# VOLUNTEER INCOME TAX ASSISTANCE 2023
# Information Checklist

Name____________________________ Email:_____________________________
(As it appears on your Soc. Sec. Card)

**Please bring the following tax information, including all statements and documents – including your own records – pertaining to these items. Don't forget your bank information (below) as we need to confirm it.**

## INCOME

**WE NEED HARD COPIES OF YOUR INCOME STATEMENTS. Please no electronic copies!**

- **If you have an Identity Protection Pin (IPP), BRING IT!**
- **W-2 Forms** (bring all W-2s & complete the W-2 worksheet on page 4)
- **1099 Income Forms**:

  **1099-INT**-Interest (under $10-bring year-end stmt.)

  **1099-DIV**-Dividends (under $10-bring year-end stmt.)

  **1099-C** - Cancellation of Debt

  **1099-G** - Unemployment Compensation and State Tax Refunds (If not received, go online to print form)

  **1099-B** - Sale of Stock/Mutual Funds (must have original purchase, date, cost, and sale information)

  **1099-MISC** – Royalty Income

  **1099-NEC –** Self-Employment Independent Contractor and Freelance Earnings (Performing and Non-Performing Income)

  **1099-R** - Pension/Retirement Earned

  **1099-SSA -** Social Security
- **Alimony Received** (NOT child support)
- **Prize Winnings, Lotto, Jury Pay, Election Pay, etc**.
- **Do you OWN Digital/Crypto Currency? Y____N____**

  **Do you SELL Digital/Crypto Currency? Y____N____**
- **Do you have money in Foreign Accounts? Y___N___**
- **ALL OTHER INCOME: whether or not listed here.**
- **Direct Deposit or Debit** – Blank Check **OR:**

Routing #________________ Acc't #___________________

Name of Bank_______________Checking ____ Savings ____

**FILL IN THE ABOVE BANK INFORMATION, SO WE DON"T HAVE TO ASK FOR IT. THANKS.**

## DEDUCTIONS/EXPENSES

- **Medical Expenses**: (**Include ALL ACA Documents**)

  Med & Dental Insurance Premiums $_____________

  If on the Marketplace/ Exchange, **must** have 1095-A_____

  Long-Term Care Insurance Premiums $___________

  Med.Costs (co-pays, out-of-pocket, incl. transp.) $___________
- **Charitable Contributions** – Cash, Check, CC $_______
- **Charitable Contributions** - Goods Donated $_________

  (If over $500, bring name of charity, EIN, address, date of donation and valuation of goods)
- **Mortgage Interest** (Form 1098) $________________
- **Real Property Taxes** (less Rebates) $_____________
- **Child/Dependent Care Costs** (provider ID, name, address)
- **Alimony Paid** (NOT child support – bring details $________
- **Retirement** (circle one) **IRA/ Roth/SEP** $__________
- **Business & Auto Expenses** (complete worksheets)
- **Travel Expenses** (complete worksheet)
- **Expenses Related to Investment Income** (**bring stmt**.)
- **College Tuition 1098-T/Student Loan Interest Pd**
- **NYS 529 College Plan Contributions** $_________
- **Gambling Receipts Paid** $ ___________
- **New Electric Vehicle/Energy Home Equip? Y___N___**
- **Did you owe tax to any state when you filed your returns LAST year? If so, how much did you pay?** $___________
- **Extensions Paid by April 15? How much did you pay?**

  **Fed $_________ State $_________**
- **Estimated Fed & State Taxes Dates Paid & Amounts:**

| | | | | |
|---|---|---|---|---|
| | Date______ | Date_______ | Date_______ | Date_______ |
| Fed | 1st $______ | 2nd $________ | 3rd $________ | 4th $________ |
| State | 1st $______ | 2nd $_______ | 3rd $_______ | 4th $________ |



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