2017

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MANDATORY PAGE

Your Information:

Name ___________________________________
Date of Birth ___________________
Occupation _____________________

REQUIRED BY THE STATE OF OHIO:

What is your driver's license #? _____________
Issuing State: ____________________
Issue Date: ______________________
Expiration Date: ___________________

Spouse's Information

Name _______________________________
Date of Birth ___________________
Occupation_____________________

REQUIRED BY THE STATE OF OHIO:

What is your driver's license #? _____________
Issuing State: ______________
Issue Date: ________________
Expiration Date: ___________________

Marital Status
at 12-31-17: ❍ Single ❍ Married ❍ Divorced ❍ Legally Separated ❍ Widowed

Exact City of Residence _______________________________(NOT YOUR MAILING ADDRESS)
Is this a Township? _____________________________
School District Name ____________________________
If you moved during the year, when did you move? _____________________________

What is your email address? _________________________________
Daytime Phone # ______________ Evening Phone #______________ Cell Phone #______________
Can we text you on your cell? ❍ Yes ❍ No If yes, who is your cellular provider?_______________
Circle the best way to reach you: Email, Daytime phone, Evening phone, Cell, Text

Do you authorize us to discuss this return with IRS? ❍ Yes ❍ No

When your taxes are done, you would like to:
- ❍ Pick them up
- ❍ Have them mailed to you
- ❍ Schedule a meeting to discuss results
- ❍ Other

Have you signed and included the 2017 engagement letter with this page? ❍ Yes ❍ No

IMPORTANT QUESTIONS:

Yes

- ❍ Can you be claimed as a dependent by another taxpayer for 2017?

- ❍ Do you want to allocate $3 to the Presidential Election Campaign Fund? ❍ Spouse?
- ❍ Do you want to allocate $1 to the Ohio Political Party Fund? ❍ Spouse?

- ❍ Were there any changes in dependents from the prior year? List additions or deletions:

  Full Name____________________ DOB__________ SS#____________________
  Full Name____________________ DOB__________ SS#____________________

- ❍ Do you have any physically or mentally disabled children?

- ❍ Were any of your dependent children 19 years of age or older at the end of 2017? If yes, were they full time students? Were all of your students under age 24?

- ❍ Did you have any dependent children with interest and dividend income or capital gains totaling in excess of $2,000?
- ❍ Did you have any **foreign** income or financial assets in a foreign country, such as a bank account, securities account, or rental property? (if yes, and your aggregated balance of $10,000 or more at any point during the year…then we need to talk!)
- ❍ Did you transfer your home or other property to your child or other family member in 2017?

- ❍ Did you or your spouse make any **gifts** to an individual other than your spouse that totaled $14,000 or more?
- ❍ Did you **refinance** your home in 2017? If so, what were the proceeds used for?
- ❍ Did you, your spouse and your dependents have **health insurance** coverage all 12 months of 2017? (attach Form 1095, if received). If you did NOT have insurance for each month of 2017, you must pay a penalty unless you qualify for an exception).

IMPORTANT INCOME QUESTIONS:

Yes	INCOME – Mark and INCLUDE PAPERWORK if you had . . .
❍	**Wages** (attach all W-2s)
❍	**Interest** or D**ividend** income (attach all 1099s)
❍	**Alimony** income
❍	**Business** income (attach sales and expense summary from sole proprietorship)
❍	Any business income or payments received through credit card transactions from your customers (attach 1099-Ks)
❍	**Stock** sales (attach broker 1099-B package)
❍	IRA, pension, annuity, or other **retirement** distributions (attach all 1099-Rs)
❍	**Rental** or **Royalty** income and expense per property
❍	**Partnership** or **S Corporation** income (attach all K-1s)
❍	**Estate** or **trust** income (attach all K-1s)
❍	**Unemployment** compensation (attach Form 1099-G)
❍	**Social Security** benefits or **Disability** income (attach Form SSA-1099)
❍	Had payments to and/or withdrawals from an **HSA** (Attach Details)
❍	Unreported **tip** income of $20 or more in any month
❍	**Gambling** winnings (attach Form W-2G). Also, attach win/loss statement from casino.
❍	Distributions from an Education Savings Account or a Qualified Tuition Program (529 Plan) (Attach supporting documentation from administrator)
❍	Any other income not mentioned above (please provide all relevant documentation)

IMPORTANT DEDUCTION QUESTIONS:

Yes	DEDUCTIONS & CREDITS – **Mark and INCLUDE PAPERWORK if you had...**
❍	Paid **alimony** (please include recipient's Name and Social Security #) Name ____________________ SS#______________ Amount Paid __________
❍	Made any **IRA** contributions for 2017? If YES… …was it Traditional or Roth?____________ Spouse?____________ …how much did you contribute___________ Spouse? ____________ (Do you still plan to make a 2017 contribution? If so, it must be made by 4/17/18)
❍	Paid student loan interest (attach Form 1098-E)
❍	Paid **tuition** expenses for college, or vocational school (attach Form 1098-T because we need the schools' tax ID#). Please include tuition amounts you paid or that which your student loans paid in 2017.
❍	Made contributions to a college tuition Sec. **529 Plan** (attach paperwork)
❍	Had **medical** expenses for 2017 (attach a list of what you paid)
❍	Paid **health insurance** or **long-term care** premiums (attach list of payments)
❍	Paid **mortgage** interest, home equity interest or PMI (attach Form 1098)
❍	Paid **real estate taxes** directly to county or stated as a part of mortgage year-end information (attach list of payments or Form 1098)
❍	Made **charitable contributions**. Provide a list of recipients. Remember, IRS requires you to keep both cancelled checks and thank you letters from charities.
❍	Given non-cash contributions. If market value over $500, please provide us with dated receipts, a list of items donated, and amounts.
❍	Incurred **Child Care** costs (MANDATORY INFORMATION NEEDED) Child Care Provider ____ Federal ID # ____________________ Amount Paid _________________ Address ____ For which child? _____________________________________
❍	Used your car on the job for which you were not reimbursed or only partly reimbursed. If so, we need: **Business miles** 2017: _____________ Total miles 2017: _____________
❍	Any other deductions or credits not mentioned above that you want us to consider (please provide all relevant supporting documentation)

ESTIMATED TAX QUESTIONS:

If you made any estimated tax payments for 2017, please fill in the dates and amounts below:

	Federal		State		City	
	Date	Amount	Date	Amount	Date	Amount
Last 2016 Tax Payment made in 2017	______	______	______	______	______	______
1st 2017 Estimate	______	______	______	______	______	______
2nd 2017 Estimate	______	______	______	______	______	______
3rd 2017 Estimate	______	______	______	______	______	______
4th 2017 Estimate	______	______	______	______	______	______
Total Paid for 2017	______	______	______	______	______	______

IF YOU'RE GETTING A REFUND:

Yes

❍ If your result is a refund for your 2017 taxes, do you want the amount to be applied to your 2018 estimated tax (instead of being refunded)?

❍ If you want your refund, would you like to get an old-fashioned **paper** check?

❍ Would you like it **directly deposited** into your checking, savings, or IRA account or a combination of the three? If you want *DIRECT DEPOSIT* and your information is not the same as last year we need a voided check or the information below:

Bank Name ________________________________

Routing Number ________________________________

Account Number ________________________________

Type of Account ***(CIRCLE ONE)*** ***Checking*** ***Savings*** ***IRA***