

BlackfordCPA
4255 A1A South Suite 10
St. Augustine, FL 32080

2019 Tax Year Individual Checklist

Date: _____

Your Full Name: _____

Your Date of Birth: _____

Your Spouse's Full Name: _____

Spouse's Date of Birth: _____

Phone#s: _____

Primary Email Address: _____

Mailing Address: _____

Please list the following information for dependents you can claim for the 2018 tax year:

Legal
Name: _____ SSN: _____ DOB: _____

Legal
Name: _____ SSN: _____ DOB: _____

If you receive a refund, would you like the funds directly deposited into your account? If yes, please provide details below. Let me know if you want your refund applied to next year.

Name of Financial Institution: _____

Bank Account Number: _____

Account Routing Number: _____

2019 Individual Checklist

1: Were there any changes in your marital status, family dependents or address from your prior tax return?

2: Do you pay out of pocket for health insurance? How much?

3: Are you or were you on the Health Insurance Marketplace?

Did you get your 1095 for this year?

4: Did you pay any education expenses for yourself or your child?
If Yes provide the 1098T from the educational institution.

5: Did you pay daycare expense for your dependents?
If Yes: how much and what is the daycare's Name and EIN?

6: Do you own property other than your primary residence?

7: Did you withdraw money from a retirement account?

8: Did you contribute to a retirement account?
Would you like to?

9: Did you buy, sell or refinance any real property (primary home or other real estate)?

10: Do you have any foreign bank accounts with more than \$10K or more than \$50K?

11: Did you buy a new energy efficient air conditioner or windows or solar equipment?

Please list all Estimated Taxes Paid for 2019:

1st Quarter: Amount Paid \$ _____

2nd Quarter: Amount Paid \$ _____

3rd Quarter: Amount Paid \$ _____

4th Quarter: Amount Paid \$ _____