Acct. # (not check #):

4 - Address Change (If you moved or sold your home during the year, please complete this section)

Previous Street Address

Previous City

Previous State

Previous Zipcode

Date House Was Sold

Years at Residence

Selling Price

Original Purchase Price
Plus Improvements

Please provide a copy of the closing document and 1099-S if provided.

5 - Income Items (checklist)

_____ Form W-2 (make sure you have received all W-2's)	_____ K-1 (partnerships, S-corps.)
_____ Form 1099-Misc. (misc. income, self employment)	_____ Prizes or awards
_____ Form 1099-G (tax refunds & unemployment)	_____ Gambling winnings (will also need losses)
_____ Form 1099-INT & 1099 OID (interest income)	_____ Legal damages (personal injury is not taxable)
_____ Form 1099-DIV (dividend income)	_____ Alimony Received (need payor's name and SSN) (Only for Alimony Agreements prior to 1-1-18)
_____ Form 1099-B (proceeds from broker transactions)	_____ 1099-SA Distributions from HSA
_____ Form 1099-R (retirement plan distribution)	_____ Other _____
_____ Form SSA-1099 (social security benefits)	_____ Other _____

6 - Expense Items (checklist)

Home Owner Expense

_____ Form 1098 (mortgage interest, mortgage insurance)
_____ Real Estate Tax Statement

Charity Expense

_____ Cash Donation
_____ Non-Cash Donations: Include brief description of items donated and value of the donation

Other Expense

_____ Personal Property Statement	_____ IRA, SEP, SIMPLE, MO\$T Contributions
_____ Alimony paid (will need payee's name and SSN) (Only for Alimony Agreements prior to 1/1/18)	_____ Student Loan Interest
_____ Significant Medical Expenses	_____ Form 5498-SA HSA Contributions
_____ State Income Tax Paid on Previous Tax Return	_____ Other _____
_____ Gambling Losses	_____ Other _____
_____ Margin interest on Investment Account	_____ Other _____

7 - College Tuition Detail (Please provide a copy of all 1098-T's for tuition and 1099-Q for Education plan distribution)

Name	Year in College	Required Books for Enrollment \$	Tuition Paid (1098-T)	Full-Time/Part-Time College Student	MO\$T Distributions	Dependent's Earnings
Taxpayer	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____
Dependent	_____	_____	_____	_____	_____	_____
Dependent	_____	_____	_____	_____	_____	_____
Dependent	_____	_____	_____	_____	_____	_____
Dependent	_____	_____	_____	_____	_____	_____

8 - Childcare Detail (Please Provide a copy of the Childcare provider's year-end form stating total childcare expense paid)

	Total Daycare Paid for Child		Total Paid
Dependent	_____	Daycare Provider's Name (1)	_____
Dependent	_____	Daycare Provider's EIN or SSN	_____
Dependent	_____	Daycare Provider's Address	_____
Dependent	_____		_____
			Total Paid
Grand Total for Dependents	_____	Daycare Provider's Name (2)	_____
		Daycare Provider's EIN or SSN	_____
		Daycare Provider's Address	_____

			Total Paid
		Daycare Provider's Name (3)	_____
		Daycare Provider's EIN or SSN	_____
		Daycare Provider's Address	_____

			Total Paid

			Grand Total for All Daycares

Please note: The total for all dependents should equal the total for all daycare providers.

9 - Insurance

Health Insurance (If you had health insurance during the tax year, please include form 1095-A, 1095-B or 1095-C)

Did you, your spouse and dependents have health insurance during the entire tax year?
If no, please list gaps in coverage below.

Gaps in Coverage _____

Did you obtain health insurance through the Health Insurance Market Place?
If yes, the IRS must provide Form 1095-A.

Did you obtain health insurance through a private insurer or privately funded plan?
If yes, the company must provide Form 1095-B.

Did you, your spouse and dependents have health insurance through your employer?
If yes, your employer must provide Form 1095-C.

If you obtained health insurance through a private company (not through the IRS Market Place or Employer),
please list amount paid.

Are you self-employed?

Long Term Insurance

Did you have long-term care insurance?

If so, how much did you pay for you and your spouse?

Notes:
