

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
- _____ K-1 (income reported from Partnership or S-Corporation)

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. If you have evidence of these payments, please provide us with that documentation as well

	Federal	State	Date paid	Check number
1st Q due 4/15/24	_____	_____	_____	_____
2nd Q due 6/17/24	_____	_____	_____	_____
3rd Q due 9/16/24	_____	_____	_____	_____
4th Q due 1/15/25	_____	_____	_____	_____