



# D. TODD MACKEY, CPA, LLC

TAX PREPARATION, ACCOUNTING, PAYROLL,  
AND SMALL BUSINESS CONSULTING

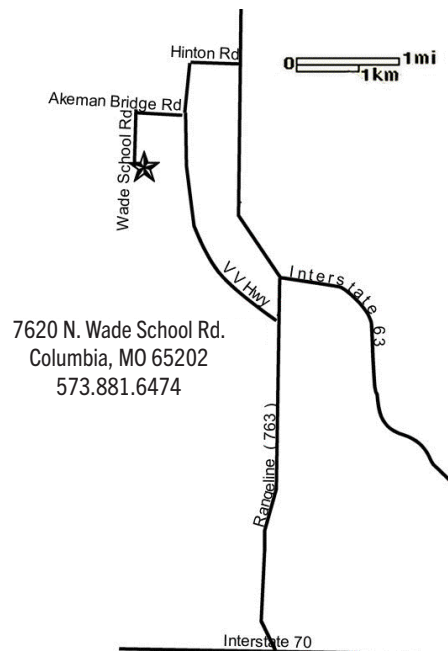
## Individual Tax Preparation Checklist

### General Information

- If you are a **new client**, please include a copy of your previous tax return.
- If you are a previous client and a checklist item remains the same as the previous tax year (i.e. address), just write "same".
- If you are a **previous client**, I can email you a comprehensive client organizer from my tax software that lists out your previous year income/expense items and gives you space to document your current information. Just send me an email if you would like this organizer.
- I have a white drop box to the right of my garage door. You can deliver your tax items to that drop box anytime. Please put the flag up.
- You may scan and email your documents.
- Email is my preferred method of communicating.
- I utilize secure and encrypted e-signing software that provides a copy of the return.

### Contact Information

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### 1 - Personal Data (for new clients or existing clients with changes)

Taxpayer:	Name (First Middle Last)	SSN	Date of Birth	Job Title
	Preferred Email Address	Secondary Email Address	Cell Phone	Secondary Phone
Spouse:	Name (First Middle Last)	SSN	Date of Birth	Job Title
	Preferred Email Address	Secondary Email Address	Cell Phone	Secondary Phone
Street Address		City	State	Zip

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2 - Dependents (for new clients or existing clients with changes)

	First	Middle	Last	SSN	Date of Birth
Dependent 1					
	For the tax year # of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	First	Middle	Last	SSN	Date of Birth
Dependent 2					
	For the tax year # of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	First	Middle	Last	SSN	Date of Birth
Dependent 3					
	For the tax year # of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

	First	Middle	Last	SSN	Date of Birth
Dependent 4					
	For the tax year # of months dependent lived with you	Full-Time College Student?	Wages Earned	Did dependent file a return? If yes, please provide a copy	Is there a divorce or separation agreement that will affect who claims the dependent?
	Preferred Phone #	Preferred Email:	Is dependent an elderly adult parent?	Is dependent disabled?	

### 3 - Direct Deposit Information

Bank Information

Acct. Type (Checking or Savings):

Routing # (1st 9 digits)

Acct. # (not check #):

### 4 - Address Change (If you moved or sold your home during the year, please complete this section)

Previous Street Address

Previous City

Previous State

Previous Zipcode

Date House Was Sold

Years at Residence

Selling Price

Original Purchase Price  
Plus Improvements

Please provide a copy of the closing document and 1099-S if provided.

### 5 - Income Items (checklist)

Form W-2 (make sure you have received all W-2's)

K-1 (partnerships, S-corps.)

Form 1099-Misc. (misc. income, self employment)

Prizes or awards

Form 1099-G (tax refunds & unemployment)

Gambling winnings (will also need losses)

Form 1099-INT & 1099 OID (interest income)

Legal damages (personal injury is not taxable)

Form 1099-DIV (dividend income)

Alimony Received (need payor's name and SSN)  
(Only for Alimony Agreements prior to 1-1-18)

Form 1099-B (proceeds from broker transactions)

1099-SA Distributions from HSA

Form 1099-R (retirement plan distribution)

Other

Form SSA-1099 (social security benefits)

Other

### 6 - Expense Items (checklist)

#### Home Owner Expense

Form 1098 (mortgage interest, mortgage insurance)

Real Estate Tax Statement

#### Charity Expense

Cash Donation

Non-Cash Donations: Include brief description of  
items donated and value of the donation

#### Other Expense

Personal Property Statement

Significant Medical Expenses

State Income Tax Paid on Previous Tax Return

Gambling Losses

Margin interest on Investment Account

Student Loan Interest

Alimony paid (will need payee's name and SSN)  
(Only for Alimony Agreements prior to 1/1/18)

IRA Contributions

SEP Contributions

SIMPLE Contributions

MO\$T Contributions

Form 5498-SA HSA Contributions

Other

Other

Other

### 7 - College Tuition Detail *(Please provide a copy of all 1098-T's for tuition and 1099-Q for Education plan distribution)*

	Name	Year in College	Required Books for Enrollment \$	Tuition Paid (1098-T)	Full-Time/Part-Time College Student	MO\$T Distributions	Dependent's Earnings
Taxpayer							
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							

### 8 - Childcare Detail *(Please Provide a copy of the Childcare provider's year-end form stating total childcare expense paid)*

[illegible]

## 9 - Insurance

### Health Insurance (If you had health insurance during the tax year, please include form 1095-A, 1095-B or 1095-C)

Did you, your spouse and dependents have health insurance during the entire tax year?  
If no, please list gaps in coverage below.

Gaps in Coverage \_\_\_\_\_

Did you obtain health insurance through the Health Insurance Market Place?  
If yes, the IRS must provide Form 1095-A.

Did you obtain health insurance through a private insurer or privately funded plan?  
If yes, the company must provide Form 1095-B.

Did you, your spouse and dependents have health insurance through your employer?  
If yes, your employer must provide Form 1095-C.

If under 26 years of age, did you have health insurance through your parents?

If you obtained health insurance through a private company (not through the IRS Market Place or Employer),  
please list amount paid.

Are you self-employed?

Are you receiving health insurance through the University of Missouri or some other entity as a Retiree? If so, how much  
were your premiums. (*The 12/31 pay stub should show this amount*)

### Long Term Insurance

Did you have long-term care insurance?

If so, how much did you pay for you and your spouse?

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