

# Pettigrew & Pettigrew, CPAs

## Tax Return Checklist

---

### 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](http://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**
- 1095-B/C - For those with employer or retirement sponsored health insurance

SEE REVERSE FOR DEDUCTIONS AND CREDITS

**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 dependant
- \_\_\_\_\_ 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 4/15/19	_____	_____	_____	_____
2nd Q due 6/15/19	_____	_____	_____	_____
3rd Q due 9/15/19	_____	_____	_____	_____
4th Q due 1/15/20	_____	_____	_____	_____

**\*\* 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@pettigrewaccounting.com](mailto:custserv@pettigrewaccounting.com) to make that request.**