

Name: _____ Tax Year: _____

Tax Preparation Checklist

Step One: Please check the box next to each item you have uploaded to your portal.

Step Two: Please upload the completed and signed checklist to the portal.

- Completed Client Information Sheet
- Copy of ID (Government issued picture ID) for all tax filers
- Copy of Social Security Card for everyone listed on the return
- Completed Payment and Refund Form

New Clients

- Last 2 Prior year tax returns filed
- Last 2 Prior year business tax returns filed
- If no Business return has ever been filed, please submit:
 - Proof of EIN/Employer ID Number/Tax ID Number from IRS)
 - LLCs:** Articles of Organization for LLCs
 - Corporations:** Articles of Incorporation
 - Partnership:** Partnership Agreement

Tax Documents

List total # of each

- | | |
|--|-------|
| <input type="checkbox"/> (W-2) Income from Employers | _____ |
| <input type="checkbox"/> (W-2G) Gambling Winnings | _____ |
| <input type="checkbox"/> (1095-A) Health Care Marketplace | _____ |
| <input type="checkbox"/> (1098) Mortgage Interest Statements | _____ |
| <input type="checkbox"/> (1098-E) Student Loan Interest | _____ |
| <input type="checkbox"/> (1098-T) Tuition Statements | _____ |
| <input type="checkbox"/> (1099-A) Acquisition/abandonment of secured property | _____ |
| <input type="checkbox"/> (1099-B) Stocks, Bonds, Bartering | _____ |
| <input type="checkbox"/> (1099-C) Canceled Debt | _____ |
| <input type="checkbox"/> (1099-DIV) Dividend Statements | _____ |
| <input type="checkbox"/> (1099-G) Unemployment Compensation | _____ |
| <input type="checkbox"/> (1099-G) State Tax Refunds | _____ |

- (1099-INT) Interest Statements _____
- (1099-LTC) Long Term Care Benefits _____
- (1099-Misc) Miscellaneous Income _____
- (1099-MSA) Medical Savings Accounts _____
- (1099-NEC) Non-Employee Compensation _____

Tax Documents How Many Forms?

- (1099-R) Pension/IRA/401(k) Distributions _____
- (1099-S) Real Estate Sales _____
- (1099-SA) Health Saving Account _____
- (1099-SSA)/(1099-RRB) Social Security Benefits Statement _____
- (1444-C/6475) Economic Impact- 3rd payment _____
- (6419) Child Tax Credit _____
- (K-1) Shareholder's Share of Income from Partnerships,
 - o LLCs or S-Corporations _____

Other Info

- Childcare Fee Statements _____
- Donation Receipts & Statements _____
- IRA Deposits & Withdrawals _____
- Rental Property Income _____
- Contributions to Education Programs (529) _____
- Settlement Statements (Purchase or Sale of Property) _____
- Medical Expenses _____
- Rental Property Expenses Number of Properties _____
- Business Financial Statements Number of Businesses _____
 - Profit & Loss Statement
 - Balance Sheet)
 - Check here if Abundant Returns is doing your bookkeeping
- Include all other forms that say IMPORTANT TAX DOCUMENT

I, _____, certify that I have uploaded **ALL** information necessary
(Print first and last name)
 to file taxes.

Signature _____ Date _____

Client Information Sheet

Filing Year: _____

Name: _____ SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ E-Mail Address: _____

Spouse Name: _____ SSN: _____ DOB: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____ E-Mail Address: _____

Filing Status: Married Filing Joint Married Filing Separate Single Head of Household Qualifying Widow

Business Name: _____ Type: LLC S Corp Partnership Corp

Best Contact Method: Cell Phone Email Text

Dependent Name	Upload a copy of SS card to portal	DOB	Relationship

Income		Expenses	
<input type="checkbox"/> W-2 #of _____	<input type="checkbox"/> 1099 #of _____	<input type="checkbox"/> Mortgage Interest	<input type="checkbox"/> Estimated Taxes
<input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Donations
<input type="checkbox"/> Social Security	<input type="checkbox"/> Gambling Wins	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> College Tuition
<input type="checkbox"/> Alimony	<input type="checkbox"/> K-1/S-Corp/Partnership	<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Home Office
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> IRA Contributions
<input type="checkbox"/> Sold Stock	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unfiled Tax Returns	<input type="checkbox"/> Purchased/Sold Home

Did You Do Any of The Following?	Yes	No	Do You Have Any of The Following?	Yes	No
Receive Cancellation of Debt Notice?	<input type="checkbox"/>	<input type="checkbox"/>	Unfiled Tax Returns?	<input type="checkbox"/>	<input type="checkbox"/>
Received a State Refund Last Year?	<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Work as a Full-time Classroom Teacher?	<input type="checkbox"/>	<input type="checkbox"/>	Have a Casualty/Theft or Loss?	<input type="checkbox"/>	<input type="checkbox"/>
Buy or Sell Real Estate?	<input type="checkbox"/>	<input type="checkbox"/>	Birth <input type="checkbox"/> or Death <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrepaid Loan to Family/Friends	<input type="checkbox"/>	<input type="checkbox"/>	Marriage <input type="checkbox"/> or Adoption <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have health insurance all year? Yes No

In the previous year did you receive, sell, exchange or acquire any financial interest in any virtual currency _____

In the previous year did you have an interest in or authority over any foreign account or foreign trust? _____

Abundant Returns Tax Service will prepare your federal and state income tax returns based on the information you furnish. It is your responsibility to provide all information necessary to complete your tax returns. You represent to us that the information you provide is true, complete and accurate. In addition, you have retained all necessary written support and documentation should it be required by the IRS or state audit examination. I certify that all information I submitted to Abundant Returns Tax Service is a true and correct to the best of my knowledge. ****If my information is entered into the computer and I decide not to move forward in the filing process, I agree to pay \$150.00 Consultation Fee.****

Signature _____

Date _____



Payment & Refund Information

How would you like to pay your tax preparation fees?

Credit/Debit Card/ACH: I will pay the invoice emailed payment link.

Refund (Current Tax Year Only): Fees to be withdrawn & paid to Abundant Returns from my refund. I will pay an extra fee for this service.

How would you like to receive your refund?

Check: IRS issued check mailed to me.

Direct Deposit into my Checking Account—Fill out the bank account info below.

Direct Deposit:

I, _____ (Your Name), authorize Abundant Returns Tax Services to deposit income tax refunds into the account listed below.

Bank Name: _____

Routing Number: _____

Account Number: _____

My signature certifies that I am an authorized user on this account.

Signature: _____ Date: _____



47 Perimeter Center East, Suite #550
 Atlanta, GA 30346
 770-451-6330 ♦ Fax: 888-802-1398
 ♦ www.abundantreturns.com ♦

Our Mission:
*“Keep More Money
 in Your Pocket!”*

Income Tax Filing Guide

Important Tax Documents

(Gather these documents in order to file your taxes.)

- | | |
|---|---|
| <ul style="list-style-type: none"> (W-2) Income from Employers (W-2G) Gambling Winnings (1098) Mortgage Interest Statement (1098-E) Student Loan Interest (1098-T) Tuition Statements (1099-A) Acquisition/abandonment of secured property (1099-B) Stocks, Bonds, Bartering (1099-C) Canceled Debt (1099-DIV) Dividend Statement (1099-G) Unemployment Compensation/State Tax Refunds (1099-INT) Interest Statements (1099-LTC) Long Term Care Benefits (1099-Misc) Miscellaneous Income (1099-MSA) Medical Savings Accounts | <ul style="list-style-type: none"> (1099-R) Pension/IRA/401(k) Distributions (1099-S) Real Estate Sales (1444-C/6475) Economic Impact 3rd Payment (6419) Child Tax Credit (K-1) Shareholder’s Share of Income from Partnerships, LLCs or S-Corporations Childcare Fee Statements Donation Receipts & Statements IRA Deposits & Withdrawals Rental Property Income Contributions to Education Programs (529) Settlement Statements (Purchase or Sale of Property) Social Security Benefits Statement Amounts Received from SBA Loans |
|---|---|

**Any statement you received that says
 "Important Tax Document"**

Medical Expenses*

** Total must be MORE THAN 7.5% of your income*

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Abortion (Legal) • Bandages • Birth control pills prescribed by your doctor • Body scan • Braille books • Breast pump and supplies • Capital expenses for equipment or improvements to your home needed for medical care • Co-Payments • Diagnostic devices • Expenses of an organ donor • Eye surgery (to promote the correct function of the eye) • Fertility enhancement • Guide dogs or other animals aiding the blind, deaf and disabled | <ul style="list-style-type: none"> • Hospital services fees (lab work, therapy, nursing services, surgery, etc.) • Lead-based paint removal • Legal operation to prevent having children such as a vasectomy or tubal ligation • Long-term care contracts • Qualified Meals & lodging provided by a hospital during medical treatment • Medical services fees (from doctors, dentists, surgeons, specialists & other practitioners) • Medicare Part D premiums • Medical and hospital insurance premiums • Nursing services • Oxygen equipment and oxygen • Part of life-care fee paid to retirement home • Physical examination | <ul style="list-style-type: none"> • Pregnancy test kit • Prescription medicines • Psychiatric and psychological treatment • Social security tax, Medicare tax, FUTA, and state employment tax for worker providing medical care • Special items (artificial limbs, false teeth, eyeglasses, contact lenses, hearing aids, crutches, wheelchair, etc.) • Special education for mentally or physically disabled persons • Stop-smoking programs • Transportation for needed medical care • Treatment at a drug or alcohol center • Wages for nursing services |
|---|--|--|

Donations

Cash/Check (ex: Church, Feed the Hungry, etc)
Payroll Deduction (ex: United Way, Red Cross)
Charitable Mileage
Other Charitable Costs
Appraisal fees to determine value of Donations

Non-Cash Items (ex: Clothing, Furniture, Food)
Date of Donation
Non-Profit Organization Name
Address
Items & Value

Other Deductions

State Tax Payments
Estimated Taxes paid
Real Estate Taxes

Car/Boat/Motorcycle Tags
Mortgage Interest & Points
Income Tax Preparation
Child Care Fees Paid

Legal Fees/Advice
Safe Deposit Box

Moving Expenses*

*Active Duty Military ONLY—who are Making a PERMANENT MOVE

Date of Move
Old Home City
New Home City
Truck Rental
Amount Employer Reimbursed
Mileage: old home to new job

Mileage: old home to old job
Packing Materials
Hotels
Moving Company Fees
Storage

Rental Property

(Each property must be listed separately)

Date Purchased
Purchase Price
Property Address
Date Sold
Selling Price
Date Rented
Rent Received
Advertising
Appliances
Item
Date of Purchase
Cost
Appraisals
Assessment Fees
Blinds/Curtain
Bookkeeping
Carpet
Cleaning Service
Cleaning Supplies
Closing Costs
Commissions
Contractor Fees
Decorating Costs
Deposits

Electrician
Fence
Filing Fees
Fire Extinguishers
Floors
Furniture
Item
Date of Purchase
Cost
Homeowners Association Fees
Installation Fees
Insurance
Investment Counseling Costs
Lawn Maintenance
Leasehold Improvements
Lease Preparation
Legal Fees
Maintenance
Major Improvements
Management Fees
Mileage
Misc. Items (Light Bulbs, Door Knobs, Faucets, etc)
Mortgage Interest

Moving Expenses for
Equipment/Appliances
Office Supplies/Books
Office Rent
Painting
Pest Control
Plants/Flowers
Plumbing
Refinance Charges
Rent Collection Costs
Repairs
Roof
Sanitation
Salaries
Security System
Smoke Alarms
Stationery & Supplies
Supplies
Taxes
Tax Counseling
Tax Return Preparation
Traveling Expenses
Utilities
Walls

Self Employment/ Business Deductions

Income	Faxing Charges	Security System/Alarms
Accountant	Freight	Software
Advertising	Furniture Purchased	Storage
Business Cards	Item	Supplies
Flyers/Posters	Date Purchased	Taxes
Stationery	Cost	Federal
TV/Radio	% of Business Use	State
Telephone Directory	Furniture Rental/Lease	Employer
Newspaper/Magazine	Gifts to Customers	Payroll
Billboards	Gifts to Employees	Business Property
Internet	Gifts to Other Businesses	Sales
Specialty Items (Pens, Cups, Magnets, etc)	Graphic Design	Tax Counseling
Answering Service	Insurance	Tax Preparation
Auto Expenses:	Liability	Telephone
Business Mileage _____	Disability	Office
OR	Errors & Omissions	Cellular
Actual Expenses	Health	Travel
Monthly Payment	Life	Air Fare
Total Cost of Vehicle	Malpractice	Cab Fare
Make, Model & Year	Workers Compensation	Hotel
Date Business Use Began	Information Services	Tools
Parking/Tolls	Internet Service/DSL	Utilities
Gas/Oil	Interest on Business Loans	Electricity
Car Washes/Waxes	Inventory	Gas
Insurance	Janitorial Service	Sanitation
Garage Rent	Licenses/Permits	Water
Tires/Accessories	Legal Fees	Cable (Commercial Office Only)
Repairs	Magazine/Newsletter	Uniforms
Inspection/Registration	Subscriptions	Purchase
Taxes	Mailing Lists	Cleaning/Maintenance
Banking Fees	Marketing Promotions	Website/Web Hosting
Billing Service	Market Research	Wages
Bookkeeping	Meals on Work Premises	
Bonds (Surety, Fidelity, etc)	Mortgage Interest (Purchase of Business Building)	Home Office
Catering	Music System (in Office)	<i>(Use Monthly Figures)</i>
Check Validation Service	Music (CDs/Tapes)	<i>Square Footage of Home</i>
Commissions	Office Supplies (Ex: Paper, Pens, Ink, etc.)	<i>Square Footage of Office</i>
Consultant Fees	Payroll Service	Monthly Rent
Contractors	Pension Plans	Annual Mortgage Interest
Courier Service	Profit Sharing	Electricity
Credit Card Terminal Rental	Employee Benefit Programs	Gas
Credit Card Service Fees	SEP	Water
Delivery Charges	401(k)	Sanitation
Decorating Expenses	Cafeteria Plan	Internet
Donations	Postage	Pest Control
Drinking Water	Post Office Box	HOA
Books	Professional Services	Repairs to Home
Classes/Seminars	Prof. Association Dues	Repairs to Office Space
Workshops/Conferences	Pager	Home Owners Insurance
Equipment Purchases	Printing	Security Alarm Service
Item	Prizes	Decorating/Painting Art/Plants
Date Purchased	Referral Fees	Total Cost of Home
Cost	Rent (Office Space)	Date Business Use Began
Equipment Rental/Lease	Sanitation	
Filing Fees		