



# 2017 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

\*\*\* ATTN: NEW CLIENTS \*\*\*

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS

TP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Email: \_\_\_\_\_

SP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Suite/Apt #: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

(Check all that apply)  
 Blind     Deaf     Hemiplegic  
 Paraplegic     Quadraplegic  
 Total & Permanently Disabled

(Check all that apply)  
 Blind     Deaf     Hemiplegic  
 Paraplegic     Quadraplegic  
 Total & Permanently Disabled

Filing Status (check only one):  
 Single     Married Filing Joint     Surviving Widow(er) w/ Dependent Child  
 Head of Household     Married Filing Separate →

Spouse's Name: \_\_\_\_\_  
 Spouse's SSN: \_\_\_\_\_

Did any of the following events take place during 2017?  
 Marriage    Date: \_\_\_\_\_  
 Divorced/Legally Separated    Date: \_\_\_\_\_

(Include copy of **ENTIRE** divorce decree or separation agreement)

Child(ren) living w/ you and 18 & under OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year.

	NAME	DOB	SSN/TIN	RELATIONSHIP	# MO. IN HOME	YR of COLLEGE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

- a. Are any of the dependent(s) blind, deaf and/or disabled? If so, who? \_\_\_\_\_
- b. Could any dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? \_\_\_\_\_
- c. Did any of the dependent(s) earn more than \$4,050 during 2017? If so, who? \_\_\_\_\_
- d. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself/herself?     Yes     No
- e. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement?     Yes (include documents)     No

**2017 INCOME**

**WAGES (include W-2)**

**MISC INCOME (include I099-MISC)**

Name of Company	TP / SP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Name of Company	TP / SP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**INTEREST (include I099-INT)**

**DIVIDENDS (include I099-DIV)**

Payer	Amt
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Payer	Ord	Qual	CGD
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____

**PENSION/ANNUITY (include I099-R)**

**IRA (include I099-R)**

Payer	Amt	TP / SP
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____

Payer	Amt	TP / SP
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____

**SALE OF STOCK (include I099-B)**

**SHORT-TERM GAIN(S)/LOSS(ES)**

**LONG-TERM GAIN(S)/LOSS(ES)**

Security	Proceeds	Cost
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

Security	Proceeds	Cost
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

**SOCIAL SECURITY: TAXPAYER (include SSA-I099)**

**SOCIAL SECURITY: SPOUSE (include SSA-I099)**

Box 3 (Benefits Paid in 2017): \$ \_\_\_\_\_

Box 4 (Benefits Repaid in 2017): \$ \_\_\_\_\_

Box 6 (Voluntary Federal W/H): \$ \_\_\_\_\_

Medicare Premiums Paid: SEE P3, MEDICAL EXP TYPE: A B C D

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Box 3 (Benefits Paid in 2017): \$ \_\_\_\_\_

Box 4 (Benefits Repaid in 2017): \$ \_\_\_\_\_

Box 6 (Voluntary Federal W/H): \$ \_\_\_\_\_

Medicare Premiums Paid: SEE P3, MEDICAL EXP TYPE: A B C D

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**HSA DISTRIBUTION (include I099-SA)**

**OTHER INCOME (include supporting documents)**

Trustee: \_\_\_\_\_

Gross Distribution: \$ \_\_\_\_\_ Amt Used for Medical Exp: \$ \_\_\_\_\_

Trustee: \_\_\_\_\_

Gross Distribution: \$ \_\_\_\_\_ Amt Used for Medical Exp: \$ \_\_\_\_\_

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Loss(es)	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

**INSTALLMENT SALE (attach addt'l sheet if needed)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest Paid: \$ \_\_\_\_\_ Principal Paid: \$ \_\_\_\_\_

**NONTAXABLE INCOME**

Veterans Pension/Disability: \$ _____	Cancelled Debt: \$ _____
Worker's Comp or SDI: \$ _____	Other: \$ _____
Child Support: \$ _____	Other: \$ _____
Gain on Sale of Residence: \$ _____	Other: \$ _____
Gifts over \$300: \$ _____	Other: \$ _____

## 2017 DEDUCTIONS

### MEDICAL

*Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from a Health Savings or Flexible Spending Account.*

**DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID W/ PRE-TAX INCOME (I.E. PAYROLL DEDUCTION)**

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays		
Co-pays	Dental/Orthodontics		
Doctors/Specialists	Hearing Aid		
Hospital/Ambulance	Eye Exam/Glasses/Contacts	\$	
Prescription Drugs		\$	
Medical Insurance	TP	\$	SP
Prescription Insurance	TP	\$	SP
Dental/Vision Insurance	TP	\$	SP
Long-Term Care Insurance	TP	\$	SP
Medicare Premiums	TP	\$	SP
Medical Miles Driven	#		

### INTEREST

Qualified Mortgage Interest:	
- 1st Home	\$
- 2nd Home	\$
Qualified Home Equity Loan	\$
Land Contract Interest Paid	\$
To Whom Paid:	
Name _____ SSN _____	
Address _____	
City _____ ST _____ ZIP _____	
Boat/Motor Home Interest*	\$
Points Paid on New Home Purchase	\$
Points Paid on Refinance of Current Home	\$
Term of Refinanced Loan (in years)	
Qualified Mortgage Insurance Premiums (Form 1098, Box 4)	\$
Investment Interest Paid	\$

*\*Must have eating, sleeping & toilet facilities*

### MISCELLANEOUS

Unreimbursed Employee Expenses (Required for Work):			
Cell Phone	\$	Tax Preparation Fees	\$
Continuing Education	\$	Travel	\$
Hotels/Lodging	\$	Uniforms/Boots	\$
Job Search	\$	Union Dues	\$
License Renewal	\$	Mileage	
Meals & Entertainment	\$	Total	#
Safe Deposit Box	\$	Commuting	#
Small Tools	\$	Business	#
Supplies	\$		
IRA Fees (only if billed separately & paid - NOT paid w/ IRA funds)	\$		

### ADJUSTMENTS TO AGI

Health Savings Acct Contribution	TP	\$	SP	\$
Moving Expenses	TP	\$	SP	\$
Penalty on Early W/D of Savings	TP	\$	SP	\$
Student Loan Interest Paid	TP	\$	SP	\$
Traditional IRA Contribution	TP	\$	SP	\$
Roth IRA Contribution	TP	\$	SP	\$

### CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check/Credit Card	\$
Other than Cash/Check (i.e. clothing/household items)	\$

**If over \$500, please provide the following (attached add'l sheets if necessary)**

ITEM(S)	DATE DONATED	COST	FMV
1. _____	_____	\$	\$
2. _____	_____	\$	\$
3. _____	_____	\$	\$
4. _____	_____	\$	\$

Charitable Miles Driven	#
Automobile	\$
Boat	\$
Aircraft	\$

### TAXES

State Income Tax PAID in 2017 for Prior Year's Tax	\$
Local Income Tax PAID in 2017 for Prior Year's Tax	\$
2017 Homestead <b>TAXABLE</b> Value (MI ONLY)	\$
Real Estate Taxes <b>PAID</b> in 2017:	
- Principal Residence	\$
- Second Home/Cottage	\$
- Vacant Land	\$
- Other	\$
Real Estate Taxes PAID @ Closing (Provide Docs)	\$
Real Estate Taxes REIMB @ Closing (Provide Docs)	( \$ )

**\*\*\*AUTO LICENSE TABS\*\*\***

Other Personal Property Taxes	\$
Sales Tax Paid	State
- Actual Sales Tax Paid in 2017	\$
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$

### 2015 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
1st Qtr (04/18/2017)	\$	\$	\$
2nd Qtr (06/15/2017)	\$	\$	\$
3rd Qtr (09/15/2017)	\$	\$	\$
4th Qtr (01/17/2018)	\$	\$	\$
2016 overpayment applied to 2017		\$	\$

## 2017 CREDITS

### HIGHER EDUCATION EXPENSES

Student 1 _____	
School _____	
Qualified Tuition & Fees Paid in 2017	\$ _____
Books & Required Supplies Paid in 2017	\$ _____
Student has completed first 4 years of college	<input type="checkbox"/> Y <input type="checkbox"/> N
Student has been convicted of felony?	<input type="checkbox"/> Y <input type="checkbox"/> N
Student 2 _____	
School _____	
Qualified Tuition & Fees Paid in 2017	\$ _____
Books & Required Supplies Paid in 2017	\$ _____
Student has completed first 4 years of college	<input type="checkbox"/> Y <input type="checkbox"/> N
Student has been convicted of felony?	<input type="checkbox"/> Y <input type="checkbox"/> N
Student 3 _____	
School _____	
Qualified Tuition & Fees Paid in 2017	\$ _____
Books & Required Supplies Paid in 2017	\$ _____
Student has completed first 4 years of college	<input type="checkbox"/> Y <input type="checkbox"/> N
Student has been convicted of felony?	<input type="checkbox"/> Y <input type="checkbox"/> N

### MI PROPERTY TAX CREDIT

No. of Months _____		Rent (per Month) \$ _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____
No. of Months _____		Rent (per Month) \$ _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____

### CHILD & DEPENDENT CARE EXPENSES

Child 1 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____
Child 2 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____

### ADOPTION CREDIT

<p>Child 1 _____</p> <p>Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child</p> <p>Was the adoption final in 2017 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Qualified Adoption Expenses</p> <table style="width: 100%;"> <tr><td>Adoption Fees</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Attorney(s) Fees</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Court Costs</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Travel Expenses (incl. Meals &amp; Lodging)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Re-adoption Expenses re: Foreign Child</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Did you receive employer-provided benefits? \$ _____</p>	Adoption Fees	\$ _____	Attorney(s) Fees	\$ _____	Court Costs	\$ _____	Travel Expenses (incl. Meals & Lodging)	\$ _____	Re-adoption Expenses re: Foreign Child	\$ _____	<p>Child 2 _____</p> <p>Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child</p> <p>Was the adoption final in 2017 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Qualified Adoption Expenses</p> <table style="width: 100%;"> <tr><td>Adoption Fees</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Attorney(s) Fees</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Court Costs</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Travel Expenses (incl. Meals &amp; Lodging)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Re-adoption Expenses re: Foreign Child</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Did you receive employer-provided benefits? \$ _____</p>	Adoption Fees	\$ _____	Attorney(s) Fees	\$ _____	Court Costs	\$ _____	Travel Expenses (incl. Meals & Lodging)	\$ _____	Re-adoption Expenses re: Foreign Child	\$ _____
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Re-adoption Expenses re: Foreign Child	\$ _____																				

### AFFORDABLE CARE ACT

\*\*\*\*PLEASE PROVIDE 2017 FORM(S) 1095-A or 1095-B or 1095-C RECEIVED\*\*\*\*

Was your entire family (including dependents claimed on your 2017 tax return) covered by minimum essential health insurance for the entire year?  Yes  No

If no, how many months was your entire family covered by minimum essential health insurance? \_\_\_\_\_ months

Do you or any of your dependents meet one of the exemptions for the minimum essential health insurance coverage requirement?  Yes  No

If yes, please provide name of the exempt individual & exemption certificate number (attach additional sheet, if necessary)

\_\_\_\_\_

\_\_\_\_\_

Are you claiming an exemption because your household income is below the filing threshold?  Yes  No

Are you claiming a hardship exemption because your gross income is below the filing threshold?  Yes  No

Did you purchase health insurance through the insurance marketplace?  Yes  No

If yes, what is your state of residency (needed for the Premium Tax Credit)? \_\_\_\_\_

# 2017 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		
Were payments made in 2017 that would require Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file all required Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Receipts	\$ <u>                    </u>	\$ <u>                    </u>
Returns & Allowances	\$ <u>                    </u>	\$ <u>                    </u>
Other Income	\$ <u>                    </u>	\$ <u>                    </u>
Cost of Goods Sold		
Beginning Inventory as of 01/01/17 (At Cost)	\$ <u>                    </u>	\$ <u>                    </u>
Purchases	\$ <u>                    </u>	\$ <u>                    </u>
Cost of Labor	\$ <u>                    </u>	\$ <u>                    </u>
<b>Materials &amp; Supplies UNDER \$200</b>	\$ <u>                    </u>	\$ <u>                    </u>
<b>Materials &amp; Supplies OVER \$200</b>	\$ <u>                    </u>	\$ <u>                    </u>
Other Costs	\$ <u>                    </u>	\$ <u>                    </u>
Ending Inventory as of 12/31/17 (At Cost)	\$ <u>                    </u>	\$ <u>                    </u>
Advertising	\$ <u>                    </u>	\$ <u>                    </u>
Bank Charges	\$ <u>                    </u>	\$ <u>                    </u>
Commissions & Fees	\$ <u>                    </u>	\$ <u>                    </u>
Dues & Publications	\$ <u>                    </u>	\$ <u>                    </u>
Insurance - Health	\$ <u>                    </u>	\$ <u>                    </u>
Insurance - Other	\$ <u>                    </u>	\$ <u>                    </u>
Interest	\$ <u>                    </u>	\$ <u>                    </u>
Licenses	\$ <u>                    </u>	\$ <u>                    </u>
Legal & Professional	\$ <u>                    </u>	\$ <u>                    </u>
Meals & Entertainment	\$ <u>                    </u>	\$ <u>                    </u>
Office Expense	\$ <u>                    </u>	\$ <u>                    </u>
Postage & Freight	\$ <u>                    </u>	\$ <u>                    </u>
Rent	\$ <u>                    </u>	\$ <u>                    </u>
<b>Repairs &amp; Maintenance UNDER \$500</b>	\$ <u>                    </u>	\$ <u>                    </u>
<b>Repairs &amp; Maintenance OVER \$500</b>	\$ <u>                    </u>	\$ <u>                    </u>
Taxes	\$ <u>                    </u>	\$ <u>                    </u>
Telephone	\$ <u>                    </u>	\$ <u>                    </u>
Travel	\$ <u>                    </u>	\$ <u>                    </u>
Utilities	\$ <u>                    </u>	\$ <u>                    </u>
Wages	\$ <u>                    </u>	\$ <u>                    </u>

## AUTO

Auto (Mileage):		
- Total Miles (driven in 2017)	# <u>                    </u>	# <u>                    </u>
- Business Miles (driven in 2017)	# <u>                    </u>	# <u>                    </u>
Auto (Actual Expenses):		
Base Price-Trade In+Sales Tax	\$ <u>                    </u>	\$ <u>                    </u>
Car Wash	\$ <u>                    </u>	\$ <u>                    </u>
Gasoline	\$ <u>                    </u>	\$ <u>                    </u>
Insurance	\$ <u>                    </u>	\$ <u>                    </u>
Interest	\$ <u>                    </u>	\$ <u>                    </u>
Lease Vehicle Payments	\$ <u>                    </u>	\$ <u>                    </u>
Oil Changes	\$ <u>                    </u>	\$ <u>                    </u>
Parking Fees/Tolls	\$ <u>                    </u>	\$ <u>                    </u>
Registration	\$ <u>                    </u>	\$ <u>                    </u>
Repairs & Maintenance	\$ <u>                    </u>	\$ <u>                    </u>
Tires	\$ <u>                    </u>	\$ <u>                    </u>

# 2017 RENTAL/ROYALTY INCOME & EXPENSES

PROPERTY 1

PROPERTY 2

PROPERTY 3

Check Type (see below):

1  2  3  4  5  6  7  8

1  2  3  4  5  6  7  8

1  2  3  4  5  6  7  8

1=Single Family Residence   2=Multi Family Residence   3=Vacation/Short-Term   4=Commercial   5=Land   6=Royalties   7=Self-Rental   8=Other

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*Did you actively participate in rental?*

*Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?*

*Did you perform more than 750 hours of services in real property trades/business in which you materially participated?*

# Days Rented @ Fair Rental Value \_\_\_\_\_

# Days Used Personally \_\_\_\_\_

Gross Rents \$ \_\_\_\_\_

Gross Royalties \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Association Fees \$ \_\_\_\_\_

Cleaning & Maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Legal & Professional \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

Mortgage Interest \$ \_\_\_\_\_

- Form 1098 \$ \_\_\_\_\_

- Other \$ \_\_\_\_\_

Painting & Decorating \$ \_\_\_\_\_

**Repairs UNDER \$500** \$ \_\_\_\_\_

**Supplies UNDER \$200** \$ \_\_\_\_\_

**Supplies OVER \$200** \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Major Repairs OVER \$500** \$ \_\_\_\_\_

\_\_\_\_\_ Date Placed in Service \_\_\_\_\_

\_\_\_\_\_ Date Placed in Service \_\_\_\_\_

## AUTO

Auto (Mileage):

- Total Miles (driven in 2017) # \_\_\_\_\_

- Business Miles (driven in 2017) # \_\_\_\_\_

Auto (Actual Expenses):

Base Price-Trade In+Sales Tax \$ \_\_\_\_\_

Car Wash \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Lease Payments \$ \_\_\_\_\_

Oil Changes \$ \_\_\_\_\_

Parking Fees/Tolls \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Repairs & Maintenance \$ \_\_\_\_\_

Tires \$ \_\_\_\_\_

