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December 2019

Dear Prospective client:

The holiday season is upon us. As another year winds down, it is now time to complete our planning for 2019, start gathering organizing the information to properly complete your 2019 income tax return and jump into planning for 2020.

To assist you in meeting these objectives, we have included a tax checklist for you to complete and a memo highlighting many of the important changes in the tax laws that may affect you. As you go through the checklist, please keep the following in mind:

- 1. If any information does not apply to you or is incorrect simply cross it out or make any necessary corrections.
- 2. Please be as detailed as possible. Keep in mind that the more information you supply and the better prepared you are, the more accurate your return will be and the greater chance we have to save you tax dollars.
- 3. If you have any questions or need assistance in completing the planner, please don't hesitate to contact us.

Tax planning continues to become much more complex and requires an examination of facts and circumstances. The tax laws continue to become increasingly complicated so it is important that we work as a team to save you the most tax dollars possible. If you need further assistance in personal and/or business planning, we offer a broad range of tax, accounting, computer, and financial services and would gladly discuss this with you.

We are looking forward to working with you in the coming months. We wish you and yours an enjoyable holiday season and a prosperous new year.

Sincerely, Mil Dkul

Neil S. Kahn

Neil S. Kahn, P.C.

Certified Public Accountants

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QUESTIONS

If any of the following items pertain to you or your spouse for the year 2019, check the appropriate box and include all pertinent details and statements.

PERSONAL	INFORMAT	ION																_		_		_
Did your	address	chai	nge:	?	•••	•••	• • •	• •		••	• •	••	• •	•••	••	• • •	• • •		YES [3	N [)
New	Address:																					-
Current	telephone	nui	mbei	rs:																		
	Home																					_
	Work (Tax Work (Spo		-																			-
	Cell (Tax Cell (Spc																					-
	E-Mail Ad E-Mail Ad																					-
What is	your date	of	bi	rth	? _																	
	your spou																					
Did your	marital	sta	tus	ch	ang	re d	uri	.ng	t	he	У	ea	r?	• • •	• •	• •	• • •	•	[]	[]
Drivers	License:	(If	rei	new	ed	dur	ing	, t	he	Y	еа	r,	p.	lea	se	uj	oda	ate	∋)			
Taxpayer	[][][][][1[][][][]	[]	[]	[][]						
Issue	Date	[][]	[1	[][][]									
Expira	tion Date	[1[]	[1	[][][]									
Issuan	ce State	[][]																		
Spouse	11 11 1][][][][1[10	.]	[]]]	[][]						
Issue	Date	[][]	[1	[][][]									
Expira	tion Date	[][]	[1	[][][]									
Issuan	ce State	[][]																		
Financia	l Institu	tio	n:_															_				
Routin	g number:	[]	[]	[] [1	[]	[]	[]	[]	[]						
Checki	ng number	: []	[]	[] []	[]	[]	[]	[]	[]	[]	[]	[]
Saving	s number:	[]	[]	[] []	[]	[]	[]	[]	[]	[]	[]	[]
Did +h	is inform	a+i4	on 4	rha:	nae	. fr	∩m	l a	a+	7,7		ro							г	1	г	1

GENERAL	ΥI	ES	N	10
Do you wish to designate \$3 to the Presidential Election Campaign Fund? Does your spouse wish to designate \$3 to the Presidential	[]	[]
Election Campaign Fund?]	[]
Were you notified by the Internal Revenue Service or other taxing agency of changes to a prior year's return?]	[]
ELECTRONIC FUNDS				
If you are entitled to a refund, do you want the taxing authorities to direct deposit this refund? If so, please provide: Percentage to checking Percentage to savings Total 100%	[]	[]
If a payment is due with the filing of your tax return, wo you like to use electronic funds withdrawal? If yes, this will occur on April 15 th unless you choose and	[otl] ner	•	
date. Would you like a different withdrawal date?	[]	[]
DEPENDENTS				
Are there any changes in dependents from the prior year? Are any of your dependents filing their own tax return or]	[]
have over \$1,100.00 of unearned income?]	[]
with you?	[]	[]
PURCHASES, SALES AND DEBT				
Did you sell, purchase or exchange any real estate		_	_	
during the year? If yes, attach closing statements Did you refinance the mortgage on your personal residence				
or take out a home-equity loan in 2019?	[]	[]
Did you have uncollectible debts or securities that became totally worthless during the year?	[]	[]
receive payments in future years?	[]	[]
refinanced during the year?	[]	[]
interest in a partnership or S corporation during 2019? Did you sell any rental property or an existing interest	[]	[]
in a partnership or S corporation during the year? Did you start a new business during the year?]]]]

RETIREMENT PLANS	YI	ΞS	N	10
Did you receive any money from a pension plan, profit- sharing plan, or IRA during the year?	[]	[]
retirement plan for which contributions are deductible? Did you or your spouse set up a Coverdell (educational)	_]	_	_
IRA during 2019 for anybody? Did you make any contributions to an education savings or 529 Plan account?	[]]
Do you or your spouse presently own an IRA? Did you or your spouse withdraw monies from an IRA to purchase a principle residence, pay for education	Ī	j	[]
expenses, or to pay medical expenses?	[]	[]
OTHER INCOME				
Did you receive any Social Security benefits? Did you receive any disability payments this year? Did you receive any alimony or maintenance payments?	[]	[]
Did you receive any money from educational savings plans? Attach Form 1099-Q				
DEDUCTIONS				
Did you receive a penalty on early withdrawal of savings? Did you pay alimony or separate maintenance payments? Did you pay any student loan interest during the year? Did you make any noncash charitable contributions? Do you have evidence to substantiate charitable]]	Ī]
contributions?]]]]
Tax law and IRS regulations allow a deduction for expendit with respect to vehicle expense, travel away, meals and lo away from home, and certain business gifts only if substant of the item can be provided by adequate records or suffici corroborative evidence. Information that must be available includes:	dg ti en	in at	g	n
Amount Time and place of travel or meal Date and description of a gift Business purpose Business relationship to the person				
Do you have any substantiation, as previously described, for vehicle, travel and gift expenses to be deducted Is this substantiation in the form of written	[]	[]
documentation?	[]	[]
gift expenses from your employer? Did you make any payments in 2019 that would require you	[]	[]
to file Form(s) 1099?]]	-]

CREDITS		YI	ES	N	O
Did you pay for child or dependent ca Did you pay an individual for domesti		[]	[]
in your home?	_]	[]
during 2019?	nd fees in a degree	[
or certificate program during 2019? If so, you must attach Form 1098-T. Did you make energy efficient improve	Is 1098-T attached?.] []	[]
residence during 2019?		[]	[]
HEALTH CARE COVERAGE					
Were you and your dependents covered health coverage for the entire year Did you or your dependents receive an	:?]	[]
or 1095-Cs? If yes, please provide]	[]
FOREIGN ACCOUNTS AND TRUSTS					
Did you have a financial interest in over a foreign financial account du Did you receive a distribution from,	ring the year?	_[]	[]
of, or transferor to, a foreign tru				[]
I understand that my tax returns will I provide you through written and ver this information will not be verified	bal communications an				
To the best of my knowledge, the info	ormation above is accu	ra	te	•	
Signature of Taxpayer Si	gnature of Spouse				

GENERAL							
Taxpayer and Spouse:	Social Security Number	Date of Birth	Occupation				
Dependents:	Social Security Number	Date of Birth	Relationship				
Federal Estimated Tax Pay	ments:						
April 15, 2019							
June 15, 2019							
September 15, 2019							
January 15, 2020							
State Estimated Tax Payme	ents:						
April 15, 2019							
June 15, 2019							
September 15, 2019							
December 31, 2019							
January 15, 2020							
.							
City Estimated Tax Paymen	its:						
April 30, 2019							
June 30, 2019							
September 30, 2019							
December 31, 2019							
January 31, 2020							
<u> </u>							
Do vou expect your 2020 t	caxable income to be generally	v the same as 2019?	·				
If no, explain the d		(
· · · · · · · · · · · · · · · · · · ·							

INCOME	2019	2018
Wages (Itemize; attach W-2's)		
Interest income (Itemize; attach 1099's)		
If receiving money on land contract, list name, addr	ess, and social	1
security number of payer:		
Tax-Exempt Interest Income (Itemize; Do not include	IRA earnings)	
-		
Any interest penalty due to early withdrawal		
of savings?		

INCOME		2019		2018
Dividend Income (Itemize; attach 10				
	Ordinary	Capita		
	Gain	Gain	Taxable	
			2019	2018
S Corporation Income (Itemize; atta	ah statomont)		2019	2010
S Corporation income (Itemize, acta	cii scacemenc)			
Partnership Income (Itemize; attach	statement)			

INCOME	2019	2018	
State tax refunds			
Michigan Homestead property tax rebate			
Local tax refunds			
Business income (Fill in appropriate schedule)			
Commissions & fees (Itemize; attach statements)			
Gains & losses (Fill in appropriate schedule)			
Rents (Fill in appropriate schedule)			
Royalties			
Alimony received			
Unemployment Compensation			
Lottery Winnings			
Pensions & IRA's (Itemize; attach statements)			
Social Security Benefits			
Taxpayer			
Total			
Medicare withheld			
Spouse			
Total			
Medicare withheld			
Disability income			
VA benefits			
Inheritance			
Gifts			
Insurance proceeds			
Legal settlements			
Aid to dependent children			
Child support			
Gambling Winnings (attach statements)			
Other (Itemize; attach statements)			
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INCOME- BUSINESS	2019	2018
Income		
Gross Receipts or Sales		
Other Income (Itemize)		
Expenses		
Advertising		
Bank service charges		
Car expenses (fill in schedule following)		
Casual labor		
Client costs		
Continuing education		
Dues and publications		
Entertainment		
Freight		
Insurance		
Auto		
Errors and omissions		
Fire and liability		
Employee health		
Workman's compensation		
Interest		
Laundry and cleaning		
Leased equipment		
Lodging		
Meals and entertainment		
Office expense and supplies		
Overhead Expenses		
Printing		
Promotion		
Professional		
Rent		
Repairs and maintenance		
Taxes & Licenses		
Supplies		

INCOME- BUSINESS	2019	2018
Expenses (con't)		
Taxes-Payroll		
-Sales		
-Personal Property		
-Other		
Telephone		
Business		
Home (must attach copy of one month stmt)		
Cell (must attach copy of one month stmt)		
Travel		
Utilities		
Wages		
Materials purchased		
Miscellaneous (Itemize)		
Capital expenditures/deletions		
(Attach statements)		

INCOME- BUSINESS	2019	2018
Automotive Expense		
If expenses pertain to more than one automobile,		
list each separately		
Vehicle #1		
Gas, oil, lubrication		
Repairs		
Tires, supplies, etc.		
Insurance		
Tags and license		
Lease payments- Attach copy of lease		
Other (Itemize)		
Date placed in service		
Total miles driven in 2019		
Business miles		
Average daily round trip commuting distance		
Total commuting miles		
Other personal miles		
Is another vehicle available for personal use?		
Vehicle #2		
Gas, oil, lubrication		
Repairs		
Tires, supplies, etc		
Insurance		
Tags and license		
Lease payments- Attach copy of lease		
Other (Itemize)		
Date placed in service		
Total miles driven in 2019		
Business miles		
Average daily round trip commuting distance		
Total commuting miles		
Other personal miles		
Is another vehicle available for personal use?		

RENTAL INCOME	2019	2018
Property Description		
Rent Received		
Other Income (Itemize)		
Expenses		
Advertising		
Association fees		
Automotive expenses		
Casual labor		
Cleaning and maintenance		
Commissions		
Depreciation expense or depletion		
Entertainment		
Insurance		
Inspections		
Management fees		
Office expenses and supplies		
Pest control		
Postage		
Promotion		
Professional		
Repairs		
Supplies		
Taxes		
Telephone		
Travel		
Utilities		
Wages		
Building improvements		
Attach statements		
Was this property used as a vacation home rented		
to others?		
Number of days occupied by you		
Number of days rented at fair market value		
		1

ITEMIZED DEDUCTIONS	2019	2018
Medical		
Doctors, Dentists, nurses, etc		
Hospitals		
Transportation		
Eyeglasses		
Hearing aids		
Health insurance premiums		
Long term care premiums		
Taxpayer		
Spouse		
Medicine and drugs		
Medical supplies (Itemize)		
Number of miles driven for medical purposes		
Any reimbursement for above expenditures?		
Taxes		
State income tax		
Local income tax		
Real Estate taxes (Itemize)		
Sales tax paid on purchase of motor		
vehicles, boat, and airplane		
Personal Property (License plates)		

ITEMIZED DEDUCTIONS		2019	2018
Interest Expense			
Home Mortgage (Attach Form 109	8)		
Other Loans (Itemize)	Purpose of Loan		
	1		
If paying on land contract, list	t name, address		
and social security number			
and Social Security number			

ITEMIZED DEDUCTIONS	2019	2018
Contributions		
Cash contributions without receipts (Itemize)		

IEMIZED DEDUCTIONS	2019	2018
Contributions		
Non-cash contributions (Itemize)		
Name and address of donee organization		
Date(s) of contribution		
Date(s) acquired by you (month and year)		
How you acquired it		
Your cost or adjusted basis		
Fair market value		
Method used to determine fair market value		
Use a separate worksheet for each type of		
Item or each contribution date		
	I.	I .

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ADJUSTMENTS TO INCOME	2019	2018
Payments to Health Savings Account		
(attach Form 5498-SA)		
Distributions from Health Savings Account		
(attach Form 1099-SA)		
Payments to Traditional IRA's		
Taxpayer Year Made		
Spouse Year Made		
If you think a portion of your contribution is		
going to be non-deductible, you must attach		
all your December 31, 2019 IRA statements		
Payments to Roth IRA's		
Taxpayer		
Spouse		
Payments to Keogh Plan		
Payments to Simplified Employee Pension (SEP)		
Alimony Paid		
Ex-Spouse's name		
Social Security Number		
Student Loan Interest		
Name of student		
Name of financial institution		
Date of first payment		
Teaching supplies not reimbursed by Employer		

		1
CREDITS	2019	2018
Child and Day Care Expenses		
Name of child(s)		
Age of child(s)		
Relationship to Taxpayer		
Persons or organization who provided care		
Name:		
Address:		
Identification number (SSN or EIN)		
Amount paid:		
Period of Care: From: To:		
Persons or organization who provided care		
Name:		
Address:		
Identification number (SSN or EIN)		
Amount paid:		
Period of Care: From: To:		
Amount reimbursed by employer not reported		
on Form W-2		
Residential Energy Credits		
Energy property costs paid during 2019		
Insulation material or system primarily		
designed to reduce loss or gain		
Exterior windows and skylights		
Exterior doors		
Certain pigmented coated metal roofs		
Advanced main air circulating fan		
Qualified natural gas, propane, or oil		
furnace or hot water boiler		
Heat pumps, water heaters, central air		
Conditioners that meet certain requirements		
Amount of credit reported on 2006 - 2018 returns		

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CREDITS	2019	2018
Hope Scholarship, Lifetime Learning and American		
Opportunity Credits (Itemize: attach statements)		
Name of student		
Name of college or institution		
Cost of tuition and tuition related fees		
Date paid		
Date paid		
Did the student receive any grants or scholarships?		
Name of student		
Name of college or institution		
Cost of tuition and tuition related fees		
Date paid		
Date paid		
Did the student receive any grants or scholarships?		
Withdrawals from education savings accounts		
(attach Form 1099-SA)		
Name of student		
Name of organization		
Amount		
Did the student receive any grants or scholarships		
Taxable Value of personal residence		
Amount paid to Michigan Educational Plans		
Michigan Rental Credit		
Amount of monthly rent		
Number of months rented		
Landlord's name and address		
(If more than one rental property, attach		
separate sheet)		