

Linda's Tax Service
 6314 NE 137th Ave
 Vancouver, WA 98682
<http://www.lindastaxservice.com>

Mark each box with an X
if it applies to you

What to bring to your appointment:

INCOME:

<input type="checkbox"/> WAGES (W-2'S)	<input type="checkbox"/> 401K INCOME (1099'S)	<input type="checkbox"/> DO YOU OWN A RENTAL?
<input type="checkbox"/> INTEREST (1099'S)	<input type="checkbox"/> SEP/SIMPLE INCOME (1099'S)	<input type="checkbox"/> ROYALTIES (K1'S)
<input type="checkbox"/> DIVIDENDS (1099'S)	<input type="checkbox"/> SOCIAL SECURITY (1099'S)	<input type="checkbox"/> FARM
<input type="checkbox"/> SALE OF STOCK (1099'S)	<input type="checkbox"/> ALIMONY INCOME	<input type="checkbox"/> JURY DUTY PAY
<input type="checkbox"/> SALE OF PROPERTY	<input type="checkbox"/> LOTTERY/GAMBLING INCOME (1099'S)	<input type="checkbox"/> FOREIGN INCOME
<input type="checkbox"/> RETIREMENT (1099'S)	<input type="checkbox"/> UNEMPLOYMENT (1099'S)	<input type="checkbox"/> HOBBY INCOME
<input type="checkbox"/> IRA INCOME (1099'S)	<input type="checkbox"/> BUSINESS/SELF EMPLOYMENT (P&L)	<input type="checkbox"/> TIP INCOME
<input type="checkbox"/> ROTH INCOME (1099'S)	<input type="checkbox"/> CORPORATE/PARTNERSHIP/TRUST (K1'S)	<input type="checkbox"/> OTHER:

POSSIBLE DEDUCTIONS:

<input type="checkbox"/> PAID INTO TRADITIONAL IRA	<input type="checkbox"/>	<input type="checkbox"/> CHILD CARE PROVIDER	<input type="checkbox"/>
<input type="checkbox"/> PAID INTO ROTH	<input type="checkbox"/>	NAME: _____	
<input type="checkbox"/> ALIMONY PAID	<input type="checkbox"/>	ADDRESS: _____	
<input type="checkbox"/> STUDENT LOAN INTEREST	<input type="checkbox"/>	CITY: _____ STATE: _____	
<input type="checkbox"/> EDUCATOR EXPENSES	<input type="checkbox"/>	EIN#: _____	

MEDICAL EXPENSES:	
<input type="checkbox"/> DR./DENTIST	<input type="checkbox"/>
<input type="checkbox"/> EYE EXAM/GLASSES/CONTACTS	<input type="checkbox"/>
<input type="checkbox"/> PRESCRIPTIONS	<input type="checkbox"/>
<input type="checkbox"/> HOSPITAL/LABS/X RAYS	<input type="checkbox"/>
<input type="checkbox"/> HEARING AIDS/BATTERIES	<input type="checkbox"/>
<input type="checkbox"/> MEDICAL MILES DRIVEN	<input type="checkbox"/>

CHARITABLE DONATION:	
<input type="checkbox"/> CASH	<input type="checkbox"/>
<input type="checkbox"/> NON CASH	<input type="checkbox"/>
<input type="checkbox"/> VOLUNTEER EXPENSES	<input type="checkbox"/>
<input type="checkbox"/> CHARITABLE MILEAGE	<input type="checkbox"/>

HEALTHCARE COVERAGE:	
<input type="checkbox"/> LONG TERM CARE INSURANCE PREM.	<input type="checkbox"/>
<input type="checkbox"/> 1095 A/B/C FORM	<input type="checkbox"/>
<input type="checkbox"/> # OF MONTHS COVERED	<input type="checkbox"/>
<input type="checkbox"/> AMOUNT PAID MONTHLY	<input type="checkbox"/>

HOME:	
<input type="checkbox"/> (1098) MORTGAGE INTEREST (capped @ 10,000)	<input type="checkbox"/>
<input type="checkbox"/> NEW PURCHASE/REFINANCE	<input type="checkbox"/>
<input type="checkbox"/> PROPERTY TAXES	<input type="checkbox"/>

MISC EXPENSES:	
<input type="checkbox"/> GAMBLING LOSSES	<input type="checkbox"/>
<input type="checkbox"/> DAMAGE/STOLEN PROPERTY	<input type="checkbox"/>
<input type="checkbox"/> ADOPTION EXPENSES	<input type="checkbox"/>
<input type="checkbox"/> STUDENT LOAN INTEREST	<input type="checkbox"/>
<input type="checkbox"/> TUITION/BOOKS/FEEES	<input type="checkbox"/>
<input type="checkbox"/> SALES TAX ON AUTOS (or other lg purchase)	<input type="checkbox"/>

NOTES:
 Is there anything else that you think is relevant to your tax situation? Do you have any questions?

ESTIMATED TAX PAYMENTS:	
<input type="checkbox"/> AMOUNT PAID	<input type="checkbox"/>