



25423 Mountain Cliff Dr.  
 Moreno Valley, CA 92557-6505  
 Office 951-379-1036

Please bring the items that apply to you:

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

DAY: \_\_\_\_\_

APPT. TIME: \_\_\_\_\_

1. Photo I.D., Driver License or State I.D. card
2. Social Security Cards and Birth Dates for each person on your return
3. All copies of W-2 Wage Statements
4. All copies of 1099 Income Reporting Statements
5. Form 1099-R for Pension Income and Distribution or Rollover from Retirement account
6. Form SSA-1099 reports Social Security Benefits
7. Form 1099-INT or 1099-DIV reports interest and dividend income
8. Form W-2G reports Gambling Winnings
9. Form 1099-G Government Payments reports Unemployment or Family Leave Compensation 01 State Refunds

**RESIDENTIAL ENERGY EFFICIENT  
PROPERTY CREDIT (SOLAR CREDIT)**

Bring purchase contract and certification of your residential solar unit.

**EDUCATION CREDIT**

Bring copy of form 1098-T from education institutions (It reports the qualified amount of tuition paid.) Also bring cost of course materials and supplies associated with form 1098-T tuition.

NEW  
Clients

NEW  
for 2021

10. Form 1099-B reports sale of Stocks or Bonds
11. Form 1099-S reports Sale of Real Property .
12. Form 1098-E reports Student Loan Interest
13. Form 1098 Homeowners (bring all forms 1098-Mortgage Interest Statements)
14. Worksheets reporting business income
15. Worksheets reporting rental income and expenses
16. Escrow settlement statement for property bought or sold.
17. Last Two Years of tax returns
18. Letter 6419 Advanced Child Tax Credit (Federal)
19. Letter 6575 3rd Economic Impact Payment (3rd Stimulus)
20. Form 8949 Cryptocurrency transaction report

**CHILDCARE CREDIT**

PROVIDER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FEDERAL ID # OR SSN# \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

MEDICAL EXPENSES	INTEREST	MISCELLANEOUS
Insurance Premium \$	Home Mortgage #1 \$	Union dues \$
Long Term Care ins. \$	Home Mortgage #2 \$	Tax Prep Fee \$
Prescription Drugs \$	If paid to individual \$	Education Expense \$
Dentist Expenses \$	Name:	Professional License \$
Glasses/Contacts \$	Address:	Professional Journals \$
Hearing Aids \$	SS#:	Safety Equipment \$
Medical Miles \$		Tools/Supplies \$
		Uniform Expense \$
		Business Mileage \$
		Business Travel \$
		Business Meals \$
		Business Phone \$
		IRA Fees \$