LYNN-MARK ENTERPRISES, LLC
TAX & BUSINESS CONSULTANTS
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Tax Checklist

If you are a new client, please provide copies of last year's tax return.

Personal Data

Self

Last Name: ______________________
First: ______________ M: ________
SSN: ______________ DOB: ________
Occupation: ______________________
E-mail: ______________________
Work Phone: ______________________
Cell Phone: ______________________
Home Phone: ______________________

Spouse

Last Name: ______________________
First: ______________ M: ________
SSN: ______________ DOB: ________
Occupation: ______________________
E-mail: ______________________
Work Phone: ______________________
Cell Phone: ______________________
Fax: ______________________

If you informed the IRS that you were a victim of ID theft, please provide ID protection pin ________________

Moved in current year: ❑ YES ❑ NO Move Date: ______________________

Present Address: ______________________ Apt: ____________

City: ______________ State: ____________ Zip: ________ County: ________

Bank Name: ______________________ ❑ Checking ❑ Savings

Routing No.: ______________________ Acct No.: ______________________

Filing Status: ❑ Single ❑ Married Filing Jointly ❑ Married and Separate Return ❑ Widow(er) ❑ Head of Household

Same sex marriage ❑ yes ❑ no If yes, name of state ________________.

DEPENDENTS

Last: ____________ First: ____________ M: ____ SSN: ________ DOB: ______ Relationship: ____
Last: ____________ First: ____________ M: ____ SSN: ________ DOB: ______ Relationship: ____
Last: ____________ First: ____________ M: ____ SSN: ________ DOB: ______ Relationship: ____

Were you notified by IRS or other taxing authorities of any changes in prior year tax filings. ❑ yes ❑ no If yes, please provide copies of notices.

Employment & Income Data

❑ W-2 forms — please provide.
❑ Freelance Income —total amount received $____________ attach Forms 1099-Misc
❑ Amount of Rental Real Estate Income Received $____________ (see rental worksheet)
❑ K-1 forms for all Partnerships / S-Corp / Trusts — please provide.

Other Income

❑ Unemployment compensation — attach Form 1099-G
❑ Statement of Tax Overpayment (state tax refund) – attach Form 1099-G
❑ Jury Duty income received $____________
❑ Alimony paid or received (circle one) Name ________________ SSN ____________ Amt $________
❑ Gambling income — attach Form W-2G
❑ Cancellation of debt — attach Form 1099-C
❑ Amount received from a punitive damage award or an award from damages other than for physical illness or injury.
❑ Social security—attach form SSA-1099

Financial Information

❏ Interest income — attach Form 1099-INT & 1099-OID

❏ Dividend income — attach Form 1099-DIV

❏ Foreign account — At any time during the year did you have an interest in or a signature or other authority over a financial account in a foreign country, such as bank account, securities account or other financial account?

❏ yes ❏ no If yes, was the total of all account values greater than 10K? ❏ yes ❏ no

❏ Sale of Stocks, securities, real estate or other property — attach Forms 1099-B (see Capital Gains/Losses Worksheet)

❏ If you held any securities that became worthless during the year, provide details.

❏ Were stock options granted to you by your employer or exercised by you during the year? Please provide details.

❏ Retirement plan distribution — attach Form 1099-R

❏ Margin interest paid $____________________

❏ Student loan interest paid $____________________

❏ 529 College Saving Program — contributions made by December 31st

Amount Contributed $____________________ Name of Plan: ____________________________ State: ____________________

❏ Health Savings Account — attach form 1099-HSA.

Homeowner / Renter Data

❏ Did you purchase a first-time home ❏ yes ❏ no

❏ Purchase of new home — attach closing statement. Date of Purchase? ___________ Purchase Price?__________________

❏ Mortgage interest — attach Form 1098

❏ Real estate taxes paid $____________________ (if not listed on form 1098)

❏ Unpaid principal on first mortgage ____________________

❏ Do you have a second mortgage on this home? ❏ yes ❏ no

❏ Do you have an equity loan on this home? ❏ yes ❏ no

❏ Describe the purpose of the second mortgage and /or equity loan ____.

❏ Unpaid principal on second mortgage/equity loan. $____________________

❏ Co-op owners — provide letter from co-op. Number of shares owned ____________________

❏ Sale of your home or other real estate — attach closing statement, list expenses of sale, legal fees, improvements or other cost/basis additions.

Expenses

❏ Charitable contributions (Checks & Credit Cards)*

	Name of Organization	Date of Contribution	Amount
1.			
2.			
3.			
4.			
	TOTAL		$

*No charitable deductions for "cash" unless donor retains a bank record, receipt, or written communication from the donor showing the name of donor organization, date and amount of contribution.

Non-cash (i.e., donation of clothes, furniture, old car)

Name & Address of donee organization	Description of donated property	Date of contribution	Fair Market Value $ must be in "good used condition or better"
		Non-Cash Total:	$

❏ Medical expenses (attach Medical Expenses Worksheet)

❏ Provide list of moving expenses due to a job change (greater than 50 miles only)

❏ Out of Pocket expenses related to your W-2 job (i.e., travel expenses, union dues, subscriptions, job-hunting expenses)
Note: traveling to and from work is nondeductible commuting. (see worksheet)

❏ Investment expenses

❏ Tuition and education expenses — Form 1098-T

❏ Child and dependent care expenses for child under age 13 — (i.e., Day Camp, Household employee, Day Care)

Provider's Name	Provider's Address	EIN or SSN	Amount Paid

❏ List of freelance business-related expenses (see Itemized Deductions Worksheet)

❏ If you incurred any expenses related to the adoption of a child, provide details.

❏ If you are a teacher provide out of pocket classroom costs.

❏ If you had a household employee whom you paid in excess of $1,000 in any quarter or $1,500 for entire year, please provide details.

Other Deductions

❏ If you installed any energy efficiency improvements in your residence such as exterior doors or windows, insulated heat pumps, furnaces, central AC or water heaters or solar, please provide info.

Retirement Plan Information

❏ Contributions made to an IRA, ROTH or SEP IRA (circle one) — for current year tax filing

Self $________________ Spouse $________________ additional contributions to be made before April 15 $________________

Tax Payments Made

❏ Federal, State & Unincorporated Business taxes (UBT) paid for prior year (if Applicable) — Please provide details.

❏ Estimated tax payments

Federal	Date Paid	Federal Amount	State/City Amount	NYC-UBT	MCTMT
Voucher 1		$	$	$	$
Voucher 2		$	$	$	$
Voucher 3		$	$	$	$
Voucher 4		$	$	$	$

❏ If not a NY resident, is a local tax return required within your resident jurisdiction? ❏ yes ❏ no