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| **DROP OFF Checklist** |
| **Dependents and Filing Status** | **Yes** | **No** | **Comment** |
| Did your address change during the year?  |  |  |  |
| Did your marital status change during the year?  |  |  |  |
| Were there any changes in dependents? |  |  |  |
| Are you supporting anyone not living with you? |  |  |  |
| If you are separated or divorced with child(ren), do you have a separation agreement or divorce decree that establishes custodial responsibilities? |  |  |  |
| **Income** | **Yes** | **No** | **Comment** |
| Have you changed employment? |  |  |  |
| Has your income changed? |  |  |  |
| Do you have self-employment income or loss? |  |  |  |
| Did you start a business, purchase a rental property or farm, or acquire interests in partnerships of S corporations? |  |  |  |
| Did you receive any disability or unemployment payments this year? |  |  |  |
| Did you receive alimony? |  |  |  |
| Did you surrender any U.S. savings bonds during 2015?  |  |  |  |
| Did you have foreign income in 2015?  |  |  |  |
| Did you buy or sell any stocks, bonds, or other investment property? |  |  |  |
| Do you have any worthless securities or uncollectible bad debts?  |  |  |  |
| Did you make any withdrawals from an education savings account or §529 plan?  |  |  |  |
| Do you own a second residence or any other real estate? If so, do you rent it out? |  |  |  |
| Did you incur a loss because of damaged or stolen property? |  |  |  |
| **Adjustments to Income** | **Yes** | **No** | **Comment** |
| Did you have any education expenses? |  |  |  |
| Did you make any contributions to a Health Savings Account? |  |  |  |
| Did you make IRA or SEP contributions? |  |  |  |
| Did you pay alimony? |  |  |  |
| Did you have student loan interest? |  |  |  |

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| **Itemized Deductions** | **Yes** | **No** | **Comment** |
| Did you pay out-of-pocket medical expenses (co-pays, prescriptions, braces, hearing aids, etc.)? |  |  |  |
| Did you take out a home equity loan this year? |  |  |  |
| Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? |  |  |  |
| Did you face any foreclosure transactions on your personal residence? |  |  |  |
| Do you have any charitable contributions? |  |  |  |
| Did you use an area of your home for business purposes?  |  |  |  |
| Do you have records for business-related travel and expenses? |  |  |  |
| Did you move in connection with a job? |  |  |  |
| Do you have any job search expenses? |  |  |  |
| Did you have any expenses related to seeking a new job during the year? |  |  |  |
| Do you have any business, medical or charity mileage?  |  |  |  |
| Did you have any property damaged due to a storm, water, fire, accident or theft? |  |  |  |
| **Retirement** | **Yes** | **No** | **Comment** |
| Did you or your spouse reach age 70½ in 2015?  |  |  |  |
| Did you or your spouse receive social security benefits in 2015?  |  |  |  |
| Are you or your spouse an active participant in an employer-provided retirement plan such as pension, profit sharing, 401(k), Roth 401(k), or stock purchase plan?  |  |  |  |
| Did you receive a distribution from a pension, profit sharing, or retirement plan [401(k), IRA, SEP, etc.]? If yes, did you partially or totally roll it over into another IRA or qualified plan within 60 days of the distribution? |  |  |  |
| Did you convert part or all of your regular IRA/SEP/SIMPLE IRA into a Roth IRA?  |  |  |  |
| Have you, or do you plan on contributing to a regular IRA, Roth IRA, SEP, Keogh or SIMPLE plan for tax year 2015? |  |  |  |

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| **Miscellaneous** | **Yes** | **No** | **Comment** |
| Were you notified by the Internal Revenue Service or state agency of changes to a prior year’s return? |  |  |  |
| Did you go through bankruptcy or foreclosure proceedings? |  |  |  |
| Did you make any estimated federal or state tax payments? |  |  |  |
| Were you a resident of (or did you have income in) more than one state? |  |  |  |
| Did you pay anyone for domestic services in your home? |  |  |  |
| Do you have any day-care costs for your dependents? |  |  |  |
| Did you adopt a child or begin the adoption process? |  |  |  |
| Did you receive any assistance from your employer to pay for education expenses, child care costs or adoption expenses? |  |  |  |
| Did you give a gift of more than $14,000 to one or more people? |  |  |  |
| Is the client subject to alternative minimum tax (AMT) or have they been in the past? (*Note:* Consider any planning opportunities that can be used to minimize the AMT impact).  |  |  |  |
| Do you have any energy credits or plan to this tax year? |  |  |  |