

Pettigrew & Pettigrew, CPAs

Tax Return Checklist

**** We offer tailored tax organizers for our clients. If you would like for us to mail or email you a tailored tax organizer, please call 478-453-9305 or email custserv@pettigrewcpa.com to make that request.**

INCOME

Below is a list of forms that will be required if applicable

Active income

- _____ W-2s (wages)
 - _____ Business income (also see Business Organizer)*
 - _____ Rental income (also see Rental Organizer)*
 - _____ Farm Income (also see Farm Organizer)*
- *Please also bring all 1099-Misc or K-1 forms received
*Business, Rental, and Farm Organizers can be found at
www.pettigrewaccounting.com

Retirement Income

- _____ 1099-R (pension, annuity and IRA income)
- _____ 1099-SSA (social security income)

Investment Income

- _____ 1099-DIV (dividends from stocks owned)*
- _____ 1099-INT (interest earned from banks and bonds)*
- _____ 1099-B (sale of stocks and bonds)*
- _____ 1099-Consolidated (from financial advisor - This should include stock sales, etc)
*1099 B, INT and DIV may be included with the 1099-Consolidated info
- _____ 1099-S (sale of real estate or timber) Bring Closing Statements for real estate sales

Other Income

- _____ 1099-G (Prior year state refund and/or Unemployment benefits)
- _____ W-2 G – Gambling Income
- _____ Alimony received
- _____ Other income for which a tax form such as 1099 or W-2 was not received

ADJUSTMENTS

- _____ IRA Contributions \$ _____
- Please indicate Traditional IRA or ROTH IRA
- _____ Student Loan interest paid
- _____ Alimony Paid - Please provide recipient's SSN _____
- _____ Health Savings Account (HSA) Contribution \$ _____
- Please provide copy of 1099-SA

HEALTH INSURANCE

- _____ 1095-A - For those with health insurance purchased over the health insurance exchange (healthcare.gov) ***The IRS will not process returns that omit this information**

DEDUCTIONS

Medical Expenses

- \$ _____ Health Insurance paid outside of a pre-tax program
- \$ _____ Doctors Bills (out of pocket)
- \$ _____ Dentist Bills (out of pocket)
- \$ _____ Prescriptions / Pharmacy (Prescribed drugs only - out of pocket)
- \$ _____ Eye Care
- \$ _____ Long Term Care Insurance (Please separate by spouse)
- \$ _____ Lodging while on medical related travel for yourself or a dependent
- _____ Miles driven for medical trips
- \$ _____ Other Medical such as medical equipment, chiropractic, hearing aids, etc.

Taxes Paid

- \$ _____ Property Taxes
- \$ _____ Vehicle Tags and taxes
- \$ _____ Title Ad Valorem (TAV) tax on purchase of new vehicles

Mortgage interest

- _____ 1098 - Mortgage interest paid
- _____ Closing Statements if you purchased or refinanced your home in the previous year

Charity

- _____ Statements from Churches and Charities for cash and check donations
- _____ Statements for Non-Cash Donations to charities such as Salvation Army, etc.
*If total Non-Cash Donations exceed \$5,000 please bring certified appraisal
- _____ GOAL Scholarship (form IT-QEE-SSO1 required)
- _____ HEART Rural Hospital (form IT-QRHOE-RHO1 required)
- _____ Volunteer Miles driven

CREDITS

- _____ 1099-T - College / Technical School credit for yourself, spouse, or dependent
- \$ _____ Cost of Books and required classroom supplies for Higher education
- _____ Child care Credit - cost for child care / preschool for children under age 13
 - Provider name _____
 - Provider Address _____
 - Amount paid to provider \$ _____

PAYMENTS

Please provide us with the amounts of Quarterly Estimated taxes paid in for the prior year

	Federal	State	Date paid	Check number
1st Q due 4/18/23	_____	_____	_____	_____
2nd Q due 6/15/23	_____	_____	_____	_____
3rd Q due 9/15/23	_____	_____	_____	_____
4th Q due 1/17/24	_____	_____	_____	_____