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**2018**  
**1040 Checklist**

This Checklist is designed to help you collect and report the information needed to prepare your 2018 income tax return.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Copy of your 2017 tax return. **(For 1st year clients only.)**
- Original Form(s) W-2.
- Form(s) W-2G for gambling winnings. Amount of gambling losses \$ \_\_\_\_\_
- Schedule(s) K-1 showing income or loss from partnerships, S corporations, estates or trusts.
- Form(s) 1099 or statements reporting dividend, interest, retirement, Social Security, state and/or local refunds, or miscellaneous income.
- Brokerage statements showing investment transactions for stocks, bonds, etc. (Form 1099-B).
- Total amount paid for property taxes, including license tabs on vehicles.
- Total amount of medical expenses (including premiums paid) during 2018. **(Please do not send all of the receipts.)**
- The dollar amount of cash and non-cash contributions made during the year.
- Copies of closing statements regarding the sale or purchase of real property.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E or 1099Q.
- All Forms 1095-A, 1095-B and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest and property taxes (including any Forms 1098 and 1098-C).

This Checklist should make your task easier. It will also help us in the preparation of your tax return by focusing attention on your special needs. Thank you for your cooperation.

**CLIENT GATEWAY QUESTIONS**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1.) <b>E-Mail address:</b>  |                          |                          |
| <hr/> <b>Please provide your email address. It improves our service by eliminating phone tag when we have questions or need additional information. Please also provide your phone number: ( _____ ) _____</b>        |                          |                          |
| 2.) This year, we will utilize electronic delivery of your tax returns exclusively. <b>If you would still like a paper copy, please check here. <u>You will be billed an additional \$25.</u></b>                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) Returns will be delivered electronically through the Client Gateway. Innes & Lotito will provide you with a username and password. Please check the following, if needed, and we will email you that information: |                          |                          |
| <input type="checkbox"/> I do not know my <b>username</b> for the Gateway   |                          |                          |
| <input type="checkbox"/> I do not know my <b>password</b> for the Gateway   |                          |                          |

**NEW CLIENT INFORMATION**

- 4.) *New clients only* - please provide the following information (if applicable):

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

## PERSONAL QUESTIONS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5.) Will the address on your 2018 Federal return be different from the one shown on your 2017 return?<br>If <b>Yes</b> , enter the new address:<br>Street _____<br>City _____ State _____ Zip _____<br>Phone _____ Cell Phone _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.) Did your marital status change during 2018?<br>Please provide details: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.) Did you pay (or receive) alimony during the tax year?<br>If <b>Yes</b> , to _____ SSN _____<br>Amount _____   | <input type="checkbox"/> | <input type="checkbox"/> |

## DEPENDENT QUESTIONS

- 8.) Were there any changes in dependents from the prior year?  
If **Yes**, please include name, social security number & date of birth for additions or specify dependents claimed previously that should be removed.
- Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
SSN #: \_\_\_\_\_
- |  |  |  |
|--|--|--|
| 9.) Did you provide over half the support for any person in 2018?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 10.) Do you have dependents who must file?<br>If so, do you want us to prepare the returns?  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 11.) Are you being claimed as a dependent by another person?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 12.) Do you have any children under the age of <b>19 or a full-time student under age 24</b> with investment income greater than \$2,100?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 13.) Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, The Virgin Islands, and parts of Texas, Louisiana, and South Carolina, as well as wildfire victims in California. | <input type="checkbox"/>                             | <input type="checkbox"/>                             |



## INCOME QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23.) Did you sell and/or purchase a principal residence or other real estate in 2018? If <b>Yes</b> , please answer the following: | <input type="checkbox"/> | <input type="checkbox"/> |

Date former home acquired: \_\_\_\_\_

Purchase price of former home: \_\_\_\_\_

Date former home sold: \_\_\_\_\_

\*Selling price of former home: \_\_\_\_\_

*\*Please provide seller's statement*

Total amount spent on improvements to former home: \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 24.) Did you receive any disability or unemployment payments this year? <i>If yes, please provide Form(s) 1099.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25.) Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 26.) Did you receive any income not included in the checklist?  | <input type="checkbox"/> | <input type="checkbox"/> |

## ITEMIZED DEDUCTIONS

### Deductions and Medical and Dental Expenses

For your personal privacy, please just provide us with a summary of the medical expenses you incurred this past year. However, make sure you maintain the information necessary to document the summary provided to us in the event of a subsequent audit.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 27.) Did you travel for medical care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Total miles traveled: _____  |                          |                          |
| 28.) Did you pay out-of-pocket medical expenses (health insurance, co-pays, Rx, etc.)?<br><i>Please provide summary.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**Deductions for Taxes Paid**

**Income Taxes Paid**

We should be able to obtain all the information we need with respect to Federal and State income taxes withheld from your W-2 and 1099 Form. **If you paid Federal and/or State estimates, we need to know the amount paid and date.**

	Federal			State	
	Date Paid	Amount Paid		Date Paid	Amount Paid
Q1			Q1		
Q2			Q2		
Q3			Q3		
Q4			Q4		

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 29.) <b>Real Estate Taxes</b><br>Did you pay real estate taxes?<br><i>If yes, please provide us with copies of the current year assessed and/or paid real estate property tax bills.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30.) <b>Auto License Plates</b><br>Did you pay auto license plate fees?<br>People often forget to include information about auto license plate fees paid. In Michigan, auto license plate fees are allowed as a deduction. Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**Deductions for Interest Paid**

Include any Form(s) 1098 you received for mortgage interest paid. If you paid land contract interest in 2018, we need the name, address, amount & taxpayer ID of the recipient.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 31.) Do you have a home equity loan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32.) Home equity interest is no longer deductible unless proceeds were used to buy, build or improve your main/qualified second home.<br>Were the proceeds used to buy, build or improve your main/qualified second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.) Did you refinance your principal residence or 2 <sup>nd</sup> home this year?<br>If yes, did you pay points?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of points paid: _____  |                          |                          |
| Length of loan: _____   |                          |                          |

**Deductions for Charitable Donations**

**People often forget to list all of their charitable donations.**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 34.) Do you have evidence from the charity to substantiate cash donation of \$250 or more?<br>Amount of cash contributions: \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35.) Did you make any noncash (clothes, furniture, cars, etc.) donations? Do you have evidence from the charity to substantiate noncash donations of \$500 or more? Please provide fair market value (thrift store value).<br>Amount of non-cash contributions: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 36.) Did you travel for any charitable purpose?<br>Total miles traveled: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 37.) Do you have any worthless securities or uncollected bad debts? (Bad debts with relatives usually are not deductible.)   | <input type="checkbox"/> | <input type="checkbox"/> |

**EDUCATIONAL DEDUCTIONS AND CREDITS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 38.) Did you pay any student loan interest or have any educational expenses in 2018? <i>Please provide Form 1098-E.</i>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.) Did you pay any college tuition in 2018? <i>Include Form 1098-T.</i><br>Name of student _____<br>Name of school _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**SELF-EMPLOYED QUESTIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 40.) Did you receive Form 1099?<br><i>If yes, please provide this form and a summary of business income and expenses.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 41.) Do you have records for business related travel and expenses? Information must include amount, time and place, date and description of business gift(s), business purpose, and business relationship of recipient. | <input type="checkbox"/> | <input type="checkbox"/> |

**SELF-EMPLOYED QUESTIONS CONTINUED**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 42.) Did you travel for business (self-employed only)?<br>Business miles: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43.) If you are a business owner (self-employed only), did you pay health insurance premiums this year?<br>Amount paid for your employees: \$ _____<br>Amount paid for yourself and family: \$ _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 44.) Did you use an area of your home for business purposes? If so, we need square footage of the space used & total footage of the house. Please also include costs for home owners insurance, utilities, repairs & maintenance. | <input type="checkbox"/> | <input type="checkbox"/> |

**RETIREMENT QUESTIONS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 45.) Did you or your spouse receive Social Security Benefits in 2018?<br><i>If yes, please provide Form 1099-SSA.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46.) Did you or your spouse reach age 70-1/2 in 2018?<br>If so, you are required to take required minimum distributions if you have not done so already.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 47.) Have you, or do you plan on contributing to a regular IRA, Roth IRA, SEP, Keogh, or SIMPLE plan for tax year 2018?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , self \$ _____ <b>CIRCLE ONE:</b> Reg IRA/Roth IRA/SEP/Keogh/SIMPLE<br>spouse \$ _____ <b>CIRCLE ONE:</b> Reg IRA/Roth IRA/SEP/Keogh/SIMPLE<br>Date(s) of contribution(s) _____ |                          |                          |
| 48.) Are you or your spouse an active participant in an employer provided retirement plan such as pension, profit sharing, 401(k) or stock purchase plan?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 49.) If you are subject to the IRA deduction limitations based on adjusted gross income, do you want to contribute the maximum allowed as a deduction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , are you planning to make any nondeductible IRA contributions?  | <input type="checkbox"/> | <input type="checkbox"/> |

## RETIREMENT QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 50.) Did you receive payments from a pension or profit sharing plan?<br><i>If yes, please provide Form 1099-R.</i><br>If yes, did you use the proceeds to fund college tuition and costs, or were you a first time home buyer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51.) Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 52.) Did you convert any regular IRA's into Roth IRA's?  | <input type="checkbox"/> | <input type="checkbox"/> |

## HEALTH CARE QUESTIONS

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 53.) Did you have qualifying health coverage, such as employer-sponsored coverage or government-sponsored (i.e. Medicare/Medicaid) for your family? "Your family" for healthcare coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. <i>If yes, provide any Form(s) 1095-B and 1095-C you received.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 54.) If you had qualifying health care coverage, such as employer-sponsored coverage or government sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for <b>every month</b> of 2018? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. <i>If no, please provide months of coverage.</i>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 55.) Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care share ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. <i>If yes, please provide the Exemption Certificate Number (ECN) or type of exemption.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56.) Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act for <b>any month</b> in 2018? <i>If yes, please provide Form(s) 1095-A.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

## HEALTH CARE QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 57.) Did you make contributions to a Health savings account (HSA) or Archer MSA? <i>Please provide Form 5498-SA.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 58.) Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? <i>Please provide Form 1099-SA.</i>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 59.) Did you pay long-term care premiums for yourself or family?<br>Premiums paid: Taxpayer \$ _____ Spouse \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 60.) Did you make any contributions or withdrawals to an ABLE (Achieving a Better Life Experience) account? <i>If yes, provide Form(s) 5498-QA and/or Form(s) 1099-QA.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

## GENERAL QUESTIONS

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 61.) Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? <i>If yes, please provide details.</i>                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 62.) Were you notified by the Internal Revenue Service or State of changes to a prior year's return? <i>If yes, enclose notice.</i>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 63.) Did you pay any individual as a household employee during 2018? <i>If yes, please provide details.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 64.) Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?<br><i>If yes, please provide details.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65.) Did you make gifts over \$15,000 to an individual or trust or contribute to a prepaid tuition plan? <i>If yes, please provide details.</i>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 66.) Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return? <i>If yes, please provide details.</i>     | <input type="checkbox"/> | <input type="checkbox"/> |
| 67.) Would you like to designate \$3 to the Presidential Election Campaign Fund? Checking "Yes" will not change your tax or reduce your refund.                      | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL QUESTIONS CONTINUED**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 68.) Did you make any out-of-state purchases (by telephone, internet, mail, or in person) on which the seller did not collect sales or use tax?<br>If yes, what was the total amount of the purchases? \$ _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.) If you are due a Federal or State refund, would you like them directly deposited into your checking or savings account?<br><b>If yes, please provide a voided check or the following:</b><br><b>Circle account type:    Savings    Checking</b><br><b>Routing # _____</b><br><b>Account # _____</b><br><i>If we do not have the proper bank account information, your refund will be delayed.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.) Did you receive an Identity Protection PIN from the IRS? <i>If yes, please include the IRS Letter.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please Note:**

The IRS does not send out unsolicited emails or phone calls requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.