



# 2018 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 2018?  
 Marriage    Date: \_\_\_\_\_  
 Divorced/Legally Separated    Date: \_\_\_\_\_  
*(Include copy of ENTIRE divorce decree or separation agreement)*

\_\_\_\_\_

Dependents living w/ you for more than half the year (full year if no relation) and 18 & under (OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year). All others must have gross income LESS THAN \$4,150 for the 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 \$4,150 during 2018? 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

## 2018 INCOME

### WAGES (include W-2)

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

### MISC INCOME (include 1099-MISC)

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

### INTEREST (include 1099-INT)

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

### DIVIDENDS (include 1099-DIV)

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

### PENSION/ ANNUITY (include 1099-R)

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

### IRA (include 1099-R)

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

### SALE OF STOCK (include 1099-B)

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

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

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

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

### SOCIAL SECURITY: TAXPAYER (include SSA-1099)

Box 3 (Benefits Paid in 2018):	\$ _____
Box 4 (Benefits Repaid in 2018):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (include SSA-1099)

Box 3 (Benefits Paid in 2018):	\$ _____
Box 4 (Benefits Repaid in 2018):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### HSA DISTRIBUTION (include 1099-SA)

Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____
Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____

### OTHER INCOME (include supporting documents)

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony (only for agreements executed before 12/31/18)		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Losses	\$ _____	\$ _____
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: \$ _____

# 2018 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 (only if used to buy/build/improve home)		\$
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)		_____
Investment Interest Paid		\$

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

## ADJUSTMENTS TO AGI

Health Savings Acct Contribution	TP	\$	SP	\$
Moving Expenses (active military only)	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 2018 for Prior Year's Tax	\$
Local Income Tax PAID in 2018 for Prior Year's Tax	\$
2018 Homestead TAXABLE Value (MI ONLY)	\$
Real Estate Taxes PAID in 2018:	
- Principal Residence	\$
- Second Home/Cottage	\$
- Vacant Land	\$
- Other	\$
Real Estate Taxes PAID @ Closing (Provide Docs)	\$
Real Estate Taxes REIMB @ Closing (Provide Docs)	( \$ )
<b>***AUTO LICENSE TABS***</b>	
Other Personal Property Taxes	\$
Sales Tax Paid	State
- Actual Sales Tax Paid in 2018	\$
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$

## 2015 ESTIMATED TAX PAYMENTS

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

# 2018 CREDITS

## HIGHER EDUCATION EXPENSES

Student 1 \_\_\_\_\_  
School \_\_\_\_\_  
Qualified Tuition & Fees Paid in 2018 \$ \_\_\_\_\_  
Books & Required Supplies Paid in 2018 \$ \_\_\_\_\_  
Student has completed first 4 years of college  Y  N  
Student has been convicted of felony?  Y  N

Student 2 \_\_\_\_\_  
School \_\_\_\_\_  
Qualified Tuition & Fees Paid in 2018 \$ \_\_\_\_\_  
Books & Required Supplies Paid in 2018 \$ \_\_\_\_\_  
Student has completed first 4 years of college  Y  N  
Student has been convicted of felony?  Y  N

Student 3 \_\_\_\_\_  
School \_\_\_\_\_  
Qualified Tuition & Fees Paid in 2018 \$ \_\_\_\_\_  
Books & Required Supplies Paid in 2018 \$ \_\_\_\_\_  
Student has completed first 4 years of college  Y  N  
Student has been convicted of felony?  Y  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

Child 1 \_\_\_\_\_  
Was the child:  Disabled  Special Needs  Foreign Child  
Was the adoption final in 2018 or earlier?  Yes  No  
Qualified Adoption Expenses  
Adoption Fees \$ \_\_\_\_\_  
Attorney(s) Fees \$ \_\_\_\_\_  
Court Costs \$ \_\_\_\_\_  
Travel Expenses (incl. Meals & Lodging) \$ \_\_\_\_\_  
Re-adoption Expenses re: Foreign Child \$ \_\_\_\_\_  
Did you receive employer-provided benefits? \$ \_\_\_\_\_

Child 2 \_\_\_\_\_  
Was the child:  Disabled  Special Needs  Foreign Child  
Was the adoption final in 2018 or earlier?  Yes  No  
Qualified Adoption Expenses  
Adoption Fees \$ \_\_\_\_\_  
Attorney(s) Fees \$ \_\_\_\_\_  
Court Costs \$ \_\_\_\_\_  
Travel Expenses (incl. Meals & Lodging) \$ \_\_\_\_\_  
Re-adoption Expenses re: Foreign Child \$ \_\_\_\_\_  
Did you receive employer-provided benefits? \$ \_\_\_\_\_

## AFFORDABLE CARE ACT

\*\*\*\*PLEASE PROVIDE 2018 FORM(S) 1095-A or 1095-B or 1095-C RECEIVED\*\*\*\*

Was your entire family (including dependents claimed on your 2018 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)? \_\_\_\_\_

# 2018 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

Were payments made in 2018 that would require Form(s) 1099?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you file all required Form(s) 1099?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Gross Receipts	\$		\$	
Returns & Allowances	\$		\$	
Other Income	\$		\$	

Cost of Goods Sold				
Beginning Inventory as of 01/01/17 (At Cost)	\$		\$	
Purchases	\$		\$	
Cost of Labor	\$		\$	
<b>Materials &amp; Supplies UNDER \$200</b>	\$		\$	
<b>Materials &amp; Supplies OVER \$200</b>	\$		\$	
Other Costs	\$		\$	
Ending Inventory as of 12/31/17 (At Cost)	\$		\$	

Advertising	\$		\$	
Bank Charges	\$		\$	
Commissions & Fees	\$		\$	
Dues & Publications	\$		\$	
Insurance - Health	\$		\$	
Insurance - Other	\$		\$	
Interest	\$		\$	
Licenses	\$		\$	
Legal & Professional	\$		\$	
Meals & Entertainment	\$		\$	
Office Expense	\$		\$	
Postage & Freight	\$		\$	
Rent	\$		\$	
<b>Repairs &amp; Maintenance UNDER \$500</b>	\$		\$	
<b>Repairs &amp; Maintenance OVER \$500</b>	\$		\$	
Taxes	\$		\$	
Telephone	\$		\$	
Travel	\$		\$	
Utilities	\$		\$	
Wages	\$		\$	

## AUTO

Auto (Mileage):				
- Total Miles (driven in 2018)	#		#	
- Business Miles (driven in 2018)	#		#	

Auto (Actual Expenses):				
Base Price-Trade In+Sales Tax	\$		\$	
Car Wash	\$		\$	
Gasoline	\$		\$	
Insurance	\$		\$	
Interest	\$		\$	
Lease Vehicle Payments	\$		\$	
Oil Changes	\$		\$	
Parking Fees/Tolls	\$		\$	
Registration	\$		\$	
Repairs & Maintenance	\$		\$	
Tires	\$		\$	

# 2018 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?  Y  N

Y  N

Y  N

Y  N

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

\$

\$

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- 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 2018)

#

#

#

- Business Miles (driven in 2018)

#

#

#

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

\$

\$

\$

