

A. J. CUNNINGHAM & ASSOCIATES350 W. 5th Ave Ste. 220
ESCONDIDO, CA 92025PHONE: (760) 432-0587 FAX: (760) 432-0596 Email: adele@cunninghamassociates.co

The IRS requires that the names and the Social Security Numbers on the returns be the same as the names and the numbers as on the Social Security cards. We are required to verify the name and the number on the Social Security card.

Please bring your and your dependents Social Security cards for verification when you come for your first appointment.

If this is your first visit, please bring the last **4 years** returns. If direct deposit is desired, please include **bank name** and **routing number**.

Name		Birth Date	
SSN		Occupation	
Spouse Name		Birth Date	
SSN		Occupation	
Home Phone		Email address	
Present Address			
City	State	Zip	Cell Phone
Check if changed from last year <input type="checkbox"/>		Work Phone	
Can you be claimed as a dependent by someone else?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

MARRIED, DIVORCED, OR SEPARATED	
<input type="checkbox"/>	Married – prior year's returns of both spouses
<input type="checkbox"/>	Divorced – finalized date; copy of the divorce decree
<input type="checkbox"/>	Separated – copy of the separate maintenance agreement
<input type="checkbox"/>	Community property income allocation
<input type="checkbox"/>	Alimony paid or received – date of original divorce or separation agreement
<input type="checkbox"/>	Form 8332 (Release of Claim to Exemption)
BIRTH OR ADOPTION	
<input type="checkbox"/>	Social Security cards and adoption papers
ADOPTION CREDIT	
<input type="checkbox"/>	Date and amount of expenses, date of adoption, special needs certification
DEATH OF A CHILD OR SPOUSE	
<input type="checkbox"/>	Date of death – copy of death certificate
ADDITIONAL MEMBERS OF HOUSEHOLD	
<input type="checkbox"/>	Date of occupancy, relationship and income
JOB-RELATED INCOME OR CHANGES	
<input type="checkbox"/>	W-2s and any other withholding records (new & old employer)
<input type="checkbox"/>	Incentive stock option activities
<input type="checkbox"/>	Job hunting expenses
<input type="checkbox"/>	Job-related moving expenses
UNEMPLOYMENT	
<input type="checkbox"/>	Unemployment Form 1099-G
RETIREMENT CONTRIBUTION	
<input type="checkbox"/>	Type of plan
<input type="checkbox"/>	Amount of contribution
RETIREMENT DISTRIBUTIONS	
<input type="checkbox"/>	Form 1099-R
<input type="checkbox"/>	Rollovers
<input type="checkbox"/>	RMD information if 70 ½ or older
SOCIAL SECURITY BENEFITS	
<input type="checkbox"/>	Form 1099-SSA
SALE OF STOCKS, BONDS, ETC.	
<input type="checkbox"/>	Form 1099-B or other sale documents
<input type="checkbox"/>	Basis or original costs

PURCHASE OF STOCKS, BONDS, ETC., PERSONAL RESIDENCE, REAL ESTATE	
<input type="checkbox"/>	Purchase documents - Escrow closing papers
INHERITANCE	
<input type="checkbox"/>	Trust, Will, K-1 from the estate
<input type="checkbox"/>	Decedent's basis of property if death occurred in 2010
GIFTS MADE OR GIFTS RECEIVED	
<input type="checkbox"/>	Cash or property in excess of \$15,000 per person
<input type="checkbox"/>	Description of property given, basis, donee name
<input type="checkbox"/>	Property - basis of donor
TRADE ANY PROPERTY	
<input type="checkbox"/>	Date of trade, property given up and property received, basis and FMV
<input type="checkbox"/>	Did you receive, sell, send, exchange or acquire any Bitcoin?
<input type="checkbox"/>	Installment sales information
START OR END A SMALL BUSINESS (Schedule C, LLC, S or C Corp, Partnership)	
<input type="checkbox"/>	Formation or termination dates
<input type="checkbox"/>	Property contributions or distributions
<input type="checkbox"/>	K-1s, if applicable
BUSINESS INCOME / EXPENSES	
<input type="checkbox"/>	1099-Ks received for use of credit cards
<input type="checkbox"/>	Office-in-home – sq. ft. (home vs office), utilities, rent, insurance, etc.
<input type="checkbox"/>	Vehicle expenses – Mileage information
LAWSUIT SETTLEMENTS	
<input type="checkbox"/>	Date received
<input type="checkbox"/>	Reason for settlement
<input type="checkbox"/>	1099-MISC
RENTAL PROPERTY	
<input type="checkbox"/>	Income
<input type="checkbox"/>	Expenses
<input type="checkbox"/>	New property purchased – date placed in service
PRIZES	
<input type="checkbox"/>	Form 1099-MISC
<input type="checkbox"/>	Value of prizes not included on Form 1099-MISC
LOTTERY OR GAMBLING WINNINGS	
<input type="checkbox"/>	Total amount won whether on W-2G or not

<input type="checkbox"/>	Total amount of losses
HEALTH INSURANCE; MEDICAL, DENTAL OR DRUG EXPENSES	
<input type="checkbox"/>	Health insurance premiums – long-term care premiums
<input type="checkbox"/>	Post-tax payments
<input type="checkbox"/>	Totals of other medical, dental and drug expenses. If the health insurance is pre-tax (i.e. cafeteria plan, Sec. 125, POP), premiums have already been deducted from wages
MEDICAL MILES (16 CENTS PER MILE)	
<input type="checkbox"/>	Total medical miles driven January-December
HEALTH INSURANCE COVERAGE VERIFICATION	
<input type="checkbox"/>	Forms in the 1095 A, B or C series may be received from your employer or the marketplace or any other relevant information for every person on the tax return.
HEALTH SAVINGS ACCOUNT CONTRIBUTION / DISTRIB.	
<input type="checkbox"/>	Forms 5498-SA, 1099-SA
STATE INCOME TAXES; PROPERTY TAXES; SALES TAXES ON VEHICLES, MOTORCYCLES, OR HOMES	
<input type="checkbox"/>	Prior year's income tax return – reflecting state refund or taxes paid
<input type="checkbox"/>	Property tax bills
<input type="checkbox"/>	Closing papers from the purchase or sale of property
<input type="checkbox"/>	DMV fees paid
<input type="checkbox"/>	Estimated taxes paid – include actual date paid and amount (Federal and State)
REFINANCE A HOME	
<input type="checkbox"/>	Closing papers with amount borrowed
<input type="checkbox"/>	Form 1098
<input type="checkbox"/>	Description of use of money
SELF-EMPLOYED	
<input type="checkbox"/>	Record of income and expenses
<input type="checkbox"/>	Records of wages paid to employees
RECAPTURE/REPAYMENT OF 2008 CREDIT (For First-Time Homebuyer Credit)	
<input type="checkbox"/>	Sale or change in use
<input type="checkbox"/>	Record of amount repaid – year 11 of 15
CHARITABLE CONTRIBUTIONS OF MONEY, PROPERTY, OR OUT-OF-POCKET EXPENSES	
<input type="checkbox"/>	Date, amount, and type of contributions
<input type="checkbox"/>	Knowledge that receipts from the organizations have been received
<input type="checkbox"/>	Statement regarding whether goods and services were received for donation
<input type="checkbox"/>	Mileage log for charitable work
<input type="checkbox"/>	Vehicle donations require Form 1098-C
CHARITABLE MILES (14 CENTS PER MILE)	
<input type="checkbox"/>	Total charitable miles driven
TRANSFER OF IRA TO CHARITY	
<input type="checkbox"/>	Brokerage statement showing transfer (may not be allowed for 2015)
JOB-RELATED EXPENSES- CALIFORNIA ITEM ONLY	
<input type="checkbox"/>	Meals, lodging, and miscellaneous expense amounts for items related to employment - Union dues
BUSINESS MILES (56 CENTS PER MILE)	
<input type="checkbox"/>	Total miles driven per vehicle January-December
<input type="checkbox"/>	Business miles driven per vehicle January-December

EDUCATION EXPENSES	
<input type="checkbox"/>	Form 1098-T for parent or child (if the child is a student, the form will come to the child)
<input type="checkbox"/>	Actual expense record to verify expenses for credit/deduction purposes
<input type="checkbox"/>	Financial transcript from school needed to show when actual expenses were paid
STUDENT LOAN INTEREST	
<input type="checkbox"/>	Interest record for student loans
<input type="checkbox"/>	Form 1098-E
CHILD OR DISABLED SPOUSE CARE	
<input type="checkbox"/>	Name, address, phone and ID number of the daycare provider
<input type="checkbox"/>	Amount paid to the provider
<input type="checkbox"/>	If the provider comes into your home, a W-2 may be required if paid \$2,300 or more
ENERGY CREDIT	
<input type="checkbox"/>	Information regarding the purchase of solar, geothermal, fuel cell, or small wind energy property business or residence
CASUALTY AND THEFT LOSSES	
<input type="checkbox"/>	Type of loss and proof of actual physical damage to business or personal property
<input type="checkbox"/>	Insurance coverage or reimbursement amounts
BANKRUPTCY FILING	
<input type="checkbox"/>	Date filed
<input type="checkbox"/>	Bankruptcy papers to show property rejected/returned by court
DEBT FORGIVENESS OR ABANDONMENT OF PROPERTY	
<input type="checkbox"/>	Form 1099-A for abandonment
<input type="checkbox"/>	Date property was taken by the bank or sold in foreclosure
<input type="checkbox"/>	Form 1099-C for cancellation of debt
IRS OR STATE COMMUNICATIONS	
<input type="checkbox"/>	Letters, additional taxes paid, changes in prior-year returns, installment agreements, or offers in compromise
FOREIGN INVESTMENTS OR HOLDINGS	
<input type="checkbox"/>	Any foreign accounts?
<input type="checkbox"/>	Did value of accounts total more than \$10,000 at any time?
<input type="checkbox"/>	Foreign business interests of stock of \$50,000 or more?
<input type="checkbox"/>	Signature authority over foreign accounts?
CALIFORNIA ITEMS	
<input type="checkbox"/>	Internet purchases – Use or Sales Tax due
<input type="checkbox"/>	College Access Credit – need certificate from (CEFA)
<input type="checkbox"/>	Employer Child Care Contribution Credit – carryover only
<input type="checkbox"/>	Nonresident military spouse's military income
<input type="checkbox"/>	Renter Credit – name, address and phone number of landlord, if qualified (AGI limitations)
<input type="checkbox"/>	Rollover or distributions amounts from Medical Savings Accounts
<input type="checkbox"/>	Form 592B, 593B or 594 for withholding information paid through escrow sales of property