



LYNN-MARK ENTERPRISES, LLC
TAX & BUSINESS CONSULTANTS

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Email: Taxquestions@lynnmark.com

Tax Checklist

Personal Data

Self

First Name & Middle: _____

Last Name: _____

SSN: _____ DOB: _____

Occupation: _____

E-mail: _____

Work Phone: _____

Cell Phone: _____

Driver's license/State ID (provide photo of front and back)

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

Stimulus — provide date(s) and amount of stimulus received _____

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.

Moved in current year: Yes No Move Date: _____

Present Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Bank Name: _____

Personal Checking -or- Personal Savings -or- Business Savings -or- Business Checking

Routing No.: _____ Acct No.: _____

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

DEPENDENTS

Last: _____ First: _____ M: _____ SSN: _____ DOB: _____ Relationship: _____

Last: _____ First: _____ M: _____ SSN: _____ DOB: _____ Relationship: _____

Last: _____ First: _____ M: _____ SSN: _____ DOB: _____ Relationship: _____

Health Insurance Information

Did you have health insurance coverage for the entire tax year?

Yes No If no, which months were you not covered? _____ — attach Form 1095-B or 1095-C

If you enrolled through the Health Insurance Marketplace, attach Form 1095-A.

Employment & Income Data

- Wages — attach Form W-2
- Freelance Income — attach Form 1099-Misc or 1099-NEC (provide list of income & expenses - see business deductions worksheet)
- Rental Real Estate Income and Expenses (attach rental worksheet)
- Income from all Partnerships / S-Corp / Trusts — attach Form K-1

Other Income

- Unemployment compensation — attach Form 1099-G
- Social Security — attach Form SSA-1099
- Retirement/Pension distribution - attach Form 1099-R
 - If distribution from IRA, reason for distribution _____
 - Would you certify that you took a distribution because you or a family member were diagnosed with COVID or had financial hardship due to COVID? _____ Do you intend to pay it back in 3 years? _____
- Jury Duty Income — attach Form 1099-G
- Alimony paid or received Name _____ SSN _____ Amt \$ _____
 - Date of Divorce _____
- 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.

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 Form 1099-B (see Capital Gains/Losses Worksheet)
- Were stock options granted to you by your employer or exercised by you during the year? Please provide details.
- Have you owned crypto or virtual currency during the year? Yes No
- Did you trade or make purchases or receive any goods or services during the year using crypto currency? Yes No
- Student loan interest paid — attach Form 1098-E
- 529 College Saving Program — contributions made by December 31st - attach confirmation
- 529 College distributions — attach Form 1099-Q
- Health Savings Account — attach Form 1099-HSA.

Retirement Plan Information

- Contributions made to a TRAD IRA ROTH IRA or SEP IRA (check one) — for current year tax filing
 - Self \$ _____ Spouse \$ _____ additional contributions to be made before April 15 \$ _____

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 as of 12/31 \$ _____
- 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 as of 12/31 \$ _____
- 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)* Please provide a summary list and receipts

	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	\$

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	Child's Name

Medical expenses (attach Medical Expenses Worksheet)

Tuition and education expenses — attach Form 1098-T

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

Educators of grades K-12 — provide out of pocket classroom costs.

If you had a household employee whom you paid in excess of \$2,100 for entire year, please provide details.

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.

Tax Payments Made

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

Estimated Tax	Date Paid	Federal Amount	State/City/ MCT Amount	NYC-UBT
Voucher 1		\$	\$	\$
Voucher 2		\$	\$	\$
Voucher 3		\$	\$	\$
Voucher 4		\$	\$	\$

*Please go to www.lynnmark.com for worksheets.