

RIELLA & LEPAK, PC

Items needed to complete 2016 Individual Income Tax Returns (New clients: Provide prior year's returns)

*** Tax Laws are constantly changing, please contact us with any concerns***

Taxpayer: Name _____ **Social Sec #** _____ **Date of Birth** _____

Occupation & E-mail Address _____

Spouse: Name _____ **Social Sec #** _____ **Date of Birth** _____

Occupation & E-mail Address _____

Home Address _____ Telephone # _____

Filing Status: Single ____ Married Filing Joint ____ Married Filing Separately ____
Head of Household ____ Qualifying Widow/Widower ____

Dependents: Name, Date of birth, Social Security #, Relationship to you, # of Months living with you in 2016:

INCOME:

Wages, Salaries (Attach W-2s)

Interest Income (Attach 1099-INTs & 1099-OIDs)

Dividend Income (Attach 1099-DIVs)

Taxable State Refunds (Attach 1099-Gs, if received)

Alimony Received

Business Income and Expenses (See attached Schedule C pro forma from prior year, if applicable. For a *new business*, please request a check list)

Capital Gains / Losses of Stock (Attach Form 1099-B, etc, include basis in stock).

Other Sales or Exchanges (Attach Form 1099-S, etc.):

Sale/Purchase of property (Including home)

Date of purchase & cost of purchase

Date of sale & HUD/1 or RESPA form

Dates and costs of each major improvements

Number of years lived in home

Purpose of move

Was home ever rented or depreciated?

IRA Distributions, Pensions & Annuities (Attach Form 1099-Rs) Provide all paperwork on any ROTH IRA distributions, and your ROTH IRA contribution and/or conversion from a Traditional IRA history and Fair Market Value history.

Rental Real Estate & Royalty Income & Itemized Expenses (See attached Schedule E pro forma from prior year, if applicable. For *new rentals*, please request a check list)

Also:

Additions/Dispositions to existing Depreciation Schedule -- Please provide the following:

Date of acquisition/disposition, Item acquired/disposed of, Cost of acquisition or sales price of disposed item, or note if discarded or used as a trade-in.

Partnership Form 1065 K-1s, S Corporations Form 1120-S K-1s, Trust 1041 K-1s, Estate 1041 K-1s

Farm Income and Expenses (See Attached Schedule F pro forma from prior year, if applicable. For *new farms*, please request a check list)

Unemployment Compensation (Attach Form 1099-G)

Social Security Benefits (Attach Form SSA)

Other Income:

Income & Payments received not listed above, including:

Gambling (Attach W-2 Gs & amount of losses associated. Any winnings not included on W-2Gs)

Other 1099s: 1099- MISC, 1099-A (Abandonment of Secured Property), 1099-C (Cancellation of Debt), 1099-SAs (HSA distributions, etc), ***Health Insurance Premiums/Credits as a result of the health care bill for which you received a 1095-A***

Income not reported on 1099s

ADJUSTMENTS TO GROSS INCOME:

___ Educator's expenses

___ Business expenses of reservists, performing artists and fee-basis government officials

___ Contributions to your Archer MSA or a Health Savings account (HSA)

Total MSA/HSA deductible/ contributions/ medical expenses _____

Total paid from MSA/HSA account _____

___ Qualified Moving Expenses:

Date of move _____

Miles from prior residence to new residence _____

One-way miles from prior home to last place of employment _____

One-way miles from new home to prior place of employment _____

___ IRA Contributions _____SIMPLE IRA, SEP, Keogh contributions

___ Penalty on early withdrawal of savings _____ Tuition and Fees paid

___ Alimony paid: name & number of the recipient _____ Student loans: interest paid

___ Self-employed health & long term care insurance _____ Jury duty pay you turned over to your employer

Schedule A Deductions:

- ___ Medical and dental expenses:
 Doctors/Dentists, Glasses, Health Insurance, Long Term Care Insurance, Prescriptions, Therapy, & Therapeutic Aides
 Mileage to/from medical appointments and therapy

- ___ Taxes:
 State and local income taxes paid as estimates and for payments made with 2015 state return in 2016
 Sales tax: receipts for sales taxes on vehicles, boats, & airplanes
 Real Estate taxes paid (Provide copy of tax bills paid – UNLESS paid by escrow with your mortgage)
 Personal property taxes paid in 2016 (Provide copy of tax bills paid)

- ___ Home mortgage interest:
 Interest paid to mortgage institutions (Attach 1098-INT)
 Interest paid to others: Name, Address, Social Security/tax ID number and amount paid
 Points – for first time homebuyer on 1098-INT (closing statement if new mortgage)
 Refinance: total points paid, number of years on mortgage, date of refinancing

- ___ Investment Interest expense matched to investment income

- ___ Gifts to Charity: NOTE: *contributions of \$250+ need additional documentation & acknowledgement*
 Cash/checks _____ Charitable miles driven _____
 Other than cash/check: Name & address of donee organization, Description of property, Date contributed, Date acquired, How acquired, Cost or basis, Fair market value & Method used to determine it.

- ___ Other deductions/Miscellaneous expenses:

Tax preparation fees paid in 2016	Safe deposit box rental fee
Estate planning fee	Trustee fees
Professional association/ Union dues	Investment expenses/fees

- ___ Expenses for business use of home: Identify Business

Date home purchased	Cost or basis of home/land
Date business started in home	Prior depreciation taken on home
Insurance, homeowners	Rent, if applicable
Utilities: heat, electric, water, sewer, trash removal	Itemized Repair/Maintenance

Provide a copy of the depreciation schedule previously used, if applicable.
 Total square footage of area used for business/Total square footage of living area of home

- ___ Employee Business Expenses:
 Mileage: business, personal, commuting & total miles driven for 2016.
 Travel expenses; include away from home expenses
 Advertising, office & paper supplies, publications & subscriptions
 Food & Entertainment

CREDITS/ASSESSMENTS:

Credit for Child & Dependent Care Expenses:

Name, address, and Federal ID Number of all child care providers, and amount paid to each in 2016:

Education Credits:

Student's name, year of study, tuition & fees

Were IRA funds, retirement funds or Series EE bonds used to pay for education?

*****Health Insurance Credit/Assessment***:**

If you were not covered in 2016 under a qualified health plan for the full year provide dates of coverage for your household. Did you obtain your health insurance through a government health exchange and receive a reduced premium? If so, please provide any information you may have necessary to process a potential credit or assessment.

Miscellaneous Credits:

If you have qualified adoption expenses, residential energy improvements including solar, small wind & geothermal heat pumps, or have purchased certain high efficiency vehicles please list.

*****Additional State Tax*****

AMOUNT OF PURCHASES SUBJECT TO STATE USE TAX: TO BE INCLUDED ON STATE TAX RETURN. If over \$300, Please include: Date of Purchase, Description, Retailer, and Purchase Price of Item.

ESTIMATED TAX PAYMENTS PAID FOR 2016

IRS – Dept. of the Treasury:

CT – Commissioner of Revenue Services:

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/16 Amount Paid _____

Date Paid ___/___/17 Amount Paid _____

*** Date Paid ___/___/17 Amount Paid _____ ***

*****Also amounts paid in 2017 for 2016 taxes:**

IF REFUND: METHOD?

Direct Deposit to your bank account? _____ (yes /no) [We strongly recommend direct deposit]

If YES:

Name of Bank _____ Bank Routing # _____

Checking (C) Account # _____ or,

Savings (S) Account # _____

Comments or Additional Information:

