



2019 Tax Checklist

The following checklist is to assist in gathering accurate information in order to complete your return. If the answer to any question is "yes," please complete the space provided or bring the appropriate documents or information to your interview.

1. DOCUMENTS AND FORMS REQUIRED:

- Original Forms W-2 and/or W-2P
- Form(s) 1099 or other statements reporting interest and dividend income. **Be sure to include stockholder news memorandum included with year end dividends or with 1099's. These communications usually contain important tax status of dividends.**
- Copies of documents verifying other compensation, such as Social Security benefits, unemployment compensation, or IRA distributions, etc.
- Any correspondence you have received during the year from either the Internal Revenue Service or the State Department of Revenue.
- Documents relating to other tax items about which you have questions.
- A copy of your Social Security card noting your name and Social Security number. [E-Filing requires that the name on your Social Security card be on your return(s).]
- Original Health Insurance form 1095-A (exchange) and a copy of premium notice and copy of policy summary of coverage information (deductible / max. out of pocket, type of plan – silver, etc.)

2. Please list your telephone number Home () _____, Work () _____, Cell () _____, fax number (if available) () _____ and e-mail address _____ (if available). Inform us of any changes to names, address, social security numbers, filing status, or dependent information.
3. Did any of your dependents under age 19 have unearned income (interest, dividends, etc.) of more than \$2,200.00? Did any of your dependents age 19 to 23 have unearned income (interest, dividends, etc.)? YES NO
4. Did you buy, like kind exchange, or sell real estate during 2019 (This includes your residence)? YES NO
5. Did you buy, like kind exchange (trade), or sell equipment during 2019 (this includes your vehicle(s))? YES NO
6. Did you start a new business, partnership or other venture in 2019? YES NO
7. Did you make a contribution to an IRA for 2019? (If yes, please provide information as to amount, date paid, to whom paid, etc.) YES NO
8. Did you make a charitable contribution of property other than cash? (Examples: Corporate stock bonus, real estate, clothing) (If "yes," bring closing statements or receipts) YES NO
9. Did you make a gift in cash or property to any one person valued in excess of \$15,000.00? YES NO

10. Did you incur qualified child care expenses for a dependent under age 13? YES NO

If "yes," the following information is "mandatory" to claim the credit for child care:

NAME

ADDRESS

.....

SOC. SEC. # OR FED ID:

DEPENDENT NAME(S) / BIRTH DATE:

11. Did you make estimated tax payments for 2019? YES NO

If "yes," please complete the following:

FEDERAL ESTIMATED PAYMENTS		KENTUCKY ESTIMATED PAYMENTS	
DATE	AMOUNT	DATE	AMOUNT
.....
.....
.....
.....

12. Did you or your dependent have any "qualified tuition and related expenses" at a post-secondary educational institution? YES NO

13. Did you or your dependent have any student loan interest expense related to post-secondary educational institution expense? YES NO

14. Did you buy any energy improvements to your home, or buy a vehicle(s) that may qualify for an energy credit? YES NO

15. Please list on a separate paper or on the next sheet –
- ◆ Total vehicle expense by vehicle and by type of expense (gas, repair/maintenance, insurance, taxes, interest, etc.) and beginning of year and end of year mileage for each vehicle owned during the year.
 - ◆ Home/residential expenses (type and total for each type for year) (for example – utilities, telephone, cell, cable/dish/direct, repair/maintenance, insurance, taxes, interest, internet, etc.)

16. Please list on a separate paper or on the next sheet by child the amount of child labor paid to help out in your business.

17. Please list on a separate paper or on the next sheet the amount of spouse labor paid to other spouse to help out in your business.

**2019 Income Tax Information
Health Insurance Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will be claimed on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2018.

Name of covered Individual(s)	SSN or DOB	Covered 12 mos.	✓ Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

If you purchased a health insurance policy from an exchange (or Marketplace), check (✓) the Exchange Policy box above. You should receive Form 1095-A from the exchange that issued your policy.

Adjustments to Income

Adjustments to income represent deductions which may be claimed whether or not you choose to itemize your deductions. Some of these adjustments may be limited by your income or other factors. Adjustments to income include the following items:

- PAYMENTS TO INDIVIDUAL RETIREMENT ACCOUNTS
- PAYMENTS OF ALIMONY
- INTEREST PENALTY ON EARLY WITHDRAWAL OF SAVINGS
- LONG-TERM CARE INSURANCE PREMIUMS (KENTUCKY)

ITEMIZED DEDUCTIONS

Itemized deductions represent items that may be deducted from income if the total of such deductions exceeds your standard deduction. Standard deductions for 2019 are \$12,200.00 for singles and \$24,400.00 for married, filing jointly. Specific itemized deductions may be limited by a percentage of income or other factors.

Medical expenses are allowed for expenses related to the diagnosis, cure and treatment of illness. Deductions are limited to the amount in excess of 10% of adjusted gross income. Examples:

- AMBULANCE COSTS
- GLASSES/CONTACTS
- HOSPITAL FEES
- OPTOMETRY SERVICES
- DENTIST
- LABORATORY FEES
- PRESCRIPTION DRUGS
- PSYCHIATRISTS
- DOCTORS
- HEALTH INSURANCE PREMIUMS
- HEARING AIDS AND BATTERIES
- PHYSICAL THERAPY

- TRANSPORTATION FOR MEDICAL PURPOSES WILL BE ALLOWED AT 20.0 CENTS PER MILE (PROVIDE NUMBER OF MILES)

Taxes are allowed as deductions, specifically:

- REAL ESTATE TAXES
- STATE AND LOCAL PERSONAL PROPERTY TAXES
- STATE AND LOCAL INCOME TAXES

Interest payments may produce deductions. Examples:

- HOME MORTGAGE INTEREST
- INVESTMENT INTEREST
- HOME MORTGAGE INTEREST "POINTS" PAID
- MARGIN ACCOUNT INTEREST
- INTEREST ON SECOND HOME (e.g. R.V. or HOUSEBOAT)

Charitable contributions to qualified organizations are allowable personal deductions. Generally the organization itself should be able to tell you whether or not they are a qualified organization. Any one contribution in excess of \$250.00 requires that you have a written receipt with the notation "no goods or services received other than intangible religious benefit(s)" to be deductible. Examples:

- CHURCH
- VALUE OF NON-CASH CONTRIBUTIONS
- AUTO USE 14 CENTS EACH MILE
- CHARITABLE ORGANIZATIONS, SUCH AS GIRL SCOUTS, RED CROSS, UNITED WAY

Casualty and theft losses in excess of insurance proceeds involving property not used in a trade or business may give rise to personal deductions to the extent the losses offset casualty gains. Non-business casualty losses are deductible in excess of non-business casualty gains in federally declared disaster areas. Examples include:

- AUTO ACCIDENTS
- STORMS
- FIRE
- THEFTS
- FLOODS
- VANDALISM

To claim your losses.....

- Make a list of everything you owned and lost
- Determine its original cost (or adjusted basis)
- Determine the fair market value of each item
(*This is the amount it could have been sold for just before the disaster*)
- Determine the present value – after the disaster
- Determine insurance or other reimbursements you received or expect to receive

Moving expenses are not deductible except for military purposes.

