

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 & CREDITSIndiana 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

Prescription costs

Long-term care premiums for taxpayer

Long-term care premiums for spouse

Healthcare Sharing Ministry Premiums

Real estate taxes

Auto excise taxes

Sales tax on major purchase

Nursing home costs

Medical mileage

Indiana Partnership LTC premiums? YES / NO

Indiana Partnership LTC premiums? YES / NO

Private/home school expense

Child care expense

Educator expenses

Gambling losses

Roth IRA contributions - Taxpayer

Roth IRA contributions - Spouse

Traditional IRA contributions - Taxpayer

Traditional IRA contributions - Spouse

Qualifying vehicle loan interest

VIN number (required)

loan originated after 12/31/24? YES / NO

used to purchase NEW vehicle? YES / NO

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.YESNO

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 before 10/1/2025 ?		
Have qualifying overtime compensation?		