



2119 Long Beach Blvd
 2nd Floor
 P O Box 494
 Ship Bottom, NJ 08008

Voice (609)709-6922
bartlettcpa@comcast.net

ALSO Tampa Florida Office
 12922 Wedgewood Way
 Suite C
 Hudson, FL 34667

We are dedicated to filing an accurate return as quickly as possible. This year especially, it is important that we work together to get an early start. 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 current year tax data. Gather the information listed below and drop off or mail 1. the original documents 2. and lists requested as soon as possible. Include all your phone numbers!

PLEASE SEND THE ACTUAL FORMS IF AVAILABLE

PLEASE LIST ITEMS BELOW IF THEY ARE APPLICABLE

We will need a copy (both federal and state) of your last year returns if we did not prepare them

- Birthdates – for you and your dependents
- W-2s and Last pay stub of the year
- 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/401K statements
- Traditional IRA contributions
- First mortgage interest paid
- 2nd mortgage or equity loan interest paid
- Real Estate taxes paid on your personal residence
- Real Estate taxes paid on any property you own
- Second home or boat interest paid
- Tuition payments made (form 1098T)
- Student loan interest paid
- Child care expenses paid
- Federal and state tax estimated payments employer
- Phone numbers: home, cell, work
- Health form(s) 1095 A or B or C
- Please include a copy of your driver’s license

***List your medical expenses you paid**

- Prescriptions
- Doctors (co-pays), Dentist
- Lab/Hospital
- Eye exam, contacts and glasses
- Hearing Aids
- any other medical expenses paid from your pay

***Long term care insurance**

***Medical Insurance paid by you or deducted**

***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 which were NOT reimbursed by your Seminars or other educational expenses**
 Cell phone charges.

- Protective or warm weather clothing
- Uniforms purchased
- Safety Equipment, small tools, other items
- Dues, subscriptions, or general supplies

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