



## Taxpayer File Checklist

This form should be placed in every taxpayer file and filled out completely.

**Taxpayer name:** \_\_\_\_\_

**Social Security number:** \_\_\_\_\_

**The following forms are needed for every tax return** – Check and initial next to each box to indicate an original signed copy of each form is in this file.

- \_\_\_ Signed & Completed Taxpayer Interview Sheet
- \_\_\_ Signed & Completed Due Diligence Sheets
- \_\_\_ Copies of taxpayer & spouse ID's and SS cards
- \_\_\_ Copies of all tax documents used to create the return (W-2's, 1099-MISC's, etc.)

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The following forms are common tax documents. Please check the boxes below of all the forms that apply to this taxpayer

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> W-2                             | <input type="checkbox"/> 1099-B       | <b>Paperwork for the following:</b>                |  |
| <input type="checkbox"/> 1099-NEC                        | <input type="checkbox"/> 1099-G       |  |  |
| <input type="checkbox"/> 1099-SSA                        | <input type="checkbox"/> W-2G         | <input type="checkbox"/> Charitable Contributions  |  |
| <input type="checkbox"/> 1099-R                          | <input type="checkbox"/> 1099-C       | <input type="checkbox"/> Child Care Expenses       |  |
| <input type="checkbox"/> 1099-MISC                       | <input type="checkbox"/> Schedule K-1 | <input type="checkbox"/> Paid property tax invoice |  |
| <input type="checkbox"/> 1098-T                          | <input type="checkbox"/> 1099-S       | <b>Worksheets for:</b>                             |  |
| <input type="checkbox"/> 1099-INT                        | <input type="checkbox"/> 1099-K       |  | <input type="checkbox"/> Schedule A          |
| <input type="checkbox"/> 1098                            | <input type="checkbox"/> 1099-SA      |  | <input type="checkbox"/> Schedule C          |
| <input type="checkbox"/> 1099-DIV                        | <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> Self-Employed Forms |
| <input type="checkbox"/> Social Security Benefits Letter | <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> Auto Expense        |
| <input type="checkbox"/> 1095-A                          |                                       | <input type="checkbox"/> Truck Driver              |  |

This file was prepared by: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_