

RETURNING CLIENT TAX RETURN CHECKLIST

Name: _____ Contact #: _____

Address: _____ Email: _____

Information

- New child born in 2021? (Name, social, DOB) _____
- Do you have a child age 19-23? Yes No. If yes, is he/she a student? Yes No
- Should any of your children be removed from your return? Yes No
- Letter from doctor or school verifying children live at your address
- Rent paid and amount? \$ _____
- Estimated tax payments made for 2021 (federal and state)?
- Health Insurance? Yes No
- Bank account # _____ Routing # _____
- Dependent Care Expenses (Provider name, social, address, amount paid)

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- Kolllel Check/Scholarship received? \$ _____
 - Did you receive any Unemployment or Family Leave Benefits? If yes, please provide a 1099-G.
 - Did have any children in Seminary/Yeshiva that you paid tuition for? If yes, please obtain Form 1098-T.
 - Amount of IRS EIP 3 (a.k.a. stimulus payment round 3) \$ _____
- *Note, the payment was most likely issued in March 2021
- IRS Notice with 2021 advance child tax credit payments

Deductions

- Medical
 - Real Estate Tax
 - Mortgage Interest
 - Charity
- * If you are married and filing jointly, did you make at least \$600 of tax-deductible contributions in 2021?
- Yes No
- *If you are single, did you make at least \$300 of tax-deductible contributions in 2021? Yes No

Notes: _____
