



2 Centerpointe Drive, Suite 345 Lake Oswego, OR 97035
447 State Street Salem, OR 97301
503-362-9152 FAX 503-362-9168 info@dpwcpas.com

Client Checklist – Individual

Please mark if applicable & attached

- Prior Year Tax Returns: Past 2-3 Years
- Prior CPA authorization letter
- Basis Info

Income Documents/Forms

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> W-2's | <input type="checkbox"/> 1099-R |
| <input type="checkbox"/> 1099-G | <input type="checkbox"/> SSA-1099 |
| <input type="checkbox"/> 1099-INT | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> 1099-DIV | <input type="checkbox"/> Other: _____ |

Deductions & Credits

- | | |
|--|--|
| <input type="checkbox"/> Educator Expenses | <input type="checkbox"/> Charity/Donations |
| <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> Mileage for Medical or Charity |
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Union Dues |
| <input type="checkbox"/> Medical Expenses: Divided by Individual | <input type="checkbox"/> Prior Year Tax Preparation Fees |
| <input type="checkbox"/> Property Taxes | <input type="checkbox"/> Child Care Expenses |
| <input type="checkbox"/> Form 1098: Mortgage Interest | |

Other Documents & Forms

- Health Insurance Coverage: ACA Compliance
- Estimated Tax Payments: Federal & State
- Extension Payments: Federal & State
- Direct Deposit Information: Voided Check

Notes/Comments

Due Date for Info Returned to DPW: _____