CHECKLIST

Information needed for Tax Appointment

SUN INCOME TAX & FINANCIAL SERVICES

845 E Warner Road, Suite 100
Chandler, AZ 85225
Office: 480-775-3887 * Fax 480-775-4013

INCOME STATEMENTS

- ❍ *All W-2 Forms*
- ❍ *Bank Interest & Dividends Earned*
- ❍ *Amount of 2008 State Refund or Payment*
- ❍ *Pension and/or IRA Distributions*
- ❍ *Gambling Winnings (or Loss) Statements*
- ❍ *Unemployment Compensation*
- ❍ *Social Security Statements*
- ❍ *Stock Transaction & Cost Basis Reports*
- ❍ *Sale of Your Home or Real Estate*
- ❍ *Native American Per Capita Income Statement*

EXPENSE STATEMENTS

- ❍ *Medical Expenses: Doctor, Dentists, Prescription & Hospital Co-pays, Post-Tax Insurance Premiums Paid*
- ❍ *Sales Tax paid on Large purchase items (car, etc.)*
- ❍ *Vehicle Registration Fees*
- ❍ *Real Estate Taxes*
- ❍ *Mortgage Interest Paid*
- ❍ *Closing Papers—Home purchase or Refi (HUD-1)*
- ❍ *Cash & Non-Cash Charity Receipts*
- ❍ *Tax Preparation Fees Paid in 2009*
- ❍ *Non-Reimbursed Work-Related Expenses*
- ❍ *Child Care Expenses*
- ❍ *Student Loan Interest Paid*
- ❍ *Investment Expenses*
- ❍ *Job-Hunting Expenses*
- ❍ *Adoption Fees*
- ❍ *Alimony Paid*
- ❍ *IRA or Other Retirement Plan Payments*
- ❍ *Moving Expenses*
- ❍ *AZ State Schools/Working Poor Tax Credit Receipts*

SELF-EMPLOYMENT DATA

- ❍ *Business Income (Form 1099-Misc or Personal Records)*
- ❍ *Partnership (Sch.K-1) Income*
- ❍ *Business Related Expenses-TOTALS by Category*
- ❍ *Employment and other Bus. Taxes Paid*

RENTAL PROPERTY DATA

- ❍ *Rental Income Received for Year*
- ❍ *Mortgage Interest Paid*
- ❍ *Real Estate Taxes Paid*
- ❍ *Renovation and Repair Costs*
- ❍ *Homeowner Association Dues*
- ❍ *Homeowner Insurance Paid*

PERSONAL INFORMATION

New address and/or Telephone Numbers

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New client: NAMES, *SSN's, DOB's of all family members.* Current Client: *new family member NAMES, SSN's, DOB's, or changes required.*

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Take a look at our website www.sunincometax.com for additional information.

❍ **NEW CUSTOMERS *BRING COPY OF 2008 TAX RETURN***

❍ ***Copy this form for your family, friends and co-workers—Refer a friend***

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