

## Common Items Needed for Tax Preparation

### Personal Information

- Social Security Cards for you, your spouse, and dependents. Birth date information for each.
- Bank Account # and Bank RTN for Direct Deposit of refund

### Employment and Income

- W-2 Forms
- Unemployment 1099G
- Pension 1099R
- Gambling & Lottery W-2G
- Non-Employee Compensation 1099 Misc
- Jury Duty Pay
- Alimony Received
- State Tax Refund
- Prizes and Awards
- Social Security Benefits SSA 1099

### Investment Income

- Interest Statements 1099 INT
- Dividend Statements 1099 DIV
- Stock Sales 1099B
- Partnership or Trusts K-1

### Homeowner Data

- Mortgage Interest 1098
- Equity Loan Interest
- Real Estate Taxes Paid
- Moving Expenses
- Settlement Sheets if purchased or sold your home this year

### Deductions

- Medical Expenses – Insurance, Doctors, Dentists, Hospitals, Labs, Prescriptions, Eyeglasses, Contacts, Hearing Aids, Mileage
- Real Estate and Personal Property Taxes
- Charitable Contributions Made by Cash or Check
- Donations of Clothing or Property
- Unreimbursed Expenses and Mileage for Volunteer Work
- Unreimbursed Employee Expenses – Travel, Insurance, Uniforms, Supplies, Union Dues, Subscriptions
- Investment Expenses
- Job-Hunting Expenses
- Education Expenses Including College Tuition Paid
- Child Care Expenses and Provider Identification # and Address
- Alimony Paid
- IRA Contributions
- Tax Return Preparation Fees
- Casualty and Theft Losses
- Student Loan Interest
- Gambling Losses – To Extent of Winnings

### Self-Employment

- K-1's from Partnerships
- Receipts or Documentation for Business Expenses
- Income from Business 1099 MISC

### Rental Property

- Income from Rents
- Expenses from Rental Property
- Settlement Sheet if Property Purchased or Sold this Year

### Payments

- Estimated Taxes Paid
- Overpayment Credit from Last Year

## Questions

Please check the appropriate box and include all necessary details.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	—	—
	Yes	No
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	—	—
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1800?	—	—
Did you pay for child care while you worked or looked for work?	—	—
Did you pay any expenses related to the adoption of a child during the year?	—	—
	Yes	No
<b>Purchases, Sales, and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you incur any non-business bad debts this year?	—	—
Did you purchase a new hybrid or alternative motor vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	Yes	No
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	—	—
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MSA) this year?	—	—
Did you receive any disability income during the year?	—	—
Did you receive tip income not reported to your employer this year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	Yes	No
<b>Itemized Deduction Information</b>		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—
Did you have any educational expenses during the year?	—	—
Did you have any expenses related to seeking a new job during the year?	—	—
Did you make any major purchases during the year (cars, boats, etc.)?	—	—
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	—	—
	Yes	No
<b>Miscellaneous Information</b>		
Did you make gifts of more than \$12,000 to any individual?	—	—
Did you make any contributions to an education savings or 529 Plan account?	—	—

Please check the appropriate box and include all necessary details.

**Miscellaneous Information, Continued**

	Yes	No
Did you pay long-term health care premiums for yourself or your family?	—	—
Did you engage in any bartering transactions?	—	—
Are you covered by a pension or retirement plan?	—	—
Did you retire or change jobs this year?	—	—
Did you incur moving costs because of a job change?	—	—
Did you, your spouse, or your dependents attend a post-secondary school during the year?	—	—
Did you make energy efficient improvements to your main home this year?	—	—
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	—	—
Did you receive correspondence from the State or Internal Revenue Service?	—	—
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?	—	—
If you check yes, it will not change your tax or reduce your refund.		
Did you receive an economic stimulus (tax rebate) payment from the IRS?	—	—
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	—	—

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_  
 Mark if you were married but living apart all year \_\_\_\_\_

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Was taxpayer between 19 and 23 and full-time student? (1 = Yes, 2 = No)	_____	_____
Mark if member of U.S. Armed Forces in 2008	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (1 = Yes, 2 = No)	_____	_____

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:	Provider #1	Provider #2
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2008	_____	_____
Employer-provided dependent care benefits that were forfeited	Taxpayer	Spouse

General: Info

**Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_ Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Income: W2

### Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: 1099R

### Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K1, K1T

### Schedule K-1s

Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W2G

### Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Income: 1099Q

### Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Income: Income

### Economic Stimulus Payment (Rebate)

Enter the amount of the stimulus payment (before offset) you received below. If you filed a joint return in 2007, and your filing status did not change in 2008, fill in only the Taxpayer/Joint column. However, if your filing status changed to married filing joint in 2008 and your spouse received a separate payment, enter the amount in the Spouse column.

	Taxpayer/Joint	Spouse
Economic stimulus payment (rebate) received in 2008	_____	_____
Mark if you did not receive an economic stimulus payment (rebate)	_____	_____

Income: B1

**Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

**Seller Financed Mortgage Interest**

T, S, J  Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Amount received in 2008 \_\_\_\_\_ Amount received in 2007 \_\_\_\_\_

Income: B2

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

**Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

**Other Income**

Please provide copies of all supporting documentation.

	2008 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds			
Alimony received			
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			
Veterans' disability or death benefits			
Other Income:			
T/S/J		2008 Information	Prior Year Information

1040 Adj: IRA

### Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

**Traditional IRA Contributions for 2008 -**

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2008

**Roth IRA Contributions for 2008 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2008

Taxpayer

Spouse

Educate: Educate

### Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2008 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2008 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2008. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 2 years of post-secondary education; has had no drug convictions in 2008 and has not claimed the Hope credit in more than one prior tax year.

1040 Adj: 3903

### Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Mark if the move was due to service in the armed forces \_\_\_\_\_

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Mark if move is outside United States or its possessions \_\_\_\_\_

Transportation and storage expenses \_\_\_\_\_

Travel and lodging (not including meals) \_\_\_\_\_

Total amount reimbursed for moving expenses \_\_\_\_\_

1040 Adj: OtherAdj

### Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2008 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Taxpayer	Spouse	Prior Year Information
_____	_____	_____
_____	_____	_____

Educator expenses:

Other adjustments:

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2008 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/08 through 6/30/08 _____ 7/1/08 through 12/31/08 _____		

Itemized: A1 **Tax Expenses**

T/S/J		2008 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2007 state and local income taxes paid in 2008	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2008 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name _____ SSN _____	2008 Information _____	Prior Year Information _____
	Address _____		
T/S/J		2008 Information _____	Prior Year Information _____
—	Investment interest expense, other than on K-1s:		
	Refinance #1 _____ Refinance #2 _____		
Refinancing Information:			
T/S/J	Description _____		
	Total points paid _____		
	Date of refinance _____		
	Total number of payments _____		
	Reported on Form 1098 in 2008 _____		

Itemized: A3 **Charitable Contributions**

T/S/J		2008 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2008 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:		
—	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

## Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

## Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Children's Trust Fund	_____ [11]	_____ [12]
Breast Cancer Education	_____ [13]	_____ [14]
Organ Donor	_____ [15]	_____ [16]
Diabetes Education	_____ [17]	_____ [18]
Veteran's Home	_____ [19]	_____ [20]
Delaware National Guard	_____ [21]	_____ [22]
Juvenile Diabetes Fund	_____ [23]	_____ [24]

## Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]

NOTES/QUESTIONS: