

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail address	
City	State	Zip	Home Phone	Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable) :



- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099-R for Retirement
- 1099s for Interest, Dividends, and Other Income
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit
- Statements of any Foreign Accounts/Assets
- Property Tax Statements
- IRA Year-end Statements
- 1098 - Mortgage Interest, Tuition, Contributions
- Closing Papers for Purchases & Sales, including purchase and sale dates & amounts
- All Other Statements Showing Income
- Last Pay Stub of the Year
- Proof of Health Insurance (form 1095)

<p>◆ RENTAL/SELF-EMPLOYMENT/FARMING INCOME & EXPENSE</p> <p>Total Received: \$ _____</p> <p>Expenses:</p> <ul style="list-style-type: none"> Taxes Utilities..... Interest Insurance..... Repairs..... Supplies..... Equipment Advertising..... Other <p>Business Mileage (on back)</p> <p>Home Office Information (exclusive use):</p> <p>Office sq. footage _____ House sq. footage _____</p> <ul style="list-style-type: none"> Utilities paid..... Insurance paid..... Repairs..... Improvements..... <p>Sale of Stock or Other Property</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Cost</th> <th>Sale \$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Please bring supporting documents. Dates are important!</p>	Cost	Sale \$									<p>OTHER INCOME</p> <ul style="list-style-type: none"> ★ Wages (Forms W-2) ★ Interest (Forms 1099) ★ Dividends (Forms 1099)..... Tips..... ◆ Child Care..... ★ Pensions/Annuities/Roth Conversions ... Jury Duty ★ Gambling Winnings ★ Unemployment (1099-G)..... Alimony Received..... ★ Prizes (1099-Misc.)..... ★ Debt Cancellation ★ Partnerships & S Corporations ★ Estates & Trusts..... ★ Social Security/RR Retirement Scholarships & Fellowships..... ★ State Tax Refunds..... ★ Royalties..... Disability Veteran's Payments..... ★ Withdrawals from MSA/HSA..... ★ Hobby Income..... ★ Foreign Income, Other.....
Cost	Sale \$										

★ Bring statements for marked items. ◆ If you need a more detailed worksheet or assistance in compiling records, please call.

Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Regular Roth

Taxpayer Amount \$ SEP SIMPLE

Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid \$: SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Job Related Moving Expenses:

Travel & Lodging—Move..... _____

Costs of Moving Household Items..... _____

Reimbursement..... _____

Pymts to MSA/HSA: Taxpayer _____ Spouse _____

MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... _____

Long Term Care Insurance _____

Prescriptions..... _____

Eyeglasses, Hearing Aids & Batteries..... _____

Doctors..... _____

Dentists _____

Hospital / Ambulance..... _____

Auto Mileage..... _____ miles

Other Medical Expenses, Travel..... _____

Reimbursement..... _____

Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes..... _____

State taxes paid in '17 for '16 or earlier .. _____

Sales tax paid on vehicles, boats, planes _____

Sales tax paid (from receipts)..... _____

2017 State Tax Estimates

date pd. _____ \$ _____ date pd. _____ \$ _____

date pd. _____ \$ _____ date pd. _____ \$ _____

2017 Federal Tax Estimates

date pd. _____ \$ _____ date pd. _____ \$ _____

date pd. _____ \$ _____ date pd. _____ \$ _____

Vehicle License Tabs, Pers. Prop. Tax.. _____

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)

First Mortgage/Refinance..... _____

Loan Origination Fee/Discount Fee..... _____

Second Mortgage..... _____

Home Equity..... _____

Second Home Interest Payments..... _____

Home Mortgage—Pd. to Individuals..... _____

(name, address, Social Security number) _____

Investment Interest: *Margin Account*..... _____

Other Investment Interest..... _____

HIGHER EDUCATION EXPENSES

Post Secondary Tuition Paid (form 1098-T)... _____

Other Required Expenses (Books, Fees, etc.) _____

ADOPTION EXPENSES

Amt. Paid: _____ Date Finalized: _____ (bring papers)

Please sign here _____ date _____

CONTRIBUTIONS

Churches (received)..... _____

Other Contributions of Money (received) . _____

Charitable Auto Mileage..... _____

Volunteer Expenses (received)..... _____

Property Donated (for which you have

receipts (fair market value)—

bring documentation if over \$500)..... _____

Auto, Boat Donations (Form 1098C) _____

Other..... _____

Other..... _____

CASUALTY & THEFT LOSSES

Cost of Property Lost..... _____

Fair Market Value of Property..... _____

Insurance Reimbursement Received _____

Ponzi-style scheme loss..... _____

JOB RELATED AUTOMOBILE EXPENSE

Total Miles _____

Business Miles _____

Commuting Miles _____

Personal Miles _____

Jan. 1, 2017 Odometer Beginning:..... _____

Dec. 31, 2017 Odometer Ending:..... _____

Gas & Oil..... _____

Interest..... _____

Tolls & Local Transportation..... _____

Lease Payments _____

Other _____

JOB / INVESTMENT RELATED DEDUCTIONS

LIMITED: Dues & Subscriptions..... _____

Education (incl. miles above) ... _____

Safety Equipment/Uniforms..... _____

Job Seeking Expense

(incl. miles above)..... _____

Legal/Accounting Fees..... _____

Tools/Equipment/Supplies..... _____

Business Entertainment..... _____

Investment & Tax Advice..... _____

Safe Deposit Box..... _____

Hobby Expenses..... _____

Other/IRA Fees..... _____

Gambling Losses..... _____

Impairment Related Work Expenses..... _____

Classroom materials for Educators _____

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work? _____

ENERGY CREDITS

Qualified Energy-saving Home Improvements – Type, Cost _____