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Year-End Tax Checklist

Your First & Last Name _____

Last 4 of SS# _____

Did you change your mailing address in 2020 Yes No

If yes new address is: _____

Was there a change in your Family or filing status? Yes No

If Yes please indicate Marriage Divorce

Any additional children born in 2020 Yes No

If Yes, please indicate: First Last Names, SS# and DOB, below.

New clients ONLY: provide copy front/back of your Drivers License (spouse as well if applicable)

Did you and your dependents have health insurance entire year? Yes No

Do you have signatory authority or ownership in a Foreign bank, investment or business accounts? Yes No

Are you and/or your spouse beneficiary of foreign trust(s) Yes No

Are you and/or your spouse have ownership in any foreign company(ies) Yes No

Has your bank account changed from last year? Yes No

If Yes, provide new routing/account numbers

Amount Received with 1st Stimulus Payment \$ _____

Amount Received with 2nd Stimulus Payment \$ _____

To avoid missing forms, we recommend to have all the pages numbered

Forms for 2020 (both spouses if applicable)	CHECK ALL THAT APPLY	# OF FORMS SUBMITTED
Wage Reporting: Form W-2	<input type="checkbox"/>	
Miscellaneous income including rent: Forms 1099-MISC	<input type="checkbox"/>	
Partnership, S Corporation, & Estate Trust: Schedules K-1	<input type="checkbox"/>	
State and local income tax refunds: Form 1099-G	<input type="checkbox"/>	
State Unemployment Payments: Form 1099-G	<input type="checkbox"/>	
Interest income statements: Form 1099-INT & 1099-OID	<input type="checkbox"/>	
Dividend income statements: Form 1099-DIV	<input type="checkbox"/>	
Proceeds from Stock/Bonds/Securities: Form 1099-B	<input type="checkbox"/>	
Retirement plan distribution and rollovers: Form 1099-R	<input type="checkbox"/>	
Social Security Income: Form 1099-SSA, 1099-RRB	<input type="checkbox"/>	
Payments for qualified education program: Form 1099-Q	<input type="checkbox"/>	
Sale of your home or other real estate: Form 1099-S	<input type="checkbox"/>	
Health Insurance Forms 1095-A, 1095-B, 1095-C	<input type="checkbox"/>	
Health Saving Accounts and MSA: Form 1099-SA	<input type="checkbox"/>	

Mortgage interest: Form 1098	<input type="checkbox"/>	
Student Loan Interest paid Form 1098-E	<input type="checkbox"/>	
Tuition Payments Statement Form 1098-T	<input type="checkbox"/>	
Forgiveness of Debt Form 1099-C	<input type="checkbox"/>	
Other forms not listed above list it here:	<input type="checkbox"/>	

Other Income	INDICATE AMOUNT
Alimony received	
Jury duty pay	
Scholarships and fellowships	

EXPENSES CHECK LIST

All expenses/deduction MUST have supporting documentation (receipts, check, bill, letter, etc.) to support the deductions

Expense Data	INDICATE AMOUNT
Adoption expenses	
Alimony paid to former spouse	
Casualty or Loss (suspended for now)	
Child care expenses (FSA) e.g. non-sleep summer camp, babysitter, nursery (provide <u>Name, SS or Tax ID and address</u> of the provider.) Note both parents must work or seek employment.	
Educational Exp. paid by cash/check not included in the Form 1098-T (supplies, books, other school expenses)	
Home improvements for Energy Efficiency (provide details of what was improved and each item's cost)	
Donation to charity (Note that any single donations of \$250 or more needs to have an official receipt) Itemized deduction only	
Gifts to charity, non-cash (clothing, other property) Include a detailed receipt of what was donated. Itemized deduction only	
Job-hunting expenses (suspended) Itemized deduction only	
Medical Expenses (paid out of pocket) Itemized deduction only	
Moving expenses (over 50 miles, work related)	
Expenses related to prizes and awards (lottery ticket, etc.)	
Real estate taxes paid (if not included in mortgage payment Form 1098)	
Rent paid in 2020 (For NJ residents only)	
H.S.A. (Health Savings Account) contribution by you during the year	
Unreimbursed expenses related to your job (suspended) Itemized deduction only	
Estimated Tax Payments made to IRS (list dates and amounts) 1 _____, 2 _____ 3 _____, 4 _____	
Estimated Tax Payments made to State (list dates and amounts) 1 _____, 2 _____ 3 _____, 4 _____	
Contributions to: IRA (individual retirement accounts)	

Please sign X _____
Date X _____