

What to Upload in the Client Portal or Bring to Your Appointment!

IRS requires tax preparers to ask <u>many questions</u> to confirm clients meet requirements for credits & deductions. Tax forms & support doc copies are required to show eligibility to claim credits and business expense deductions.

Help Us - Help You by providing all IRS required documents to prove your eligibility, so you can,

GET THE REFUND YOU DESERVE!

Social Security card(s)	Medical and dental expenses ★
Driver's License(s) / State Issued ID(s)	Real estate and personal property taxes*
Dependents' Social Security numbers and dates of birth*	State or local taxes paid
☐ Wage statements	☐ Sales tax paid*
☐ W-2s	Estimated taxes or foreign taxes paid*
Last year's Federal and State tax return	Cash and non-cash charitable donations*
Self-employment business income and expenses /1099-NEC*/1099-MISC*/1099-K*	 ☐ Mortgage or home equity loan interest paid/1098* ☐ Job-related educational expenses*
Commissions received/paid*	Educator expenses*
Payment Card and Third Party Network Transactions/1099-K (Related to rents received or any other transaction not related to a Self-employed business)*	☐ Tuition and Education Fees/1098-T*
	Student loan interest/1098-E*
	☐ Moving expenses for member of military*
Pension, retirement income/1099-R*	Casualty and theft losses related to a qualified disaster
Unemployment income/1099-G*	Child care expenses and the provider's name, address,
Canceled Debt Amount/1099-C*	SSN or EIN the expenses were paid to
☐ Social Security income/SSA-1099*	Receipt(s) for costs of residential solar, wind, geothermal, heat pumps, and biomass fuel property as
☐ IRA contributions*	well as qualified windows & doors that qualify for the Energy Efficient Home Credit*
\square Statements on the sales of stocks or bonds/1099-B *	Form 1095-A (Health Insurance Marketplace
☐ Interest and dividend income/1099-INT/1099-DIV*	Statement)**
Lottery or gambling winnings/losses*	Form 1095-B/1095-C - Health Coverage Statements
State refund amount/1099-G*	from Insurer/Employer
☐ Income and expenses from rentals*	* If Applicable
☐ Alimony paid or received*	** If purchased health insurance through the Federal or a State Marketplace.
Record of purchase or sale of residence*	