



2119 Long Beach Blvd  
 Ship Bottom, NJ 08008  
 Voice (609)709-6922  
[bartlettcpa@comcast.net](mailto:bartlettcpa@comcast.net)

mailing address:  
 P O Box 494  
 Ship Bottom, NJ  
 08008

We are looking forward to seeing you all. This year especially, it is important that we work together to get an early start. We are dedicated to filing an accurate return as quickly as possible. After we receive your tax information we will call you to ask many more questions to be sure we take all the deductions available to you. Of course, if you are more comfortable with an appointment, please call TODAY. The list below will provide you with a convenient format to gather your 2017 tax data. Gather the information listed below and drop off or mail the original documents (and lists) requested as soon as possible. Include all your phone numbers.

<b>PLEASE SEND THE ACTUAL FORMS IF AVAILABLE</b>	<b>PLEASE LIST ITEMS BELOW IF THEY ARE APPLICABLE</b>
--	---

**We will need a copy (both federal and state)  
 Of your 2016 returns if we did not prepare them**

- Birthdates- you and your dependents
- W-2s
- Interest Income Statements
- Dividend income statements
- Stock sales confirmations include also  
     Purchase date and purchase cost
- Alimony received/paid
- Form 1099R- all other pension documents
- Social Security year end statements
- Any other income-include gambling winnings
- IRA statements
- IRA contributions
- First mortgage interest paid
- 2<sup>nd</sup> mortgage or equity loan interest paid
- Real Estate taxes paid on your personal residence
- Real Estate taxes paid on any property you own
- Second boat or home interest paid
- Tuition payments made (form 1098T)
- Student loan interest paid
- Child care expenses paid
- Federal and state tax estimated payments
- Phone numbers: home, cell, work
- Health form(s) 1095 A or B or C  
     Please include a copy of your drivers license

**\*List your medical expenses you paid**

- Prescriptions
- Doctors (co-pays), Dentist
- Lab/Hospital
- Eye exam, contacts and glasses
- Hearing Aids
- Medical Insurance paid by you or deducted  
 from your pay
- Long term care insurance
- Other medical expenses paid

**\*We need to know the amount, if any, you paid in NJ  
 sales tax for the purchase of a vehicle, motor home,  
 boat, or quad.**

**\*List cash/check gifts paid to charity,  
 your church, and all non-profit organizations.**

- \*List items given to charity; include approximate**
- Date of Donation
  - Type of items
  - Charity Name
  - Charity Location
  - Estimated value of items

**\*List any work related expenses you paid  
 that were not reimbursed by your employer**

- Cell phone charges.
- Uniforms purchased
- \*Safety Equipment, small tools, other items
- Dues, subscriptions, or general supplies
- Protective or warm weather clothing
- Seminars or other educational expenses

**\*List miles you traveled in your vehicle for employer  
 (not including the initial commute to work or the  
 travel home)**