



# Village Tax & Financial

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Lyons, OH 43533  
419-923-2331

5660 Southwyck Blvd  
Suite 220  
Toledo, OH 43614  
419-866-8400

707 E. Maumee St  
Angola, IN 46703  
260-665-7503

### Tax Season Hours

Monday - Friday 9:00am - 5:00pm

Evenings & Saturdays by Appointment Only

## 2019 Tax Return Check List

### 2019 Required Personal Information

Taxpayer's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Taxpayer's Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Taxpayer's Date of Birth \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number to reach you \_\_\_\_\_

Taxpayer's Driver's License # \_\_\_\_\_

Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Driver's License# \_\_\_\_\_

Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependents: Names	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

### Direct Deposit information for refunds:

Checking or Savings

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

## Income:

- W-2 forms** (*wages from employer, gambling winnings, etc*)
- 1099 forms** (*interest, dividends, retirement, social security, railroad, etc*)
- K-1 forms** (*income from estates, partnerships, trusts, S-Corporations, etc*)

## Expenses:

- **Schedule A expenses (ex. Mortgage interest, real estate taxes...)** will not qualify this year unless over \$12,200/single, \$24,400 married
- **All job related expenses (mileage, union dues..)** are no longer deductible

- Child care**

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<i>Provider Name</i>	<i>Tax ID or SSN</i>	<i>Address</i>	<i>Amt paid for each child</i>
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- IRA Contributions:**

Taxpayer	Traditional \$ _____	Roth \$ _____
Spouse	Traditional \$ _____	Roth \$ _____

- 529 College Plan Contributions \$ \_\_\_\_\_**

**\*\*\*If you are claiming a child, you are required to prove residency of the qualifying child. The following documents are acceptable forms of proof of residency (2 are required):**

- School records or statements
- Health care provider statement
- Medical records
- Childcare provider records
- Landlord or property management statement
- Social service records or statement
- Place of worship statement
- Placement agency statement

# If you have a business, rental, or are self employed.....

**Business Name:** \_\_\_\_\_

**Income:** \$ \_\_\_\_\_ **2019 Income** *(include all 1099's)*

**Sale of equipment:** *(we need item description, date of sale & sales price)*  
\$ \_\_\_\_\_

## Expenses:

**Cost of Goods Sold** \$ \_\_\_\_\_

**Expenses paid in 2019 (breakdown as follows):**

_____ Advertising	_____ Supplies
_____ Cleaning/Maintenance	_____ Taxes/Licenses
_____ Employee Benefit	_____ Travel
_____ Fees/commissions	_____ Utilities
_____ Insurance (not health)	_____ Other Expenses
_____ Interest	_____ Materials
_____ Legal/Professional Fees	
_____ Management Fees	
_____ Meals/Entertainment	
_____ Office Expenses	
_____ Rent Paid	
_____ Repairs/Maintenance	
_____ Sublet Labor	

**2019 Business Miles** \_\_\_\_\_

**2019 Total Miles** \_\_\_\_\_ *(includes all miles: personal, commuting & business)*

\_\_\_\_\_ **Year End Inventory** *(items purchased for resale, use amount you paid for items)*

\_\_\_\_\_ **Self-employed health insurance premiums**

**2019 Equipment Purchases** *(we need item description, date of purchase & purchase price)*

**2019 Equipment Disposals** *(we need item description, date of sale & sales price)*

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