

Names _____

MCLR FINANCIAL CENTER 2016 TAX DATA CHECKLIST

Please indicate the best way for us to contact you

- Cell phone _____ Home _____ best times: _____
- e-mail _____ Work _____ best times: _____

CRITICAL QUESTIONS REGARDING HEALTH INSURANCE:

1. Have you provided us with copies of **all** Forms **1095-A**, **1095-B**, and **1095-C** you received? Yes No
2. Did you have alternate government-provided insurance from Medicare, Medicaid, or Tri-Care that covered all members of your household for the entire year? Yes No
3. Did you have qualified employer-provided insurance for the entire year for your entire household? . Yes No
 - a. If not, did your employer offer insurance coverage that you could purchase? Yes No
4. Did you directly purchase other qualified insurance from an agent or insurance company for the entire year for your entire household? Yes No
5. Do you expect your health insurance situation to be different in 2017? Yes No

If you had qualified health insurance for part of the year or some members of your household, please provide the name of the insurer and the period of coverage for each person.

Please answer the following questions, and provide explanations:

6. Did you receive any **letters** from the IRS, State, or City about any of your tax returns? Yes No
7. Are there any changes in your name, address, marital status, or dependents you can claim? Yes No
8. Are you claiming a dependent that did not live with you for the entire year? Yes No
9. Is there anyone else who might claim a dependent of yours as their own? Not Applicable Yes No
10. Do you have a **mentally or physically disabled child**? Yes No
11. Can **you** be claimed as a dependent on another taxpayer's return? Yes No
12. Did you **refinance** an existing home during the year? Yes No
13. Do you have proof of **all charitable contributions**, and acknowledgements for any over \$250? Yes No
14. Did you have an interest in or signature authority over any **foreign accounts** during the year? Yes No
15. Did you have any relationships with foreign corporations or foreign-owned U.S. corporations? Yes No
16. Did you transfer or was a **home transferred** between related persons (e.g. parent/child)? Yes No
17. Do you or your spouse have any kind of pension, profit sharing, 401(k), IRA, TSA, or Keogh? Yes No
If yes, were you or your spouse at least 70½ years of age on December 31st? Yes No
18. Did you or your spouse receive stock options as part of your compensation? Yes No
19. Can you substantiate all **travel and entertainment** expenses claimed? Not Applicable Yes No
20. Would you like any available refund to be **direct-deposited** to your bank account? Yes No
If yes, has your banking information changed at all? Yes No
21. Would you like secure **online access** to your tax returns? Yes No
If yes, would you also be interested in sending your tax information to us electronically? Yes No
22. Did you or your spouse make gifts totaling \$14,000 or more for the year to any recipient? Yes No
23. Do you expect significant changes in your tax situation (e.g. filing status, income) in 2016? Yes No
24. Did the IRS issue a six digit **Identity Protection PIN (IP PIN)** to you or your spouse? Yes No
If yes, we will need these numbers to e-file your return.
If not, do you have **any** reason to believe that you **may** be a victim of identity theft? Yes No

NEW CLIENTS: We need your 2013–2015 Tax Returns PLUS THE FOLLOWING TO START!

1. Copies of **social security cards** for everyone claimed on your return, and **picture IDs** for taxpayer/spouse.
2. Copies of "Carryover" schedules from 2015 tax preparation software.
3. Copies of all Form 5405s claiming the **first-time homebuyer** or **long-term homeowner credit**.
4. If you ever made **non-deductible contributions to a traditional IRA**, please provide basis as of 12/31/2015.
5. Please let us know when you first opened a **Roth IRA** and your basis in the accounts as of 12/31/2015.
6. If you **sold business assets at a loss** in the last five years, please bring copies Form 4797s.

MICHIGAN TAXPAYERS:

1. If you received retirement or pension benefits from a deceased spouse born before 1953, please provide that spouse's name, social security number, and year of birth.
2. For the Michigan Homestead Property Tax Credit, please provide your school district, the property taxes and special assessments billed for 2016, and the Taxable Value for 2016 for your primary residence (or provide your monthly rent and the total paid in 2016, plus your landlord's name and address). Also provide the household income information for all other persons living in your home.

STANDARD INFORMATION we need you to provide EVERY YEAR:

- 1. **ALL CLIENTS**, please provide copies of your (and your spouse's) **Driver's License** or other state-issued ID.
- 2. Please provide Social Security cards and birth dates for each new person (spouse, dependent) on your return.
- 3. All tax forms, such as **W-2s, 1099s, 1098s, 5498s, and K-1s** (including substitute forms and **all** supporting documents provided). Also please provide your **last pay stub** of the year.
- 4. Contributions, distributions (including Qualified Charitable Distributions), conversions, recharacterizations, or rollovers of traditional **and Roth IRAs**, or other retirement or annuity plans, and their end-of-year values.
- 5. **All Forms 1095-A, 1095-B, and 1095-C** for you **and your dependents**. If you or any dependent had **health care coverage that is not reported** on one of these forms, please identify the policy issuer and who was covered by it during each month of the year. If claiming an exemption from penalties, provide details.
- 6. Dates and amounts of all Federal, State, and Local **Estimated Income Tax Payments and Refunds**.
- 7. **All 1099-B forms or substitute statements from all brokers**, plus information on any other **sales of stocks, bonds, or other assets** and any **worthless stock**. (Broker statements may omit or report incorrect costs or purchase dates; you must provide this information if not provided on the broker statements.)
- 8. Information on **installment sales** showing the breakdown of interest and principal, or the terms, dates and amounts collected. For land contracts secured by a residence, we also need the purchaser's name, address, and social security number.
- 9. Rents received and expenses paid for **each rental property separately**, as well as the **physical location**, the **type of property** (single family, duplex, commercial, etc.), **your relationship to the tenant**, the **number of days rented** at a fair market rental rate, and the **number of days used personally**. (Personal use does not include cleaning/maintenance time, but **does** include rental at less than a fair market rental rate.)
- 10. Gross **Social Security and Unemployment Benefits** received or repaid in 2016 (including "catch up" payments from prior years), as well as Medicare or other deductions.
- 11. Information on all **business or farm activities**, including income received, expenses paid, and **inventories**. Please include copies of your payroll tax forms if we did not prepare them.
- 12. Information on any abandoned properties (1099-A) or cancelled debt (1099-C), or any bankruptcy filings.
- 13. Information on **all gambling income and losses**, not merely those reported on form W-2G. Please include daily logs of electronically-tracked slot machine play.
- 14. **Other income** (e.g. **tips**, pensions, annuities, alimony, **hobbies**, jury pay, **bartering**).
- 15. **Non-taxable income** (e.g. tax-exempt interest, child support, worker's compensation, housing allowance).
- 16. Interest paid on **Student Loans** in 2016 (Form 1098-E).
- 17. **Tuition & Fees** (Form 1098-T), including the student name, full/part time status, academic period start date, when the student started college, and **actual amounts paid** in 2016. Separate any portion for books, room and board, and provide information about scholarships, grants, or employer-provided education assistance received, and contributions to or withdrawals from Education IRA's or College Savings (Section 529) Plans.
- 18. **Copies of your dependents' 2016 income tax returns**, or information to prepare it. Even if not required to file, we still may need information on their income (wages, interest, dividends, baby-sitting, lawn mowing, etc.).
- 19. **Medical expenses** such as insurance, doctors, dentists, prescriptions, mileage, equipment & supplies (e.g. blood sugar kits, adult diapers), long-term care insurance, etc., as well as activity in any Health Savings Account (HSA) or Health Reimbursement Account (HRA), or any other reimbursement received.
- 20. **Mortgage interest statements** (Form 1098); information on equity loans and second mortgages; interest on land contracts (including lender's name, address, and *social security number*); closing documents for new loans and loans refinanced or paid off (including a breakdown of how the proceeds were used); late fees; mortgage insurance paid; and year-end balances if available. Please indicate which property secures them.
- 21. Information regarding **loans for business purposes or to purchase investments**.
- 22. **Property tax** and special assessments paid in 2016. (Do not include any late fees or interest.)
- 23. **Sales taxes** paid on major purchases (e.g. motor vehicles, boats, aircraft, materials for building or making a substantial addition to your home).
- 24. **License plate fees** for your car(s), as well as **purchase documents for cars** and other major purchases.
- 25. **Charitable contributions**, cash and non-cash (donee, descriptions, dates, amounts, Form 1098-C if vehicle), as well as mileage and other out-of-pocket costs. (Do **not** include Qualified Charitable Distributions here.)
- 26. **Miscellaneous deductions** such as union dues, tax preparation, employee or job hunting expenses, safe deposit box, elementary and secondary school teacher supplies, etc.
- 27. **Moving expenses**, including distance from old home to prior and new job, and reimbursements received.
- 28. Information on **household employees**, such as babysitters, drivers, health aides, housekeepers, yard workers, etc. who worked for you at your home.
- 29. Information on **child or dependent care** paid by you **or your employer** while you (and your spouse) worked or went to school. Please include the name, address, **ID number**, and amount paid for each provider by child.
- 30. Information for **Residential Energy Credits** (insulation, windows & doors, qualifying furnaces, air conditioners, etc., as well as solar, geothermal, and wind), and credits claimed after 2005 (unless we prepared them).
- 31. Information on any **casualty or theft losses**, including losses on a Ponzi scheme.
- 32. Information on **out-of-state purchases** (e.g. catalog or internet orders) on which local sales tax was **not** paid.
- 33. **Anything else** you think may be material to your tax return.

Let us know if you would prefer a more comprehensive tax organizer.

MCLR FINANCIAL CENTER

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