

YOUNG & COMPANY

Certified Public Accountants, LLP

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TAX APPOINTMENT CHECKLIST

Time of Appointment: _____

Date: _____

- Completed Affordable Care Act checklist** (see below)
- Form W-2:** Wage statements from employers.
- Form 1099-INT:** Interest statements.
- Form 1099-DIV:** Dividend statements from investments.
- Form 1099-R** : Pension statements.
- Form 1099-B:** Statements from broker for stock and/or mutual fund sales.
(Also bring original cost and date purchased)
- Form 1098:** Mortgage interest
- Form K-1:** Statement from partnerships or S-Corporations.
- Social Security statements of income.**
- Unemployment income received.**
- Rental income & expenses.**

- Business income & expenses.**
- Real estate taxes paid.** (May be reported on the Form 1098)
- Charitable contributions.** (Both cash and non-cash)
- Estimated tax payments for Federal and State government.** We need the amounts and the dates they were paid.
- Dates of birth and Social Security cards for your dependents.**
- Amount of post-secondary tuition and fees paid plus amounts paid for mandatory books and course materials.** We will also need to know how much of the tuition was paid by a scholarship and/or grant.
- Student loan interest paid.**
- Medical and dental expenses including long term care insurance premiums paid, if any.**
- Documentation for any large purchases** (i.e.; car, boat, RV) that you ***paid sales tax*** on, including the date purchased.
- IRA, KEOGH, & SEP contributions.**
- Last income tax return filed, if prepared by another preparer.**
- VOIDED blank check,** if you would like direct deposit of your tax refund.

AFFORDABLE CARE ACT CHECKLIST

Name: _____

Date: _____

If you have employer provided Health care coverage fill out section A; otherwise, please fill out section B.

Section A: (circle yes or no)

- | | | | |
|---|-----|----|----|
| 1. Are all members of your household covered by your employer policy? | YES | or | NO |
| 2. Does your policy qualify as "minimum essential coverage"? | YES | or | NO |
| 3. In 2014, did you have any coverage gaps of 3 months or more? | YES | or | NO |
| 4. Do you have proof of your insurance coverage? | YES | or | NO |

Section B: (circle yes or no)

- | | | | |
|--|-----|----|----|
| 1. Did you have health insurance coverage in 2014? | YES | or | NO |
| 2. Were you on Medicare or Medicaid? | YES | or | NO |
| 3. Did you obtain coverage through the ACA exchange? | YES | or | NO |
| 4. Did you receive Form 1095-A, 1095-B or 1095-C?
(If you did you must bring it in to our office) | YES | or | NO |
| 5. Did you receive an exemption certificate number (ECN) | YES | or | NO |
| 6. Are you married but filing separate? | YES | or | NO |
| 7. Can you be claimed as a dependent on someone else's return? | YES | or | NO |
| 8. Did you receive an advanced tax credit (APTC)? | YES | or | NO |

If you have other members in your household we will need the same questions answered for them as well.

Signature: _____

For additional information please go to <http://youngandcompany.net/>