

Tax Team of New England

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TaxTeamNe.com

Document Checklist

Welcome to Tax Team of New England! To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below. If you have any questions while completing this form, please do not hesitate to ask.

Three Easy Steps to Complete: (PLEASE PRINT) (PLEASE USE BLUE OR BLACK INK)

1. Fill out this form to the best of your knowledge.
2. You can choose to have a scheduled tax preparation meeting with your tax professional or leave this form and your tax documents with the Client Service Professional at the front desk.
3. After your tax return is ready, you can come back in to the office to complete it, or choose our approve by mail option to finish your return.
4. Please staple your documents to this form after completion.

Are you a returning Tax Team of New England Client? Y N

What date would you like your return to be ready? (Typical turnaround is 3 days): _____

Client Information: **Marital Status:** Single Married Widowed

Taxpayer Name: _____ Taxpayer Date of Birth: _____ / _____ / _____

Social Security #: _____ - _____ - _____ Occupation: _____

Address: _____ City, State, and Zip: _____

Preferred Contact Method: Email or Phone

Best Phone Number: _____ Email: _____

• Can you be claimed as a dependent by someone else? Y N

Spouse Name: _____ Spouse Date of Birth: _____ / _____ / _____

Spouse Social Security #: _____ - _____ - _____ Occupation: _____

Address (if different): _____ City, State, and Zip: _____

Best Phone Number: _____ Email: _____

Are you an active member or the spouse/dependent of an active member of the military? Y N

Would you like to donate \$3 to the presidential campaign fund? Y N

State of residence: _____ Did you live and work the entire year in this state? Y N

If no, list other states: _____

Dependents* (or person living in your household)

Name	Relationship	Date of Birth	Social Security #	Grade	Disabled?

***If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.**

Income: Check all that apply and include requested documents, if available

Wages & Salaries (W-2 Forms)	<input type="checkbox"/> Y <input type="checkbox"/> N	Stock or Mutual Fund sale (1099-B)	<input type="checkbox"/> Y <input type="checkbox"/> N
Interest (1099-Int)	<input type="checkbox"/> Y <input type="checkbox"/> N	IRA, 401(k), or Pension (1099-R)	<input type="checkbox"/> Y <input type="checkbox"/> N
Dividends (1099-Div)	<input type="checkbox"/> Y <input type="checkbox"/> N	Rental Property* (1099-MISC)	<input type="checkbox"/> Y <input type="checkbox"/> N
State Tax Refund (1099-G)	<input type="checkbox"/> Y <input type="checkbox"/> N	Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N
Alimony Received	<input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Income (1099-SSA)	<input type="checkbox"/> Y <input type="checkbox"/> N
Self-Employment* (1099-MISC)	<input type="checkbox"/> Y <input type="checkbox"/> N	Gambling winnings (W2G)	<input type="checkbox"/> Y <input type="checkbox"/> N

Adjustments: Check all that apply and include requested documents, if available

Educator Expenses	<input type="checkbox"/> Y <input type="checkbox"/> N	Penalty on early withdrawal of savings	<input type="checkbox"/> Y <input type="checkbox"/> N
Health Savings Account (Form 8889)	<input type="checkbox"/> Y <input type="checkbox"/> N	Alimony Paid (attach information)	<input type="checkbox"/> Y <input type="checkbox"/> N
Moving Expenses	<input type="checkbox"/> Y <input type="checkbox"/> N	IRA Deduction	<input type="checkbox"/> Y <input type="checkbox"/> N
Self-Employed Retirement Plans	<input type="checkbox"/> Y <input type="checkbox"/> N	Student Loan Interest (1098-E)	<input type="checkbox"/> Y <input type="checkbox"/> N
Self-Employed Health Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	Educational Tuition (1098-T)	<input type="checkbox"/> Y <input type="checkbox"/> N

Itemized Deductions: Check all that apply and include requested documents, if available

Medical / Health expenses	<input type="checkbox"/> Y <input type="checkbox"/> N	Gifts by cash or check (attach list)	<input type="checkbox"/> Y <input type="checkbox"/> N
State Income Taxes (Form W2, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Gift by <u>non</u> -cash or check (Form 8283)	<input type="checkbox"/> Y <input type="checkbox"/> N
Real Estate Taxes	<input type="checkbox"/> Y <input type="checkbox"/> N	Suffer catastrophic loss (Form 4684)	<input type="checkbox"/> Y <input type="checkbox"/> N
Personal Property Taxes	<input type="checkbox"/> Y <input type="checkbox"/> N	Unreimbursed Employee Expenses	<input type="checkbox"/> Y <input type="checkbox"/> N
Home Mortgage Interest (Form 1098)	<input type="checkbox"/> Y <input type="checkbox"/> N	Tax Preparation Fees Paid	<input type="checkbox"/> Y <input type="checkbox"/> N
Mortgage Refinance	<input type="checkbox"/> Y <input type="checkbox"/> N	Residential Energy Credits (Form 5695)	<input type="checkbox"/> Y <input type="checkbox"/> N
Mortgage Insurance Premiums	<input type="checkbox"/> Y <input type="checkbox"/> N	Adopt a child	<input type="checkbox"/> Y <input type="checkbox"/> N

Miscellaneous*: Check all that apply

Sell a home or real estate	<input type="checkbox"/> Y <input type="checkbox"/> N	Any & All notices from the IRS	<input type="checkbox"/> Y <input type="checkbox"/> N
Any & All Form 1099's	<input type="checkbox"/> Y <input type="checkbox"/> N	Payment of Estimated Federal or	<input type="checkbox"/> Y <input type="checkbox"/> N
Refinance Closing Papers	<input type="checkbox"/> Y <input type="checkbox"/> N	State Income taxes	
Childcare Provider Information	<input type="checkbox"/> Y <input type="checkbox"/> N	MA Residents (Form MA 1099-HC)	<input type="checkbox"/> Y <input type="checkbox"/> N

***If this applies, we recommend you meet with your tax professional to discuss your tax situation before dropping off your information.**

Office Use Only**Tax Professional or Client Service Professional Complete the section below: Legal Disclaimers**

Client received Privacy Policy, Consent to Use and Consent to Disclose Service Provider documents, and the documents were explained and executed as applicable. Y N

Did the client review and sign the Client Engagement Letter? Y N

Follow Up

How would the client like to review and approve their tax return? Office Visit Email PDF: Mail

Tax Team of New England Tax Office – Appointment Date: _____ Time: _____