

## INDIVIDUAL INCOME TAX CLIENT CHECKLIST

Taxpayer name:		Occupation:	DOB:	SSN:	
Taxpayer Driver's License #:	Issue Date:	Expiration Date:	County of Employment:		
Taxpayer Phone #:		Taxpayer email:			
Spouse name:		Occupation:	DOB:	SSN:	
Spouse Driver's License #:	Issue Date:	Expiration Date:	County of Employment:		
Spouse Phone #:		Spouse email:			
Bank Name:	Routing #:	Account #:	County of Residence:		
Address:		City:	State:	Zip:	
Dependent name:	DOB:	SSN:	Dependent name:	DOB:	SSN:
Dependent name:	DOB:	SSN:	Dependent name:	DOB:	SSN:

### TAX FORMS

	<u>INCLUDED</u>	<u>N/A</u>	<u>WILL PROVIDE</u>
	↓	↓	↓
W-2s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> wages
1099-INT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> interest income
1099-DIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> dividend income
1099-B/1099-DA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> stock/digital asset sales
SSA-1099	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Social Security
1099-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> retirement
1099-NEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> nonemployee comp
1099-MISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> miscellaneous income
W-2G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> gambling income
1099-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> government pymts
Schedule K-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pass-thru income
1099-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> cancelled debt
1099-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> real estate proceeds
1099-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3rd party pay
1099-SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HSA distributions
1099-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 529 distributions
1098	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mortgage interest
1098-E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> student loan interest
5498-SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HSA contributions
5498	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IRA information
1098-T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> tuition paid
1095-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> marketplace insurance
1099-LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> long-term care

Also submit questionnaire here:



To save time at drop-off, use this QR code to submit the questionnaire now.

**Did you make all Federal Estimated Income Tax Payments? Please include verification**

Date due	April 15, 2025	June 16, 2025	September 15, 2025	January 15, 2026
Date paid				
Confirmation/check #				
Amount				

**Did you make all State Estimated Income Tax Payments? Please include verification**

Date due	April 15, 2025	June 16, 2025	September 15, 2025	January 15, 2026
Date paid				
Confirmation/check #				
Amount				

**DEDUCTIONS & CREDITS**

Indiana College Choice contributions (**provide account #, owner, and beneficiary**)

Designated for higher education	
Designated for K-12 tuition	

Rent paid for Indiana residence		Provide months rented	
Provide landlord name and address			

Energy improvement costs (**provide description, manufacturer ID#, amount, & date**)

YES / NO

Donations to an Indiana college (**provide date, amount, college name**)

Charitable contributions - noncash (used items in good or better condition)

Charitable contributions - cash, check, credit card

Charitable mileage

QCD (donations directly from your IRA to charity)


\*Provide supporting documentation; 1099-R QCD reporting is optional for 2025 and may not appear on the form.

\*Cash and non-cash donations greater than \$250 require a written contemporaneous acknowledgment from the donee organization.

Health insurance premiums (**excluding Medicare and pre-tax employer deductions**)

Medical expenses		Nursing home costs	
Prescription costs		Medical mileage	
Long-term care premiums for taxpayer		Indiana Partnership LTC premiums?	YES / NO
Long-term care premiums for spouse		Indiana Partnership LTC premiums?	YES / NO
Healthcare Sharing Ministry Premiums		Private/home school expense	
Real estate taxes		Child care expense	
Auto excise taxes		Educator expenses	
Sales tax on major purchase		Gambling losses	

Roth IRA contributions - Taxpayer

Qualifying vehicle loan interest

VIN number (required)

Roth IRA contributions - Spouse		loan originated after 12/31/24?	YES / NO
Traditional IRA contributions - Taxpayer		used to purchase NEW vehicle?	YES / NO
Traditional IRA contributions - Spouse		secured by a lien on the vehicle?	YES / NO
		less than 14,000 lbs and final assembly in US?	YES / NO

Please answer the following questions marking yes or no. **For all yes answers please provide us with all pertinent information regarding that transaction.** All questions pertain to the current tax year.

YES      NO

Give gifts to any individual of more than \$19,000?		
Noncustodial parent claiming your child (include signed Form 8332)?		
Sell or trade-in a vehicle that has been used for business?		
Purchase a new or used "clean energy" vehicle <b>before 10/1/2025</b> ?		
Have qualifying overtime compensation?		