

MILLER & COMPANY CPA's, PLLC

INCOME TAX CHECKLIST-2020

(Please complete and bring to your appointment)

GENERAL INFO: (New Clients Only)

___ Taxpayer's Birth Date ___/___/___
___ Spouse's Birth Date ___/___/___
___ Taxpayer's SS# ___-___-___
___ Spouse's SS# ___-___-___
___ Birth Dates of Dependent Children
___ Social Security Cards (Copies) for All
Dependents (New clients/or dependents only)
___ Health Insurance Forms (1095-A, 1095-B, 1095-C)
(If Applicable)
___ **2019 Income Taxes (new clients only)**

INCOME:

___ Wage Income (Include all W-2 Forms)
___ Interest earned on savings, etc.
(Include all 1099-INT Forms)
___ Dividend Income (Include all 1099-DIV Forms)
___ Social Security Benefits Received in 2020
(Include Form SSA-1099)
___ State of Utah Tax Refund Received in 2020
Amount \$ _____
___ Unemployment Benefits Received in 2020
(Include Unemployment Form 1099G)
___ K-1's (Partnership, Sub S Corporation Income)
___ IRA Distributions
(Include 1099 IRA Forms and/or Year end statements)
___ Pensions (Include all 1099-R Forms)
___ Rental, Lease Income/Expenses
(Include 1099-MISC Forms)
___ Disability Income (Include forms received)
___ Business Income/Expenses
___ Farm Income/Expenses
___ Alimony Received in 2020
___ Prizes, Awards, Gambling & Lottery Winnings
___ Other Income (please specify)

ADJUSTMENTS TO INCOME:

___ Penalty for early savings withdrawal
___ Alimony paid in 2019
___ IRA contributions made (or to be made) for 2020
___ Interest on Qualified Student Loans
___ Qualified Tuition & Fees Paid

Itemized Deductions

TAXES PAID:

___ Real Estate Taxes Paid in 2020
___ Sales tax paid on vehicles, large items in 2020

INTEREST PAID:

___ Mortgage / HELOC Interest Paid in 2020

MEDICAL EXPENSES:

___ Medical/Hosp/Dental Insurance Premiums Paid
___ Prescription medications/drugs
___ Doctor Bills Paid in 2020
___ Dentist Bills Paid in 2020
___ Hospital Bills Paid in 2020
___ Medical Items Purchased
(Glasses, Dentures, etc.)
___ Lodging for Medical Treatment
___ Mileage for Medical Treatment

CONTRIBUTIONS: (*Over \$250 require a receipt)

___ Church Cash Contributions
___ Other 501(c)3 Qualified Cash Contributions
___ Non-cash Qualified Contributions
___ Vehicle Mileage on Charitable Work

MISCELLANEOUS DEDUCTIONS:

___ Gambling Losses (Limited to Winnings)

TAX CREDITS:

___ Child Care Expense Paid in 2020
*The taxpayer must fill out from W-10 for each child care provider in order to take the child care credit in 2019. *(If you need a W-10 form, we can provide one for you.)*
___ Adoption Expenses
___ Premium Tax Credit (Include Form 1095-A)
___ Recovery Rebate Credit (Include Notice 1444)***
Amount of Credit \$ _____

Appointment

Date: _____

Time: _____

**56 North Main Street
Richfield, Utah 84701**

Toll Free #: (877) 696-1040 Local #: (435) 896-4301