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Supplemental Info

IRA Contributions: \$ _____

Refunds of State and Local Tax: \$ _____

Unemployment Compensation: \$ _____

Real Estate Income & Expenses: \$ _____

Social Security Income: \$ _____

Student Loan Interest: \$ _____

Medical Expenses: \$ _____

Real Estate Taxes: \$ _____

Mortgage Interest: \$ _____

Charity & Religious: \$ _____

Casualty & Theft Losses: \$ _____

Child Care: (We need a letter from the provider with information below: \$ _____

Provider Name: _____ EIN: _____

Street Address _____

City, State, Zip Code _____

Dependent Names: _____

Check List to Bring to Consultation:

- | | | |
|--------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Last Year's Tax Return | <input type="checkbox"/> 1099s & W-2s | <input type="checkbox"/> Home Improve Invoices
(if sold home) |
| <input type="checkbox"/> Driver License/Passport | <input type="checkbox"/> Tax Forms Received | <input type="checkbox"/> Estimated Tax Payments |
| <input type="checkbox"/> Form 1095 (Obamacare) | <input type="checkbox"/> Purchase of Home Docs | <input type="checkbox"/> Foreign Bank Statemts |
| <input type="checkbox"/> IRS Notices (if any) | <input type="checkbox"/> Sale of Home Docs | |