

406 Marion Avenue  
Mansfield, OH 44903  
Phone: 419.525.2828  
Fax: 419.525.2820



125 North Water Street  
Loudonville, OH 44842  
Phone: 419.994.4626  
Fax: 419.994.3709

*Sharing your vision and positioning you for success*

**2023 CLIENT CHECKLIST**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL TAXPAYERS**

**TAXPAYER AND SPOUSE INFORMATION:**

Please note – This information is not required if you are a continuing client and there have been no changes from the prior year information.

- Full Name: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
- Date of birth: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
- Social Security Number: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
- Address: \_\_\_\_\_
- Marital status as of 12/31/23 \_\_\_\_\_
- If divorced during 2023, who is claiming dependents? \_\_\_\_\_
- If you were married or re-married during 2023, please provide a copy of the new spouse’s SS card.
- Did you move during 2023? If so, please provide the prior address and date moved.
  - Prior Address: \_\_\_\_\_
  - Date Moved: \_\_\_\_\_
- Please indicate if you want to designate \$3 of your taxes to go to the Presidential Election Fund.  
Taxpayer: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

**DEPENDENTS:**

Please note – Dependent information is not required if you are a continuing client and there have been no changes from the prior year information.

- Dependents

Name	Social Security #	Date of Birth	Relationship

- If there was an addition to your household during 2023, please provide a copy of their SS card and date of birth.
- If any of the dependents listed above are dependents other than your children, please provide the following information for each corresponding other dependent listed:

# of Months Resided in Your Home	Income Earned by Dependent	Amount You Furnished for Support	Support Furnished by Others

- Do you have dependents who have unearned income of more than \$2,500.00, or earned income of \$13,850 or more? If so, did they file a return? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide us with a copy. **NOTE:** If your child files his/her own return manually or on a software tax package (e.g., Turbo Tax), make sure a copy is retained.

**PLEASE PROVIDE THE ORIGINAL TAX DOCUMENTS RECEIVED FOR THE FOLLOWING INCOME ITEMS:**

*All taxable income should be gathered from your records.*

- Wages – Please provide all W-2s.
- Household employee wages not reported on form(s) W-2
- Tip income not reported on form(s) W-2
- Dividends – Please provide all 1099-DIV forms.
- Interest – Please provide all 1099-INT forms. Note: If paid by an individual, please furnish name, address, and social security number of each individual.
- Retirement Income Received – Please provide all 1099-R or W-2P forms.
- Sales or exchanges of real estate, stocks, bonds, etc. – Please provide all the pages to closing documents and 1099 statements which identify the item sold, sale price, date of sale, cost basis and purchase date.
- Any other income received in cash, property or other sources (1099-MISC). Examples would include director’s fees, Executor fees, jury duty income, prizes, awards or gambling winnings (W-2G).
- Social Security benefits – Please provide all SSA 1099s received from the Social Security Administration.
- Unemployment Compensation received – Please provide all 1099s received from State Unemployment Department.
- Tax exempt interest received or earned – Please provide all 1099s listing tax-exempt income. These items must be reported even if they are not taxable. Also, identify in which state the tax-exempt interest was earned.
- State and local income tax refunds – Please provide all 1099s related to refunds received.
- Income received, but not deposited may also need to be reported, as will tax exempt income.
- Cyber (crypto) currencies – At any time during 2023, did you sell, receive, send, gift, exchange or otherwise acquire or dispose of a financial interest in any virtual currency or digital asset? This would also include non-fungible tokens (NFT’s) Yes \_\_\_\_ No \_\_\_\_  
Please provide all statements received and provide your basis for each transaction sold.
- Alimony received. Please provide date of divorce. \_\_\_\_\_
- Gambling income
- Cancellation of debt
- Stock options
- Scholarship and fellowship grants not reported on form(s) W-2
- Any other income

### ADJUSTMENTS TO INCOME:

- Moving expenses (for members of the armed forces only) – Please provide expenses by category and amounts reimbursed by your employer.
- Contributions to retirement plans (SEP, SIMPLE, TRADITIONAL OR ROTH IRA, etc.) attributable to the current tax year – Please provide documentation for amounts contributed for the taxpayer and spouse.
- Are you or your spouse a participant in a retirement plan other than a SEP, SIMPLE, TRADITIONAL OR ROTH IRA, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you or your spouse made contributions to a traditional IRA or a Roth IRA during the year and either taxpayer is a participant in an employer sponsored retirement plan, provide the following for each traditional IRA or Roth IRA account owned by you and/or your spouse –
  - The amount contributed for each taxpayer for the current tax year.
  - Name of the IRA Trustee and value of each account at the beginning and end of the current tax year.
- If you contributed to an Educational IRA, please provide the amount contributed and the child's name the contribution was for.
- Please provide documentation on any interest paid for loans incurred to pay for higher education for you, your spouse, or your dependents. Please provide form(s) 1098-E.
- Please provide amounts deposited into, withdrawals and end-of-year value of any medical savings or health savings accounts for eligible medical expenses.
  - If covered under a high deductible health plan, please note the number of months in 2023 with each type of coverage: Single \_\_\_\_\_ Family \_\_\_\_\_
- Penalties for early withdrawals from savings or certificate of deposit accounts
- Alimony paid including the date of divorce, name and social security number of the recipient

### ITEMIZED DEDUCTIONS:

We suggest that you review this list of potential deductions. After reviewing these items, review your payment records, sort and total them according to type of deduction such as charitable contributions, medical deductions, taxes, etc.

- Medical expenses: (note: these items can benefit you on your Ohio return even if you do not itemize on your Federal return) – ***please provide totals only for each category – no receipts.***
  - a. Hospital bills
  - b. Doctors and dentists (including dentures and braces)
  - c. Prescription drugs
  - d. Hospitalization insurance (premiums attributable to medical care and dental/vision only)
  - e. Supplemental Medicare insurance premiums
  - f. Long-term care insurance
  - g. Eyeglasses and contact lenses
  - h. Expenses necessary for medical treatment (i.e., mileage, food, lodging, etc.). Please provide the nature of each item and the amount.
  - i. Amounts paid for nursing care
  - j. Other medical expenses. Please provide the nature of each item and the amount.
  - k. Did you use a medical savings account or health savings account to pay for any of the above expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide 1099-SA form.
  - l. If your claim was subject to insurance reimbursement, did you file a claim? Yes \_\_\_\_\_ No \_\_\_\_\_ What was the amount of the reimbursement you received? \$ \_\_\_\_\_

- Taxes paid for the following items (do not include taxes withheld on any W-2s or 1099s):
  - a. Real estate taxes
  - b. City income taxes
  - c. State income taxes
  - d. School district income taxes
- Charitable contributions:
  - a. Please provide statements to support amounts contributed to each tax-exempt organization (note: No deduction is allowed for cash contributions if you do not have substantiation for the cash contributions.)
  - b. Did you transfer funds directly from an IRA to a charity? If so, please provide details.
  - c. Mileage you drove and other out-of-pocket expenses to perform duties as an officer or trustee for a tax-exempt organization or church
  - d. Other cash contributions (please provide documentation)
  - e. Contributions of property (other than cash). Please provide a description of the property, date of contribution, the name and address of the organization, the original cost of the contributed item and how you arrived at the donated value of the item.
- Interest:
  - a. 1<sup>st</sup> and 2<sup>nd</sup> residence mortgage interest. Provide form 1098 Mortgage Interest Statement from the financial institution. If paid to an individual, please provide the individual's name, address, and social security number.
  - b. Mortgage points incurred during the current tax year
  - c. Interest paid on funds borrowed for investment purposes
  - d. Interest paid to an individual. Please provide the individual's name, address, and social security number.
- Mortgage insurance purchased from the Veterans Administration, Federal Housing Administration, Rural Housing Administration or from a private mortgage insurance company
- Casualty or theft loss from a federally declared disaster area:
  - a. Description of the property lost due to fire, flood, collision, theft, or act of God if in excess of \$100. Please provide the value of property before and after the loss, amount of insurance reimbursement, original cost of the property, the date of acquisition of the property lost and the date the loss occurred.
  - b. Did you file an insurance claim for the loss? Yes \_\_\_\_ No \_\_\_\_ Reimbursed amount: \$ \_\_\_\_\_
- Miscellaneous items:
  - a. Gambling losses to the extent of gambling winnings
  - b. Estate taxes paid

OTHER ITEMS:

- Health Insurance – If received, please provide the following forms: Form 1095-A, 1095-B or 1095-C
- If you performed any residential energy efficiency improvements to your home, second home or vacation home, please provide a description of each improvement and the amount paid. These items may qualify for an energy credit.
- If you purchased an electric vehicle (EV), please provide a copy of the dealer's invoice.
- Home School Expenses Credit – up to \$250 per year for expenses paid during the year
- Scholarship Donation Credit – a nonrefundable income tax credit up to \$750 (individual) or up to \$1,500 (married filing jointly) is allowed for donations made to a Scholarship-Granting Organization (SGO). A tax credit receipt is required and must be attached to the Ohio Return.
- Non-chartered, Nonpublic School Tuition Credit – refund between \$500-\$1,000 for tuition paid for dependent(s) attending a private school NOT chartered by the State Board of Education. Please provide documentation.

- Dependent care expenses incurred which are required for you to be employed or to attend school. Please provide the name, address and social security number or tax ID number and amount paid to the care provider for each dependent.
- If you have incurred expenses during the current tax year related to the successful adoption of a child, please provide a listing of those expenses.
- Please list amounts paid during the current tax year for post-secondary education (can be undergraduate, graduate, professional degree courses or classes for your job) for you, your spouse or dependents. Please provide form(s) 1098-T received from each college and details of program.
- Please supply any information regarding the purchase of a qualified Fuel Cell Vehicle (this is not a hybrid vehicle).
- If you had a household employee during the year, you may be required to pay taxes on the wages paid to the household employee. A household employee is anyone you paid to provide domestic services in your home (i.e., nanny, babysitter, landscaper, etc.).
- Did you or your spouse give any gifts (not charitable contributions) during the year totaling more than \$17,000? If so, please provide detailed information related to gifts given.
- Please provide details regarding any attorney's fees paid for "unlawful discrimination" litigation.

FOR BUSINESS OWNERS/RENTAL PROPERTY OWNERS/ESTATES OR TRUSTS:

- Rents & Royalties – Please provide gross rental income received for each rental location and all 1099-MISC forms received. Also provide expense totals by category (i.e., utilities, repairs, supplies, etc.) for **each rental location**.
- Partnerships or S-Corporations – Please provide all Schedule K-1s and basis information.
- Estates or Trusts – Please provide all Schedule K-1s and basis information.
- Self-employed businesses – Please provide gross receipts for **each business activity** and all 1099-NEC and MISC forms received. Also, provide expense totals by category (i.e., utilities, repairs, supplies, etc.) for each business activity. Provide beginning and ending inventory amounts in dollars and any other information that might be relevant.
- Business owners: Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, did you or will you file all required Forms 1099\*? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide a copy of both forms 1099 and 1096 filed.  
\*Banks and Associates can prepare these and any other tax forms you may need.
- If you paid wages to employees, provide copies of the W-3 and W-2s forms filed.
- Provide amounts paid out-of-pocket for health insurance for self-employed taxpayers and indicate if it was traditional health insurance or a health care sharing plan.
- If you have a business and have deductions for travel, you must have documentation for the following:
  - a. Purpose of deduction
  - b. Place and time where travel occurred
  - c. Person or persons you visited
  - d. Why was the expense necessary or what was discussed?
  - e. Detailed mileage log for business mileage
- If you intend to claim vehicle expenses (actual expenses or optional mileage deduction), and to justify ANY deduction for property used personally and for business purposes, the following information is necessary:
  - a. Mileage driven for business purposes
  - b. Mileage driven for personal purposes
  - c. Odometer mileage for periods between beginning and end of current tax year
  - d. Odometer mileage at beginning and end of each business trip

- e. Place and time where business travel occurred
- f. Purpose of business travel and who you contacted
- If you use your home for business and have an office used exclusively for that business, please provide the total home square footage, business use square footage, total home related expenses for the year (rent if rented, mortgage interest if owned and real estate taxes, utilities, homeowner's or renter's insurance, as well as home office repairs)
- If you purchased or traded assets in 2023, please provide your invoices (or a copy) of ALL equipment transactions. For an asset purchased from an individual without an invoice, a copy of your check is required. Equipment traded is considered a sale, (not a trade-in) with a gain/loss calculated. However, the newly acquired asset receives a higher depreciable basis.
  - Equipment/Property purchased: provide receipts or a listing showing date purchased, date placed in service, description of item, purchase price and to whom paid.
  - Equipment/Property sold or disposed of: provide receipts or a listing showing date sold/disposed, description of item, how the item was disposed and amount received.
- New Corporate Transparency Act (CTA) filing requirements:

Clients who own 25% of a state registered business, rental real estate, LLC, Corporation, Limited Partnership or other state authorized entity may be required to file with the Financial Crimes Enforcement Network (FinCEN).

Starting January 2024, new federal reporting requirements may require your business to comply with the Corporate Transparency Act (CTA). CTA requires corporations (C or S), limited liability companies (LLCs) including single-member LLC filings on Schedule C (sole proprietorships), Schedule E (rental properties), or Schedule F (farms) filed with a Secretary of State to report beneficial ownership information.

The purpose of this new filing requirement is to create a massive, centralized database for use by law enforcement, national security, intelligence agencies and federal regulators. It will be used to enforce anti-money laundering laws to crack down on corruption, money laundering, terrorist financing, and tax fraud by individuals who evade taxes using numerous companies.

If your reporting company was created or registered before January 1, 2024, you have until December 31, 2024, to file. We would strongly encourage you to wait until later this year to file the report as Congress is getting "push back" on this mandate, which could be delayed, modified or eliminated altogether. If you create or register a reporting company after January 1, 2024, there is a 90-day filing deadline. There is a 30-day filing deadline to report any changes or inaccuracies previously reported or if you create a reporting company after January 1, 2025.

Penalties for failure to file and comply with CTA and BOI disclosure reporting will result in civil penalties up to \$500 for each day that the failure to file violation continues and criminal penalties up to \$10,000 and/or up to two years of imprisonment. We must recommend all our clients comply with this new law.

Currently, we are NOT permitted to facilitate the filing of this report due to the debate of practicing law. Since CTA is NOT part of the IRS tax code, we currently recommend you contact your attorney or the company you used to create your company. They will be able to assist in determining if your company is required to file and to help navigate this filing requirement. If it is later determined that we can facilitate the filing of this report, we will send another email later this year and let you know.

OHIO TAXPAYERS ONLY:

Please indicate if you want to designate an amount to the following:

- Wildlife Species - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- Military Injury Relief - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- Ohio History Fund - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- State Nature Preserve - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- Breast / Cervical Cancer Project - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- Wishes for Sick Children - Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_
- If you made any contributions to political campaigns for Ohio Statewide Offices, please provide the candidate, office, and amount: \_\_\_\_\_
- Please provide details regarding any contributions to the variable college savings account and/or purchases of tuition credits. The maximum 529 deduction is \$4,000 per year/per beneficiary. Effective in 2023, Ohio will now allow contributions to non-Ohio institutions.

LISTING OF TAX PAYMENTS MADE:

Due Date**	Payments	Payment Date	Federal Amount	State Amount	City Amount	School District Amount
04/18/23	2022 Final Due					
04/18/23	1 <sup>st</sup> Qtr. Est.					
06/15/23	2 <sup>nd</sup> Qtr. Est.					
09/15/23	3 <sup>rd</sup> Qtr. Est.					
01/16/24	4 <sup>th</sup> Qtr. Est.					

\*\*Please provide the actual payment date.

SPECIAL SITUATIONS:

At any time during 2023, did you sell, receive, send, gift, exchange or otherwise acquire or dispose of a financial interest in any virtual currency or digital asset? This would also include non-fungible tokens (NFT's) Yes \_\_\_ No \_\_\_

At any time during 2023, did you or your spouse have an interest in or authority over any type of financial account in a foreign country? Yes \_\_\_ No \_\_\_

At any time during 2023, were you a grantor or transferor to a foreign trust? Yes \_\_\_ No \_\_\_

Did you receive a PIN (Personal Identification Number) from the IRS? Yes \_\_\_ No \_\_\_

\*\* If yes, please provide the letter received from the IRS.

Do you give the taxing authority permission to discuss matters related to your current tax returns, with the paid preparer who signs your return? Yes \_\_\_ No \_\_\_

When completed, please bring this form with you when you deliver your tax information to the office.

Taxpayer Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_