

FILING STATUS

Single _____

Married Filing Joint _____

Married Filing Single _____

Head of Household _____

Qualifying Widower _____

ADDRESS

_____ Street & Apt. No.

_____ City

_____ State & Zip

_____ County

_____ School Code (if app)

TAXPAYER

Social Security Number _____

First _____ MI ____ Last _____

Email _____

Work Ph _____ Cell/Other Ph _____

Date of Birth _____ Date of Death _____

Occupation _____

Legally Blind? Y / N Dependent of Other? Y / N

SPOUSE

Social Security Number _____

First _____ MI ____ Last _____

Email _____

Work Ph _____ Cell/Other Ph _____

Date of Birth _____ Date of Death _____

Occupation _____

Legally Blind? Y / N Dependent of Other? Y / N

DEPENDENTS

<u>First, Middle Initial, Last Name</u>	<u>Student?</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Disabled?</u>	<u>Relationship</u>
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____

EMPLOYMENT & RETIREMENT INFORMATION:

A.) Are You Employed? Yes No

B.) Are you Unemployed? Yes No

C.) Are you contributing to a 401k, 403b or other pre-tax account? Yes No

D.) Have you ever opened any form of pretax account in the past? Yes No

E.) Have you considered a ROTH conversion of pretax accounts? Yes No

F.) Would you like a ROTH conversion tax "WHAT IF" prepared with your return? _____

STATE & OTHER

A.) Are you requesting state return(s)? Yes No If yes, what State(s): _____

B.) Are you requesting local, school, RITA or county return(s)? Yes No Please specify: _____

AFFORDABLE CARE ACT

Did **everyone** on this tax return have health insurance coverage **all 12 months** last year? Y / N If **no**, were you exempt?

If **yes**, coverage through (circle one)

Taxpayer: Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid Y / N

Spouse: Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid Y / N

Dep 1: Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid Y / N

Dep 2: Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid Y / N

Dep 3: Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid Y / N

If not covered for all 12 months, complete Intake Pages 8 and 9.

Tax Client Income and Expense Questions

Please Note: The following Worksheets are to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents.

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return. Please do not leave any Worksheet blank. If not applicable write "N/A" on that page and leave in stacking order. If additional pages are added beneath a Worksheet, write "see next xx pages" and correct "Intake Pg 1 of 10" to the correct total number of pages.

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1 Did your marital status change from the prior year?
- 2 Did you change your address from last year?
- 3 Any change in your dependents from last year?
- 4 Did you have children under 19 (or 24 if a full time student) who had more than \$2,100 in unearned income?
- 5 Are all your dependents either US Residents or Citizens?
- 6 Did you pay any adoption expenses?
- 7 Did you provide over half the support for someone you aren't claiming as a dependent?
- 8 Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9 Were either you or your spouse in the military or National Guard?
- 10 Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11 Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12 Did you make any gifts over \$14,000 to any individuals?

Comments/Description:

INCOME

Please check any of the following that you and/or your spouse received:

- 1 W-2 Income
- 2 Interest and/or Dividends
- 3 Tax Exempt Interest and/or Dividends
- 4 Taxable refunds, credits or offsets? (including prior year State refunds)
- 5 Business income (Self Employment Income)
 * If "yes" please fill out Schedule C Worksheet and provide financials.
- 6 Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**
 Amount of any Capital Loss Carryforward from 2016 \$ _____
- 7 Any other Assets Sold or any other Gains or Losses
- 8 Rental Real Estate Income
 * If "yes" please fill out Schedule E Worksheet
 Amount of any Passive Activity Loss Carryfwd from 2016 \$ _____
- 9 K-1's (1120S, 1065, 1041)
- 10 Unemployment
- 11 Social Security Income
- 12 Foreign Income
- 13 Alimony Received \$ _____ (If yes, rcvd from whom?)
 Name/SS# _____
- 14 Other Income: Please list: _____

TAX DEDUCTIONS AND CREDITS

For the following, please check any of the following that apply:

- 1 Itemized Deductions
 * If "yes" please fill out Schedule A Worksheet
- 2 Energy Efficiency Related Upgrades/Repairs
- 3 Oil & Gas Investment credits
- 4 Other tax shelters or credits
- 5 Child Care Expenses Paid \$ _____
 Provider Name: _____
 Address: _____
 Provider EIN: _____

ESTIMATED PAYMENTS (Please fill in if Estimates were made or refunds from a prior year were applied)

1 Estimated Payments made for 2017 Return

\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr

ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

- 1 Educator Expenses (Teaching Expenses)
- 2 Health Savings Account Deductions
- 3 Moving Expenses
- 4 Contributions to SEP, SIMPLE and other Qualified Plans
- 5 Self Employed Health Insurance
- 6 IRA Contributions
- 7 Student Loan Information
- 8 Tuition and Fees Deduction (you or your dependents)
- 9 Alimony Paid \$ _____ (If yes, paid to whom?)
 Name/SS# _____

E-FILE / FILING INFO -- REFUND / PMT INFO

Now mandatory, return will be E-Filed!

- 1 How do you want any refund sent to you? Must check one
 - Direct Deposit (takes a few days)
 - Applied to Next Year's Return
 - Paper Check in the Mail (could take several weeks)
- 2 Any taxes due will be paid by check along with Voucher provided by tax preparer. It is the taxpayer's responsibility to mail payments before tax due dates.

Two Forms of ID Required For ALL Returns! At Least One MUST Be Photo!

Taxpayer Name _____

Social Security Number _____

Spouse Name _____

Social Security Number _____

Photo ID-Required

1 Other Form of ID-Optional

Photo ID-Required

1 Other Form of ID-Optional

Place Voided Check Here if Client Wants Direct Deposit

Tax Client Schedule A Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Include any back-up documents under Scan Coversheet.

Medical Expenses	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid	\$ _____ (Other than Medicare Premiums)
Long Term Care Premiums	\$ _____
Fed Deductible Q or NQ? Y N - State Deductible Q or NQ? Y N - NQ but Grandfathered Deductible Y N	
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

Tax Expenses	Current Year
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____
2016 Income Taxes Paid in 2017	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes: _____	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____

Interest Expense	Current Year
Home Mortgage Interest reported on Form 1098	\$ _____ * Include Form under Scan Coversheet
Home Mortgage Interest paid to others	\$ _____
* Would you like to learn how to pay off your mortgage early? Y N	
Refinancing Points Paid in 2017	\$ _____
Investment Interest (other than K-1)	\$ _____

Contributions	Current Year
Cash Contributions	\$ _____
Please see page 10 for further guidance.	
Non Cash Contributions	\$ _____
Please see page 10 for further guidance.	
Volunteer Mileage Driven _____	

Miscellaneous	Current Year
Unreimbursed Business Expenses	\$ _____
Union Dues	\$ _____
Tax Preparation Fees (paid for previous return)	\$ _____
Other Expenses: _____	\$ _____
_____	\$ _____
Safe Deposit Rental	\$ _____
Investment Expenses (other than K-1)	\$ _____
Gambling Losses (to the extent of winnings)	\$ _____

Casualty & Theft Losses
If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

**** Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all)	
Taxpayer <input type="checkbox"/> or Spouse <input type="checkbox"/>	Address of Business _____
Name of Business _____	Business Code _____
EIN Number (If any) _____	Date Business Started _____
Accounting Method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ (Specify)	Do you do your own books/accounting? Y N Would you consider outsourcing to us? Y N

General Questions: (Required for all)			
1.) Are you claiming use of a home office?	Yes	No	<i>If yes...please include Home Office Deduction Worksheet</i>
2.) Do you have depreciable assets?	Yes	No	<i>If yes...please provide a detailed depreciation schedule.</i>
<i>The schedule should include: (Prior year detail is preferred)</i>			
a. Asset Description			
b. Date Placed in Service			
c. Cost			
d. Accumulated Depreciation			
e. Method of Depreciation and Years			
3.) Vehicle Information	Year/Make/Model: _____	Date Placed in Service: _____	
	Total Miles Driven: _____	Business Miles: _____	Commuting Miles: _____
4.) Self Insured Health Insurance Deduction?	Yes	No	<i>If yes...how much did you pay? \$ _____</i>

Income Questions: (Required if no P&L or Trial Balance Available)			
Total Sales _____		Do you know what your business is worth if sold?	Y N
Other Income _____		Would you like to know?	Y N

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)			
Beginning Inventory _____		Do you have employees other than yourself?	Y N
Purchases _____		Do you use subcontractors?	Y N
Cost of Labor _____		Do you do your own payroll?	Y N
Materials and Supplies _____		Would you consider outsourcing payroll to us?	Y N
Ending Inventory _____			

General Expenses: (Required if no P&L or Trial Balance Available)			
Advertising	\$ _____	Rent or Lease	\$ _____
Auto Expenses	\$ _____	a.) Vehicles, Machinery	\$ _____
(other than Mileage)	\$ _____	b.) Other	\$ _____
Commissions	\$ _____	Repairs & Maintenance	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Depletion	\$ _____	Taxes & Licenses	\$ _____
Depreciation (Need Sched)	\$ _____	Travel	\$ _____
Employee Benefit Programs	\$ _____	Meals (Total)	\$ _____
Insurance (Other than Health)	\$ _____	Utilities	\$ _____
Interest	\$ _____	Wages	\$ _____
a.) Mortgage	\$ _____	Other:	\$ _____
b.) Other	\$ _____		\$ _____
Legal & Professional	\$ _____		\$ _____
Office Expense	\$ _____		\$ _____
Payroll to Self	\$ _____		\$ _____
Payroll to Children	\$ _____		\$ _____
Payroll to Others	\$ _____		\$ _____
Pension & Profit Sharing Plans	\$ _____		\$ _____

Tax Client Home Office Deduction Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

General	
Date home was first used for Business?	_____
Square Footage of Area Used for Home Business	_____
Total Square Footage of the Home	_____

Simplified Option	
The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)	
If you would like to choose this option rather than the Standard Option, enter the necessary info below	
Otherwise, skip this section and complete the Standard Option section below.	
Y N I would like to use the "Simplified Option" to claim my Home Office Deduction	
_____	Total square feet claimed for Home Office (cannot exceed 300 sq ft)
See: https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction for further information regarding Home Office Deduction	

--- OR ---

Standard Option - Deduction Expenses:	Current Year
Casualty Losses	\$ _____
Deductible Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Depreciation:	
Do you have depreciable assets?	Yes No
If yes, describe:	

Special Information for the Tax Preparer	YES	NO
Is there something "unique" that the preparer should pay special attention to or know?	<input type="checkbox"/>	<input type="checkbox"/>

Tax Client Schedule E Info-One Page Per Property

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH property

Taxpayer Name _____
 Spouse Name _____

Social Security Number _____
 Social Security Number _____

General: (Required for all)

Property Description _____
 Address _____
 City _____ State _____ Zip _____

Owner of Property Taxpayer
 Joint

General Questions:

1. Enter "X" for Active Participant.
2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.
 If Checked, enter the number of days for personal use _____
 If Checked, enter the number of days rented _____

Questions Related to Rental of Your Personal Dwelling (Airbnb, VRBO, etc)

If only a portion of the dwelling is rented out:

- 1a. Enter number of rooms, OR square footage of area, rented _____ Rooms Sq Ft (circle one)
- 1b. Enter total number of rooms OR total square footage of dwelling _____ Rooms Sq Ft (circle one)
2. Repairs/Supplies related directly to area being rented (can deduct all) \$ _____
 (Do NOT include these again in Repairs/Supplies below)
3. Rent you paid (if you rent rather than own the dwelling you're renting out) \$ _____

Income:

Current Year
Rents Received \$ _____
Royalties \$ _____

Property Expense:

Current Year
Advertising \$ _____
Cleaning/Maintenance \$ _____
Commissions \$ _____
Insurance \$ _____
Legal and Other Professional \$ _____
Management Fees \$ _____
Qualified Mortgage Interest \$ _____
Other Interest \$ _____
Repairs \$ _____
Supplies \$ _____
Real Estate Taxes \$ _____
Other Taxes \$ _____
Utilities \$ _____
Other: \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable by tax preparer

Assets

Existing Assets: Please provide a detailed depreciation schedule
 The schedule should include: a) Asset Description, b) Date Placed in Service, c) Cost
 d) Accumulated Depreciation, e) Method of Depreciation and Years

New Assets Placed in Service This Year:	Date Placed in Service	Purchase Amount
Description		
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	_____

If you didn't have coverage for part or all of the year, answer YES below for any household member

<input type="checkbox"/>	Was your previous insurance policy cancelled?
<input type="checkbox"/>	Do you have an exemption from the Marketplace/Exchange? Must provide Certificate
<input type="checkbox"/>	Was coverage offered by taxpayer's or spouse's employer?
<input type="checkbox"/>	Are you a member of a federally recognized Indian tribe?
<input type="checkbox"/>	Are you eligible for services through an Indian health care provider?
<input type="checkbox"/>	Are you a member of a health care sharing ministry?
<input type="checkbox"/>	Did you live outside the United States for any part of the year?
<input type="checkbox"/>	Are you enrolled in TRICARE, or did you apply for CHIP?
<input type="checkbox"/>	Do any of the following apply to you? Do NOT indicate which one: Became homeless; evicted in the past 6 months; facing eviction or foreclosure; received utility shutoff notice; recently experienced domestic violence; recently experienced death of close family member; filed for bankruptcy in last 6 months; unexpected increases in essential expenses due to caring for an ill, disabled or aging family member; incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt; recently experienced fire, flood or other natural or human caused disaster that resulted in substantial damage to your property (deep breath here :))

Please continue on the next page.

ACA Continued:

Coverage Details. Check each month that applies for each question.

Note: 1095-A and Exemption Certificates should be included under the Tax Document Coversheet.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Taxpayer:													
Insured through Marketplace													
Coverage from other source													
Exempt from Mandate													
Spouse													
Insured through Marketplace													
Coverage from other source													
Exempt from Mandate													
Dependent 1													
Insured through Marketplace													
Coverage from other source													
Exempt from Mandate													
Required to file a return?	Y / N	AGI of that return:					\$						
Dependent 2													
Insured through Marketplace													
Coverage from other source													
Exempt from Mandate													
Required to file a return?	Y / N	AGI of that return:					\$						
Dependent 3													
Insured through Marketplace													
Coverage from other source													
Exempt from Mandate													
Required to file a return?	Y / N	AGI of that return:					\$						

If employer sponsored health coverage was declined:

	Taxpayer:	Spouse:
What would cost of SELF coverage have been?	\$	\$
What would cost of FAMILY coverage have been?	\$	\$
Would FAMILY policy have covered spouse?	Y / N	Y / N

Other Calculation Questions:

Did you pay for health coverage for anyone not on your return?	Y / N
Did anyone else pay for health coverage for someone on your return?	Y / N

Charitable Contributions Policy

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The substantiation rules for non-cash contributions require the donated property's fair market value (FMV) to be determined. FMV is the depreciated, or used, value of the donated property. It is not the purchase price of a similar "new" item. The following methods can be used to determine FMV:

~ Valuation guides available from organizations such as the Salvation Army or Goodwill. Many guides include a value range that can be used to determine FMV based upon location and condition of property. Keep any guides used to determine FMV with your tax records.

~ Compare prices at area thrift stores for items in comparable condition. Visit a few stores to determine price and demand for property.

~ Search on line auctions or classified ads for comparable items. Keep printouts of such listings used to determine FMV of the donated property.

~ For donated items with a FMV of more than \$5,000, valuation by a qualified appraiser will be required in most cases. Keep the appraiser's report with your tax documents.

To further substantiate your non-cash contribution, keep any acknowledgment letters, receipts, or similar statements from the organization. Consider keeping a picture of the donated item(s) with your tax documents. See IRS Publication 561, Determining the Value of Donated Property for further information. (<https://www.irs.gov/pub/irs-pdf/p561.pdf>).

I have read and understand the Charitable Contributions Policy and have the supporting documentation necessary to substantiate my (our) charitable cash and non-cash contributions.

Taxpayer _____ Date _____

Spouse _____ Date _____

For assistance in pricing your Charitable Contribution:

We have included a Substantiation and Valuation Guide or you can go to:
<http://www.goodwillpeo.org/sites/default/files/documents/DonationValueGuide.pdf>
 These are only guidelines and may vary by condition of the items being donated.