

SKJ & Company, P.S.

19909 Ballinger Way NE, Ste 100

Shoreline, WA 98155-1249

Tel: (206) 367-6782 Fax: (206) 367-8916

Send this form and documents to: tax@skjcpa.com<http://www.skjcpa.com/>

Name of Business and/or Individual
Phone Number
Email

This form may also be completed & submitted online at: <https://skjcpa.com/eng/taxprelist>

The following is a checklist for your 2021 income tax return documents. Please gather all tax documents and **forward them to us as a single package**. Or, your tax return may be filed with the IRS without important income or deduction items and may require filing an amended return.

- Check if there's **any change to your contact information** (Address or phone) and enter new info in #7
- Check if your bank info for tax refund/payment, please check and enter the new info in #7.

1. Income

Yes	No	Form Title	Description
<input type="checkbox"/>	<input type="checkbox"/>	Form W-2	Wage & Tax Statement
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-MISC	Miscellaneous Income
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-K	Merchant Card and Third-Party Network Payments
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-R	Distributions from Pensions, Annuities, Retirements
<input type="checkbox"/>	<input type="checkbox"/>	Form W-2G	Certain Gambling Winnings
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-INT	Interest Income
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-DIV	Dividends and Distributions
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-B	Proceeds from Broker and Barter Exchange Transactions
<input type="checkbox"/>	<input type="checkbox"/>	Form SSA-1099	Social Security Benefit Statement
<input type="checkbox"/>	<input type="checkbox"/>	Schedule K-1	Shareholder's (Partner's) Share of income, Deductions
<input type="checkbox"/>	<input type="checkbox"/>	(N/A)	Rental Income
			→ Please also attach statement of expenses for the rental activity.

2. Deductions

Yes	No	Form Title	Description
<input type="checkbox"/>	<input type="checkbox"/>	Form 1098	Home Mortgage Interest Statement
<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-T	Tuition Statement
<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-E	Student Loan Interest
<input type="checkbox"/>	<input type="checkbox"/>	(N/A)	Child Care Expenses
			→ State business name and EIN of the child care service provider
<input type="checkbox"/>	<input type="checkbox"/>	(N/A)	Property Tax Paid Information
<input type="checkbox"/>	<input type="checkbox"/>	(N/A)	Medical Expenses (Doctor, prescription medicine, etc.)
			→ Medical Expenses are deductible above 10% of your adjusted gross income.
<input type="checkbox"/>	<input type="checkbox"/>	(Written letter issued by charity)	Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	(N/A)	Contribution to Individual Retirement Arrangement (IRA)

[→ CONTINUED ON REVERSE SIDE]

3. Health Insurance Coverage

<input type="checkbox"/>	<input type="checkbox"/>	Form 1095-A	Health Coverage Purchased through State Health Benefit Exchange
<input type="checkbox"/>	<input type="checkbox"/>	Form 1095-B	Coverage Purchased Directly from Insurer / Small (<50 employees) Employer Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Form 1095-C	Large (>50 Employees) Employer Coverage

IMPORTANT!! You are issued Form 1095-A unless you or your family had coverage through State Medicaid (Apple Health), employer-sponsored coverage (through payroll deduction), or healthcare ministry. If 1095-A information is not reported on the tax return, your insurance premium may increase drastically upon next renewal.

4. Personal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell home last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home mortgage last year? → If "YES" on any of the above, please attach the closing statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major purchases, such as a car, RV or a boat? → If "YES," attach invoice/receipt where sales tax amount is stated.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a new born child? Are there any changes to your family status? → Please provide further details about the changes in your family status. → Please include name, birthday and SSN of the new born child.

5. 1040-ES Paid Information

Quarter	Date Paid	Amount
Q1		\$
Q2		\$
Q3		\$
Q4		\$

6. Miscellaneous

Please use the following space for any additional comments or concerns