



Smart Services Client Tax Checklist Tax Year: 2016

PLEASE PRINT AND SUBMIT VIA FAX (832.201.9626) OR EMAIL TO: INFO@SMARTSERVICES10.COM

Client Name

Address

City State Zip Code

Did you change your name, address or marital status? _____

Did You Add or Remove any Dependents This Year?

First and Last Name	Date of Birth	SSN	New	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you or your spouse be claimed as a dependent on someone else's tax return this year? NO YES

TAX PAYMENTS

If you made any IRS estimated tax payments this year please list the following

	Date Paid	Amount Paid
Prior year refund applied:	<input type="text"/>	<input type="text"/>
First quarter payment:	<input type="text"/>	<input type="text"/>
Second quarter payment:	<input type="text"/>	<input type="text"/>
Third quarter payment:	<input type="text"/>	<input type="text"/>
Fourth quarter payment:	<input type="text"/>	<input type="text"/>

CURRENT YEAR CHANGES

Please check YES or NO

Did you have any major changes in income this year, or do you expect any next year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did any dependent child under age 18 receive any investment income this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you reside in or receive income from another state this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you or your spouse sell any assets this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you participate in any tax deferred exchanges this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you collect any payments on real estate transactions this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you buy or sell a personal residence this year? <i>If so, please attach a copy of your closing papers</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or your spouse disabled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or your spouse blind?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you have any interests in a partnership, S corporation, estate, or trust this year? <i>If so, please attach a copy of each form K-1 you received.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive a Mortgage Credit Certificate for your mortgage interest this year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you refinance your mortgage this year? <i>If so, please attach a copy of your closing papers.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to apply this year's refund to next year's tax liability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INCOME CHECKLIST

Please check YES or NO

W2 forms for wages salaries and tips	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Forms 1099 for interest, dividends, and pension payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brokerage statements showing investment transactions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K-1 forms from partnerships, S corporations, estates, and trusts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self-employment income and expense summary	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Rental income and expense summary	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Forms showing unemployment compensation and social security benefits received	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5498 forms for IRAs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attach a list of other income from any other source	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHILD CARE PROVIDER INFORMATION

Please complete all information

Amount Paid this year?	<input type="text"/>	Amount Paid this year?	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
City, State, Zip	<input type="text"/>	City, State, Zip	<input type="text"/>
SSN or EIN	<input type="text"/>	SSN or EIN	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>

ITEMIZED DEDUCTIONS

MEDICAL

Prescription Drugs	<input type="text"/>
Health Ins. Premiums	<input type="text"/>
Medicare Premiums	<input type="text"/>
Dental Ins. Premiums	<input type="text"/>
Doctors & Dentists	<input type="text"/>
Medical mileage	<input type="text"/>
Lab and X-ray	<input type="text"/>
Glasses, hearing aids	<input type="text"/>

CONTRIBUTIONS

Church	<input type="text"/>
United Way	<input type="text"/>
Heart/Cancer	<input type="text"/>
Clothing, furniture, etc	<input type="text"/>
Charitable Miles	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MISCELLANEOUS

Union dues	<input type="text"/>
Tax Prep fees	<input type="text"/>
Educational expenses	<input type="text"/>
Job seeking costs	<input type="text"/>
Investment expenses	<input type="text"/>
Professional licenses	<input type="text"/>
Trade & Prof. journals	<input type="text"/>
Safe Deposit box	<input type="text"/>
Safety equipment	<input type="text"/>
Work Tools	<input type="text"/>
Business telephone	<input type="text"/>
Uniforms and laundry	<input type="text"/>
Professional societies	<input type="text"/>
Business mileage	<input type="text"/>
Alimony payments	<input type="text"/>
Lottery/Gambling	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

INTEREST PAID

Home Mortgage - 1st	<input type="text"/>
Home Mortgage - 2nd	<input type="text"/>
Boat property Tax	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City,State, Zip	<input type="text"/>

TAXES

Real Estate Taxes	<input type="text"/>
State Sales Taxes	<input type="text"/>
Boat property Tax	<input type="text"/>
Auto excise Tax	<input type="text"/>
State Income Tax	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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