AARP Tax-Aide

Checklist for tax preparation

| Photo ID for taxpayer and spouse (if married) | | |
|--|--|--|
| Proof of Social Security numbers for all persons listed on the return. SS card, letter/other document from SSA or SSA/RRB-1099 are all acceptable. Last year's tax return (highly recommended to ensure accuracy of this year's return) | | |
| Account information (routing number and account number) for direct deposit or direct debit (if desired) | | |

Income (forms):

| Wages (W-2) | | |
|---|--|--|
| Social Security (SSA-1099) | | |
| Railroad Retirement (RRB-1099) | | |
| Interest (1099-INT, K-1, broker staten | nent) | |
| Dividends and Capital Gain Distribution | ons (1099-DIV, K-1, broker statement) | |
| Capital Gains/Losses (1099-B, 1099- | S, broker statement) Note: also bring basis of assets sold | |
| (What did you pay for it) | | |
| Self-employment income (1099-MISC | r, business records) | |
| Pensions, IRA distributions (1099-R, I | atest Form 8606 if non-deductible contribution previously | |
| made) | | |
| Unemployment (1099-G) | | |
| State Tax Refund (1099-G) | | |
| Gambling Winnings (W2-G) | | |
| Other Income (1099-MISC not from se | elf-employment) | |
| Debt forgiveness (1099-A, 1099-C) | | |
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Deductions & Credits

| D6 | Deductions & Credits | | | |
|----|--|--|--|--|
| | Unreimbursed medical/dental expenses, e.g., doctor and prescription copays, hospital expenses, | | | |
| | prescription glasses, hearing aids, etc. Total by category BEFORE seeing the preparer; keep | | | |
| | receipts for your records. | | | |
| | COVID Stimulus credit | | | |
| | After-tax health insurance premiums (final pay statement for year) and long-term care premiums | | | |
| | Sales tax on new auto purchase (Purchase receipt) Total BEFORE seeing the preparer; keep | | | |
| | receipts for your records. | | | |
| | Property Tax (1098 or canceled check) | | | |
| | State Income Tax paid (canceled checks/other payment proof for estimated tax payments or prior | | | |
| | year tax payment) | | | |
| | Mortgage Interest and Mortgage Insurance (1098) | | | |
| | Charitable Contributions by cash/check/credit card (Total OK; need receipts for your records) | | | |
| | Estimated value of non-cash donations (Over \$500 total also requires address of each recipient, | | | |
| | acquisition date and cost of items donated) | | | |
| | Misc. job related expenses (Receipts required for your records) | | | |
| | Estimated Federal Tax payments (canceled check or other proof of payment) | | | |
| | Education expenses (1098-T) | | | |
| | Student Loan Interest (1098-E or letter from lender) | | | |
| | Dependent Care expenses (Receipt plus provider's address and EIN or SSN) | | | |
| | Form 1095-A If you purchased Health Care Coverage through Marketplace | | | |
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Note: This list is for your benefit in getting organized before having your tax return prepared. It is not intended to be a complete list of the records and/or documents needed to complete your individual tax return.