

Mark each box with an X if it applies to you.

*Linda's Tax Service*  
 6314 NE 137th Ave  
 Vancouver, WA 98682  
 360-882-3978  
<http://www.lindastaxservice.com>

**What to bring to your appointment:**

**INCOME:**

<input type="checkbox"/> WAGES (W-2'S)	<input type="checkbox"/> 401K INCOME (1099'S)	<input type="checkbox"/> DO YOU OWN A RENTAL?
<input type="checkbox"/> INTEREST (1099'S)	<input type="checkbox"/> SEP/SIMPLE INCOME (1099'S)	<input type="checkbox"/> ROYALTIES (K1'S)
<input type="checkbox"/> DIVIDENDS (1099'S)	<input type="checkbox"/> SOCIAL SECURITY (1099'S)	<input type="checkbox"/> FARM
<input type="checkbox"/> SALE OF STOCK (1099'S)	<input type="checkbox"/> ALIMONY INCOME	<input type="checkbox"/> JURY DUTY PAY
<input type="checkbox"/> SALE OF PROPERTY	<input type="checkbox"/> LOTTERY/GAMBLING INCOME (1099'S)	<input type="checkbox"/> FOREIGN INCOME
<input type="checkbox"/> RETIREMENT (1099'S)	<input type="checkbox"/> UNEMPLOYMENT (1099'S)	<input type="checkbox"/> HOBBY INCOME
<input type="checkbox"/> IRA INCOME (1099'S)	<input type="checkbox"/> BUSINESS/SELF EMPLOYMENT (P&L)	<input type="checkbox"/> TIP INCOME
<input type="checkbox"/> ROTH INCOME (1099'S)	<input type="checkbox"/> CORPORATE/PARTNERSHIP/TRUST (K1'S)	<input type="checkbox"/> OTHER:

**POSSIBLE DEDUCTIONS:**

<input type="checkbox"/> PAID INTO TRADITIONAL IRA	\$	<b>CHARITABLE DONATIONS:</b>	
<input type="checkbox"/> PAID INTO ROTH	\$	<input type="checkbox"/> CASH	\$
<input type="checkbox"/> ALIMONY PAID	\$	<input type="checkbox"/> NON CASH	\$
<input type="checkbox"/> STUDENT LOAN INTEREST	\$	<input type="checkbox"/> VOLUNTEER EXPENSES	\$
<input type="checkbox"/> EDUCATOR EXPENSES	\$	<input type="checkbox"/> CHARITABLE MILEAGE	

**MEDICAL EXPENSES:**

<input type="checkbox"/> DR./DENTIST	\$
<input type="checkbox"/> EYE EXAM/GLASSES/CONTACTS	\$
<input type="checkbox"/> PRESCRIPTIONS	\$
<input type="checkbox"/> HOSPITAL/LABS/X RAYS	\$
<input type="checkbox"/> HEARING AIDS/BATTERIES	\$
<input type="checkbox"/> MEDICAL MILES DRIVEN	

**EMPLOYEE EXPENSES:**

<input type="checkbox"/> UNREIMBURSED WORK EXPENSES	\$
<input type="checkbox"/> UNION DUES	\$
<input type="checkbox"/> VEHICLE USED FOR WORK: MILEAGE	
<input type="checkbox"/> TRAVEL/LODGING	\$

**HEALTHCARE COVERAGE**

<input type="checkbox"/> 1095 A/B/C FORM	
<input type="checkbox"/> # OF MONTHS COVERED	
<input type="checkbox"/> AMOUNT PAID MONTHLY	\$

**FEES/MISC EXPENSES:**

<input type="checkbox"/> INVESTMENT EXPENSES	\$
<input type="checkbox"/> TAX PREP FEES	\$
<input type="checkbox"/> SAFE DEPOSIT BOX RENTAL	\$
<input type="checkbox"/> ATTORNEY FOR TAXABLE INCOME	\$
<input type="checkbox"/> GAMBLING LOSSES	\$
<input type="checkbox"/> DAMAGE/STOLEN PROPERTY	\$
<input type="checkbox"/> DID YOU MOVE? EXPENSES:	\$
<input type="checkbox"/> ADOPTION EXPENSES	\$
<input type="checkbox"/> EDUCATION/BOOKS/FEES	\$

<input type="checkbox"/> VEHICLE PURCHASE	\$
<input type="checkbox"/> OTHER LARGE PURCHASES	\$

**HOME:**

<input type="checkbox"/> (1098) MORTGAGE INTEREST	\$
<input type="checkbox"/> NEW PURCHASE/REFINANCE	
<input type="checkbox"/> PROPERTY TAXES	\$
<input type="checkbox"/> ENERGY EFFICIENT IMPROVEMENTS	\$
<input type="checkbox"/> HOME OFFICE USED FOR WORK	

<input type="checkbox"/> CHILD CARE PROVIDER	\$
NAME: _____	
ADDRESS: _____	
EIN # _____	

**NOTES:** Is there anything else that you think is relevant to your tax situation? Do you have any tax questions?

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