

**ACCOUNTING BUSINESS SERVICES  
CERTIFIED PUBLIC ACCOUNTANTS**

14425 PURITAS AVENUE – CLEVELAND, OHIO 44135  
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**INCOME TAX SERVICE  
STARTING Monday, JANUARY 28, 2019**

Electronic filing and various bank products will be available: Call for an appointment

Office Hours

Monday – Thursday 9:00 a.m. - 8:00 p.m.  
Friday 9:00 a.m. - 5:00 p.m.  
Saturday 9:00 a.m. – 3:00 p.m.

Extra Services

At home service for shut in clients

**Records needed for filing individual tax returns....**

- \_\_\_\_\_ **Copies of Driver's License, or State ID Card, for taxpayer and spouse. (Please note this includes any teenagers/adult children who are filing as individuals.)**
- \_\_\_\_\_ Copies of all W-2's, 1099's, and K-1 forms.
- \_\_\_\_\_ Year-end Mortgage Loan Statements and Property Tax Bills; including those refinanced or paid off during the year.
- \_\_\_\_\_ Health Care coverage data including Forms 1095-A, 1095-B or 1095-C.
- \_\_\_\_\_ Record of Student Loan Interest paid during 2018. Record of College Tuition paid for all family members during 2018. Must bring Form 1098-T.
- \_\_\_\_\_ 1099 Forms reporting interest, dividends, unemployment compensation, state tax refunds, and social security benefits, all stock sales for 2018.
- \_\_\_\_\_ 5498 Forms for all IRA Accounts as well as 1099 Forms for all retirements account transfers.
- \_\_\_\_\_ Receipts for cash charitable contributions over \$250. Letter of appraisal for non-cash contributions over \$500.
- \_\_\_\_\_ Social Security numbers and birth dates for all dependents (if not previously provided).
- \_\_\_\_\_ Record of estimated tax payments made.
- \_\_\_\_\_ Name, address, and social security or identification numbers of all child-care providers.
- \_\_\_\_\_ Closing Statements of any real estate purchased or sold.
- \_\_\_\_\_ New motor vehicle purchase documents.
- \_\_\_\_\_ Any other documents that you feel may be needed or reviewed.
- \_\_\_\_\_ **NEW CLIENTS ONLY: 2018 Tax Returns – Federal, State, and Local.**

# ITEMIZED DEDUCTION CHECKLIST (PAID IN 2018)

(Please use this form as a guide to assemble your 2018 tax records)

## Medical Expenses

Amount

\_\_\_\_\_ Heath Care Forms  
\_\_\_\_\_ Prescription Drugs  
\_\_\_\_\_ Health Insurance Premiums  
\_\_\_\_\_ Long Term Care Insurance  
\_\_\_\_\_ Dental Insurance Premiums  
\_\_\_\_\_ Dr. \_\_\_\_\_  
\_\_\_\_\_ Dr. \_\_\_\_\_  
\_\_\_\_\_ Dr. \_\_\_\_\_  
\_\_\_\_\_ DDS \_\_\_\_\_  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Medical Lodging  
\_\_\_\_\_ Medical Mileage  
\_\_\_\_\_ Lab and X-Ray  
\_\_\_\_\_ Glasses, Hearing Aides, Etc...

## Interest

Amount

\_\_\_\_\_ Home Mortgage  
\_\_\_\_\_ Home Mortgage  
\_\_\_\_\_ Other Home Loan  
\_\_\_\_\_ Points Paid - Buyer/Seller

## Contributions/Cash

Amount

\_\_\_\_\_ House of Worship  
\_\_\_\_\_ Payroll Deductions  
\_\_\_\_\_ United Way  
\_\_\_\_\_ Christmas & Easter Seals  
\_\_\_\_\_ Heart & Cancer Association  
\_\_\_\_\_ Salvation Army  
\_\_\_\_\_ Charity - Mileage  
\_\_\_\_\_ \_\_\_\_\_

## Contributions/Non-Cash

Description	Value	Date
_____	_____	_____
_____	_____	_____

## Taxes

Amount

\_\_\_\_\_ Real Estate Tax  
\_\_\_\_\_ Other Property Tax  
\_\_\_\_\_ Federal - Estimates Paid  
\_\_\_\_\_ State - Estimates Paid  
\_\_\_\_\_ City - Estimates Paid  
\_\_\_\_\_ \_\_\_\_\_

## Other

\_\_\_\_\_ Gambling Losses (Win/Loss Stmt)  
\_\_\_\_\_ IRA Roth Deposits  
\_\_\_\_\_ IRA Deposits  
\_\_\_\_\_ SEP Deposits  
\_\_\_\_\_ Keogh Deposits  
\_\_\_\_\_ Student Loan Interest

## Child Care Provider Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
SSN/EIN \_\_\_\_\_  
Amount Paid \_\_\_\_\_

## Alimony Information

Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Amount Collected \_\_\_\_\_