

**FILING STATUS**

Single \_\_\_\_\_

Married Filing Joint \_\_\_\_\_

Married Filing Single \_\_\_\_\_

Head of Household \_\_\_\_\_

Qualifying Widower \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_ Street & Apt. No.

\_\_\_\_\_ City

\_\_\_\_\_ State & Zip County

\_\_\_\_\_ Initial for NO CHANGE

**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>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.) Do you have retirement plans with previous employers?    Yes      No

**STATE & OTHER**

5. I am a resident of \_\_\_\_\_ State. If yes, what State(s): \_\_\_\_\_

6. I am a resident of \_\_\_\_\_ State. If yes, what State(s): \_\_\_\_\_

**Health Insurance**

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 pages in order.

**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 Did
- 12  Did you make any gifts over \$15,000 to any individuals?

Comments/Description:  
 \_\_\_\_\_  
 \_\_\_\_\_

**INCOME**

Did you and/or your spouse receive any of the following? If yes, please provide forms.

- 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 on)  
 \* If "yes" please fill out Schedule C Worksheet on page 5
- 6  Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
**Amount of any Capital Loss Carryforward from 2017 \$** \_\_\_\_\_
- 7  Any other Assets Sold or any other Gains or Losses
- 8  Rental Real Estate Income  
 \* If "yes" please fill out Schedule E Worksheet on page 7  
**Amount of any Passive Activity Loss Carryfwd from 2017 \$** \_\_\_\_\_
- 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 \$ \_\_\_\_\_  
 ProviderName: \_\_\_\_\_  
 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 2018 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 (Military only)
- 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/your dependents - need 1098T form)
- 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
  - 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.

Taxpayer Name \_\_\_\_\_

\_\_\_\_\_

Spouse Name \_\_\_\_\_

\_\_\_\_\_

**Photo ID #1-Required**

**1 Other Form of ID-Required**

**Photo ID #1-Required**

**1 Other Form of ID-Required**

**Place Voided Check Here if Client Wants Direct Deposit**

\_\_\_\_\_ Bank Name

\_\_\_\_\_ Account Number

\_\_\_\_\_ Routing Number

\*If you do not have a check, please enter you banking information above. Please triple check the numbers as well as confirm this is the account where you would like your refund direct deposited. We are not responsible for outdated information. If the bank returns your refund to the IRS or FTB, they will issue a check. This process will delay your refund.

# Tax Client Schedule A Info

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

Medical Expenses	2018
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid	\$ _____ (Other than Medicare Premiums)
Long Term Care Premiums	\$ _____
Prescription Drugs and Medications	\$ _____
Medical Miles Driven (.14/mile)	_____

Tax Expenses	2018
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____
2017 Income Taxes Paid in 2018	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes: _____	\$ _____
Qualified New Vehicle Taxes Additional State or Local/Taxes	\$ _____

Interest Expense	2018
Home Mortgage Interest reported on Form 1098	\$ _____ * Include Form
Home Mortgage Interest paid to others	\$ _____
* Would you like to learn how to pay off your mortgage early? Y N	
Refinancing Points Paid in 2018	\$ _____
Investment Interest (other than K-1)	\$ _____

Contributions	2018
Cash Contributions	\$ _____
Please see page 10 for further guidance.	
Non Cash Contributions	\$ _____
Please see page 10 for further guidance.	
Volunteer Mileage Driven _____	

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 to have a Profit & Loss. If not available, please use the input sheet below.**

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

<b>General Questions: (Required for all) 1.)</b>	
Are you claiming use of a home office?	Yes No <i>If yes...please include Home Office Deduction Worksheet If yes...</i>
2.) Do you have depreciable assets?	Yes No <i>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>

<b>Income Questions: (Required if no Profit &amp; Loss)</b>		Y / N
Total Sales _____	Do you know what your business is worth if sold?	Y N
Other Income _____	Would you like to know?	Y N

<b>Cost of Goods Sold: (Required if no Profit &amp; Loss)</b>		Y / N
Beginning Inventory _____	Do you have employees other than yourself?	Y N
Purchases _____	Do you use subcontractors?	Y N
Cost of Labor Materials _____	Do you do your own payroll?	Y N
and Supplies Ending _____	Would you consider outsourcing payroll to us?	Y N
Inventory _____		

<b>General Expenses: (Required if no Profit &amp; Loss)</b>			
Advertising	\$ _____	Rent or Lease	\$ _____
Auto Expenses	\$ _____	a.) Vehicles, Machinery	\$ _____
(other than Mileage)	\$ _____	b.) Other	\$ _____
Commissions	\$ _____	Repairs & Maintenance	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Depletion	\$ _____	Taxes & Licenses Travel	\$ _____
Depreciation (Need Sched)	\$ _____	Meals (Total) Utilities	\$ _____
Employee Benefit Programs	\$ _____	Wages	\$ _____
Insurance (Other than Health)	\$ _____	Other:	\$ _____
Interest	\$ _____		\$ _____
a.) Mortgage	\$ _____		\$ _____
b.) Other	\$ _____		\$ _____
Legal & Professional	\$ _____		\$ _____
Office Expense	\$ _____		\$ _____
Payroll to Yourself	\$ _____		\$ _____
Payroll to Children under 18	\$ _____		\$ _____
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

**Standard Option - Deduction Expenses:**

	2018
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: \_\_\_\_\_  
 Taxpayer Name: \_\_\_\_\_

**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 \_\_\_\_\_

3. Do you have depreciable assets? Yes No *If yes...please provide a detailed depreciation schedule.*

*The schedule should include: (Prior year detail is preferred)*

- Asset Description
- Date Placed in Service
- Cost
- Accumulated Depreciation
- Method of Depreciation and Years

Income:	2018
Rents Received	\$ _____
Royalties	\$ _____

Property Expense:	2018	
Advertising	\$ _____	Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page No need to re-write here <u>as long as info is easily readable by tax preparer</u>  * Use a separate Worksheet for <b>EACH</b> property
Cleaning/Maintenance	\$ _____	
Commissions	\$ _____	
Insurance	\$ _____	
Legal and Other Professional	\$ _____	
Management Fees Qualified	\$ _____	
Mortgage Interest Other	\$ _____	
Interest	\$ _____	
Repairs	\$ _____	
Supplies	\$ _____	
Real Estate Taxes	\$ _____	
Other Taxes	\$ _____	
Utilities	\$ _____	
Other:	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

**Assets**

Depreciation (Please provide detailed schedule - see above)

New Assets Placed in Service This Year:

Description	Date Placed in Service	Purchase Amount
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____
5 _____	_____	\$ _____

## 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 (signature & print) \_\_\_\_\_ Date \_\_\_\_\_

Spouse (signature & print) \_\_\_\_\_ 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.