

Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial			
Last Name			
Social Security No			
Date of Birth			
Occupation			
Home Phone			
Work Phone			
Other Phone			
E-Mail Address			
Street Address		Apt No	
City	State	Zip	

Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you have any income from foreign country?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		

Required Document Check List

<input type="checkbox"/> Bring All Wage Statements (W-2's)	<input type="checkbox"/> Bring Soc Security/Railroad Benefits (SSA-1099)
<input type="checkbox"/> Bring All Pension, Annuity IRA Documents (1099-R)	<input type="checkbox"/> Bring Interest Income Statements (1099-INT)
<input type="checkbox"/> Bring All Trust & Estate Documents (K-1's)	<input type="checkbox"/> Bring Dividend Income Documents (1099-DIV)
<input type="checkbox"/> Bring Property Sold Documents (1099-S)	<input type="checkbox"/> Bring Day Care Statements
<input type="checkbox"/> Bring Real Estate Tax Bill	<input type="checkbox"/> Bring Home Refinancing Documents
<input type="checkbox"/> Bring Health Ins Marketplace Statements (1095's)	<input type="checkbox"/> Bring Education Forms (1098-T, 1099-Q)

Adjustments to Income

Alimony Paid	
Name _____	SSN _____
Amount Paid:	\$ _____
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	\$ _____
Student Loan Interest	\$ _____
Health Savings Account	\$ _____

Other Income

Alimony Received	\$ _____
Gambling/Lottery Winnings	\$ _____
(Bring W-2 G's)	
Jury Duty	\$ _____
Disability Income	\$ _____
State Income Tax Refund	\$ _____
Other	\$ _____

Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Basis (cost)	Sale Price

State Information

If rent paid: Amount No Months W / Heat Y/N
 \$ _____ _____ _____
 \$ _____ _____ _____

Health/Long Term Care Insurance

	Yes	No
Amount Paid for health insurance - employer paid a portion		
Amount Paid for health insurance - not employed or retired		
Amount Paid for health insurance - employer did not contribute		

Note: If health insurance premiums are deducted pre-tax, disregard.

Estimated Tax Payments

	Federal		State
Prior Year - Jan 17,2017	_____	Prior Year - Jan 17,2017	_____
1st Qtr - Apr 18, 2017	_____	1st Qtr - Apr 18, 2017	_____
2nd Qtr. - Jun 15, 2017	_____	2nd Qtr. - Jun 15, 2017	_____
3rd Qtr. - Sep 15, 2017	_____	3rd Qtr. - Sep 15, 2017	_____
4th Qtr. - Jan 16, 2018	_____	4th Qtr. - Jan 16, 2018	_____
Total	=====	Total	=====

Itemized Deductions

Medical Dental Expenses		Charitable Contributions (Receipts Required)	
Medical Ins Prem (pd by you)	_____	Church Cash Contributions	_____
Long Term Care Insurance	_____	You must have receipts for cash contributions	
Prescription Drugs	_____	Other Cash Contributions	_____
Glasses, Contacts	_____	Donated Goods	_____
Hearing Aids, Batteries	_____	Must have receipts from organization	
Medical Equipment, Supplies	_____	Organization donated to _____	
Hospital	_____	Address _____	
Doctor, Dentist, Specialist	_____		
Medical Miles	_____ Miles	Volunteer mileage	_____ Miles
Other	_____		
Real Estate Taxes Paid	Bring Tax Bills	Unreimbursed Miscellaneous Expenses	
Real Estate Taxes -Prin Residence	_____	Union/Professional Dues	_____
Other Real Estate Taxes	_____	Professional Subscriptions	_____
Personal Property Tax	_____	Licenses	_____
Sales Tax	_____	Tools, Safety Equipment	_____
Other	_____	Uniforms	_____
Mortgage Interest Expense		Sales Expenses	_____
Mort Int Paid - Bring 1098	_____	Tax Prep Fee	_____
Interest pd to others - no 1098	_____	Safe Deposit Box	_____
Paid to: Name _____		IRA Custodial Fees	_____
Address _____		Investment expenses	_____
_____		Job Search Expenses	_____
Soc Sec No/EIN _____		Gambling Losses *	_____
Investment Interest	_____	Other	_____

* Gambling losses require documented substantiation.

Day Care Expenses

Children cared for	_____	
Provider 1	_____	Provider 2
Address	_____	Address

Soc Sec No/EIN	Amt Pd	Soc Sec No/EIN
		Amt Pd

Schedule C Business Income and Expenses

The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name _____

Total Sales \$ _____

Owner

Taxpayer

Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you have transactions exceeding \$20,000 and more than 200 transactions, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-Misc)

During 2017, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.

Balance on note prior to re-finance: _____

Balance on Note at 12-31: _____

Expenses

Advertising	_____	*Repairs & Maintenance	_____
Business Mileage # _____	_____	Supplies	_____
Commissions	_____	Taxes	_____
Contract Labor	_____	**Telephone	_____
Dues & Subscriptions	_____	Tools & Equipment	_____
Insurance (Other than Health Ins)	_____	Travel Expenses	_____
Interest - Mortgage	_____	Uniforms	_____
Interest - Other	_____	Utilities	_____
Legal & Professional Fees	_____	Vehicle Expense	_____
Meals & Entertainment	_____	Wages	_____
Office Expense	_____	Employee Health Ins (see back)	_____
Rent - Building	_____	Other	_____
Rent - Equipment	_____	Other	_____

*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

**Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page advertising?

Cost of Goods Sold

Beginning Inventory	_____
Purchases	_____
Less Personal Use	(_____)
Direct Labor	_____
Supplies	_____
Other	_____
Ending Inventory	_____

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

Schedule C Home Office Expenses

Is a home office used for administrative or management activities for business? _____

Total Square Feet of Home _____ Purchase Price of Residence _____

Total Square Feet of Office _____ Bring in Real Estate Tax Bill for 2017 _____

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Expenses: Mortgage Insurance _____ Property Insurance _____
 Real Estate Taxes _____ Utilities _____

Schedule E Rental Income and Expenses The IRS has determined that over 60% of Schedule E's are prepared incorrectly. Schedule E has been revised to assure the laws are applied correctly. Please review the following information carefully to comply with the tax law.

Type of Property:
Choose From: Single Family Vacation/Short Term Rental Land Self-Rental
 Mutli Family Commercial Royalties Other

Rental Property	Property 1		Property 2		Property 3		Property 4	
Address								
City, State, Zip								
Type of Property (from above)								
Fair Market Rental Value								
Fair Rental Days /Personal Use Days *								

* Personal use days include any days in which charging less than fair market rental value to related party.

A fair rental price is the amount of rent you can expect to received from an unrelated party. Consider structure, size, condition, furnishing, and location when determining the fair market rental value. If renting to related party, fair rental value required from real estate agent.

Is Property Rented To A Relative? Y / N
If so, how was the Fair Market Value Determined?

Rent Received	\$	\$	\$	\$

Expenses				
Advertising				
Cleaning & Maint				
Commissions Paid				
Insurance				
Interest - Mortgage				
Interest - Other				
Legal & Prof Fees				
Management Fees				
Repairs				
Supplies				
Taxes				
Utilities				
Vehicle Mileage	Miles	Miles	Miles	Miles
Other				
Other				
Other				

Moving Expense Worksheet

Distance Test and Job Information

Date of Move _____ Employment Start Date _____

Number of miles from **Old Home** to **New Workplace** _____

Number of miles from **Old Home** to **Old Workplace** _____

Transportation and Storage of Household Goods and Personal Effects

Cost to pack, crate and move your household goods _____

Cost to store and insure household goods and personal effects
Within any period of 30 days in a row after the items were moved
From your old home and before they were delivered to your new
Home. _____

Travel and Lodging Expense of Moving From Your Old Home to Your New Home

Lodging costs on the way, including the day you arrive _____

Actual out-of-pocket expenses for gas and oil _____

OR

Mileage rate at 17 cents per mile _____

PLUS

Parking fees and tolls _____

No Meals are Deductible

Employer Reimbursements

Amount your employer paid for your move that is not included in your W-2.
This amount should be identified with code P in box 13 of your W-2 form. _____

