

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			
City	State	Apt No	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

<u> </u> Bring All Wage Statements (W-2's)	<u> </u> Bring Soc Security/Railroad Benefits (SSA-1099)
<u> </u> Bring All Pension, Annuity IRA Documents (1099-R)	<u> </u> Bring Interest Income Statements (1099-INT)
<u> </u> Bring All Trust & Estate Documents (K-1's)	<u> </u> Bring Dividend Income Documents (1099-DIV)
<u> </u> Bring Property Sold Documents (1099-S)	<u> </u> Bring Day Care Statements
<u> </u> Bring Real Estate Tax Bill	<u> </u> Bring Home Refinancing Documents
<u> </u> Bring Health Ins Marketplace Statements (1095's)	<u> </u> 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	Sold Basis	(cost)	Sale Price

State Information

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

Health/Long Term Care Insurance

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

Yes	No

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

Estimated Tax Payments

	Federal		State
Prior Year - Jan 15, 2016	_____	Prior Year - Jan 15, 2016	_____
1st Qtr - Apr 15, 2016	_____	1st Qtr - Apr 15, 2016	_____
2nd Qtr. - Jun 15, 2016	_____	2nd Qtr. - Jun 15, 2016	_____
3rd Qtr. - Sep 15, 2016	_____	3rd Qtr. - Sep 15, 2016	_____
4th Qtr. - Jan 15, 2017	_____	4th Qtr. - Jan 16, 2017	_____
Total	=====	Total	=====

Itemized Deductions

Medical Dental Expenses

Medical Ins Prem (pd by you) _____
 Long Term Care Insurance _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Medical Equipment, Supplies _____
 Hospital _____
 Doctor, Dentist, Specialist _____
 Medical Miles _____ Miles
 Other _____

Charitable Contributions (Receipts Required)

Church Cash Contributions _____
 (You must have receipts for cash contributions)
 Other Cash Contributions _____
 Donated Goods _____
 (Must have receipts from organization)
 Organization donated to _____
 Address _____

 Miles Volunteer mileage _____ Miles

Real Estate Taxes Paid

Real Estate Taxes -Prin Residence _____
 Other Real Estate Taxes _____
 Personal Property Tax _____
 Sales Tax _____
 Other _____

Bring Tax Bills

Unreimbursed Miscellaneous Expenses

Union/Professional Dues _____
 Professional Subscriptions _____
 Licenses _____
 Tools, Safety Equipment _____
 Uniforms _____
 Sales Expenses _____
 Tax Prep Fee _____
 Safe Deposit Box _____
 IRA Custodial Fees _____
 Investment expenses _____
 Job Search Expenses _____
 Gambling Losses * _____
 Other _____

Mortgage Interest Expense

Mort Int Paid - Bring 1098 _____
 Interest pd to others - no 1098 _____
 Paid to: Name _____
 Address _____

 Soc Sec No/EIN _____
 Investment Interest _____

* 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 2016, 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	_____
Business Mileage # _____	_____
Commissions	_____
Contract Labor	_____
Dues & Subscriptions	_____
Insurance (Other than Health Ins)	_____
Interest - Mortgage	_____
Interest - Other	_____
Legal & Professional Fees	_____
Meals & Entertainment	_____
Office Expense	_____
Rent - Building	_____
Rent - Equipment	_____
*Repairs & Maintenance	_____
Supplies	_____
Taxes	_____
**Telephone	_____
Tools & Equipment	_____
Travel Expenses	_____
Uniforms	_____
Utilities	_____
Vehicle Expense	_____
Wages	_____
Employee Health Ins (see back)	_____
Other	_____
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 most recent 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 2016* _____

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 _____

Assets Purchased

Date	Amount	Description	Business Percentage

Assets Disposed

Date	Amount	Description	Business Percentage

Employee Health Insurance Premiums

Employee Name	Annual Hours	Total Gross Wages Paid	Employer Portion of Premium

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	\$	\$	\$	\$
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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 19 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. _____