## NEIL S. KAHN, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

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December 2018

Dear Prospective client:

The holiday season has arrived which means that the year is coming It is now time to finalize our planning for 2018, start assembling and organizing the necessary information to properly complete your 2018 income tax return and begin planning for 2019.

To assist you in meeting these objectives, we have included a 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 checklist, please don't hesitate to contact us.

Tax planning has become much more complex and examination of facts and circumstances. As the tax laws continue to become increasingly complicated, 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 wish you and everybody around you a great holiday season and hope the outlook for the coming year is a bright one.

Sincerely,

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 2018, check the appropriate box and include all pertinent details and statements.

PERSONAL INFORMATION YES NO
Did your address change? [ ] [ ]  New Address:
Current telephone numbers:
Home
Work (Taxpayer) Work (Spouse)
Cell (Taxpayer) Cell (Spouse)
E-Mail Address E-Mail Address
What is your date of birth?
What is your spouse's date of birth?
Did your marital status change during the year? [ ] [ ]
Drivers License: (If renewed during the year, please update)
Taxpayer [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Issue Date [ ][ ][ ] [ ][ ]
Expiration Date [ ][ ][ ] [ ][ ]
Issuance State [ ][ ]
Spouse [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Issue Date [ ][ ][ ] [ ][ ]
Expiration Date [ ][ ][ ] [ ][ ]
Issuance State [ ][ ]
Financial Institution:
Routing number: [][][][][][][][]
Checking number: [][][][][][][][][][]
Savings number: [][][][][][][][][][][]
Did this information change from last year?

ELECTRONIC FUNDS	YF	ΞS	1	10
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, wor you like to use electronic funds withdrawal?  If yes, this will occur on April 15th unless you choose ano date. Would you like a different withdrawal date?	[ th	1	•	_
HEALTH CARE COVERAGE				
Were you and your dependents covered by minimal essential health coverage for the entire year?	В			
DEPENDENTS				
Are any of your dependents filing their own tax return or have over \$1,050.00 of unearned income?	]	]	[	]
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 2018?		]		
If yes, attach closing statements.  Did you have uncollectible debts or securities that became totally worthless during the year?				
Did you sell any property in 2018 for which you will receive payments in future years?	[	]	Į	]
Did you have any debts cancelled, forgiven, or refinanced during the year?	[	]	E	7
	[	]	I	]
in a partnership or S corporation during the year?  Did you start a new business during the year?	[	]	[	]

RETIREMENT PLANS	Y	ES	]	ИО
Did you receive any money from a pension plan, profit- sharing plan, or IRA during the year?  Have you or your spouse established a self-employed retirement plan for which contributions are deductible?  Did you or your spouse set up a Coverdell (educational) IRA during 2018 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 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	E.	]	]	]
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	]	]	[	]
Contributions?  Did you make gifts of more than \$15,000.00?	] [	]	[ [	]
Tax law and IRS regulations allow a deduction for expendit with respect to vehicle expense, travel away, meals and low away from home, and certain business gifts only if substant of the item can be provided by adequate records or sufficient corroborative evidence. Information that must be available includes:  Amount	dg. ti: en	in at:	OT.	n
Time and place of travel or meal Date and description of a gift Business purpose Business relationship to the person				
Is this substantiation in the form of written	Ĺ	]	[	]
documentation?  Did you receive any reimbursement for vehicle, travel and	Ţ	Ţ	]	]
gift expenses from your employer?	[	]	[	]
to file Form(s) 1099?	[	]	Į.	]

CREDITS		YES	NO
Did you pay for child or dependent Did you pay an individual for domes	tic services performed		[ ]
in your home?  Did you purchase a new hybrid or al during 2018?	ternative motor vehicle		
Did you pay post-secondary tuition or certificate program during 201	and fees in a degree	[]	
Did you make energy efficient improresidence during 2018?	vements to your main		
FOREIGN ACCOUNTS AND TRUSTS		**	
Did you have a financial interest i over a foreign financial account Did you receive a distribution from of, or transferor to, a foreign t	during the year? , or were you the granto	[ ] or	
I understand that my tax returns wi I provide you through written and v this information will not be verifi	erbal communications and	ormat l tha	tion at
To the best of my knowledge, the in	formation above is accur	ate.	
Ci an a trusta of Management			
Signature of Taxpayer	Signature of Spouse		

Taxpayer and Spouse:	Social Security Number	Date of Birth	Occupation
			o o o o o o o o o o o o o o o o o o o
Dependents:	Social Security Number	Date of Birth	Relationshi
		7000	
Federal Estimated Tax Pay	ments:	7150010001	<u></u>
			·····
April 15, 2018			
June 15, 2018			
September 15, 2018			
January 15, 2019			
	nts:		
State Estimated Tax Payme	nts:		
State Estimated Tax Payme April 15, 2018	nts:		
State Estimated Tax Payme  April 15, 2018  June 15, 2018	nts:		
State Estimated Tax Payme  April 15, 2018  June 15, 2018  September 15, 2018	nts:		
State Estimated Tax Payme  April 15, 2018  June 15, 2018	nts:		
State Estimated Tax Payme  April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018	nts:		
State Estimated Tax Payme  April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019			
April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019			
April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019			
April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019  City Estimated Tax Payment			
April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019  City Estimated Tax Payment  April 30, 2018			
April 15, 2018  June 15, 2018  September 15, 2018  December 31, 2018  January 15, 2019  City Estimated Tax Payment  April 30, 2018  June 30, 2018			
April 15, 2018 June 15, 2018 September 15, 2018 December 31, 2018 January 15, 2019 City Estimated Tax Payment April 30, 2018 June 30, 2018 September 30, 2018			
April 15, 2018 June 15, 2018 September 15, 2018 December 31, 2018 January 15, 2019 City Estimated Tax Payment April 30, 2018 June 30, 2018 September 30, 2018 December 31, 2018			

	2018	2017
Wages (Itemize; attach W-2's)		
	:	
Interest income (Itemíze; attach 1099's)		
	WWW.ALD.L.L.	
		, , , , , , , , , , , , , , , , , , , ,
	TALL	
If receiving money on land contract, list name, add	lress, and social	
security number of payer:		
	IRA earnings)	
Pax-Exempt Interest Income (Itemize; Do not include	IRA earnings)	
Pax-Exempt Interest Income (Itemize; Do not include	IRA earnings)	
Fax-Exempt Interest Income (Itemize; Do not include  ny interest penalty due to early withdrawal  of savings?	IRA earnings)	
d'ax-Exempt Interest Income (Itemize; Do not include	IRA earnings)	

INCOME		2018		2017
Dividend Income (Itemize; at	tach 1099's)			
	Ordinary	Capital	Non-	
	Gain	Gain	Taxable	
			·····	
		***************************************		
			· · · · · · · · · · · · · · · · · · ·	***************************************
		<u> </u>		
			2018	
S Corporation Income (Itemize	: attach statement)		2018	2017
	, and the second control of			
Partnership Income (Itemize; a	attach statement)			
(2004)	acacement)			
	- Milatel			
		\$	}	

INCOME	2018	2017
State tax refunds		2021
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	The state of the s	
Alimony received		
Unemployment Compensation		,
Lottery Winnings		
Pensions & IRA's (Itemize; attach statements)		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Social Security Benefits		
Taxpayer	NATIONAL INC.	
Total		
Medicare withheld	F1100000000000000000000000000000000000	
Spouse	NO. 100 100 100 100 100 100 100 100 100 10	
Total		
Medicare withheld		***************************************
Disability income		
VA benefits		
Inheritance		
Gifts		
Insurance proceeds	PINONE - POORING OF THE PROPERTY OF THE PROPER	
Legal settlements		
Aid to dependent children		
Child support		
Gambling Winnings (attach statements)		
Other (Itemize; attach statements)		
		<u> </u>

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INCOME- BUSINESS	2018	2017
Income		
Gross Receipts or Sales		
Other Income (Itemize)		1
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	2018	2017
Expenses (con't)		
Taxes-Payroll		
-Sales		
-Personal Property		
-Other		
		~~1
Telephone	:	
Business		· · · · · · · · · · · · · · · · · · ·
Home (must attach copy of one month stmt)		
Cell (must attach copy of one month stmt)		***************************************
Travel		, and the second
Utilities		1
Wages		
Materials purchased		
Miscellaneous (Itemize)		
Capital expenditures/deletions		
(Attach statements)		
		<u> </u>
	Annual Control	

INCOME- BUSINESS	2018	2017
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)	700,000	
	-	TRAINION ACC.
Date placed in service		TARRESTANCE - FEMALIS
Total miles driven in 2018		
Business miles		
Average daily round trip commuting distance		
Total commuting miles		
Other personal miles		
Is another vehicle available for personal use?		
Pehicle #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 2018		
Business miles		
Average daily round trip commuting distance		TOTAL CONTRACTOR
Total commuting miles		
Other personal miles		
Is another vehicle available for personal use?		

RENTAL INCOME	2018	201
Property Description		
Rent Received		7777
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		

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ITEMIZED DEDUCTIONS	2018	2017
Medical		
Doctors, Dentists, nurses, etc		
Hospitals		***************************************
Transportation		
Eyeglasses		***************************************
Hearing aids		
Health insurance premiums		
Long term care premiums		
Taxpayer	1	
Spouse		1/0/01/del = 0-1
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)		The second secon
	100000000000000000000000000000000000000	**************************************
Sales tax paid on purchase of motor		
vehicles, boat, and airplane		
		······································
	1	
Personal Property (License plates)		

ITEMIZED DEDUCTIONS		2018	2017
Interest Expense			
Home Mortgage (Attach Form 109	98)		
			······
			***************************************
,	- CONTRACTOR CONTRACTO		
	- POPPOPOWARIANA AND A POPPOPOWARIA		
	0001990(WARANA)		
Other Loans (Itemize)	Purpose of Loan		
			100000000000000000000000000000000000000
			***************************************
			······································
		4000	, , , , , , , , , , , , , , , , , , ,
	**************************************	TO INTO MANAGEMENT OF THE PROPERTY OF THE PROP	
			~ <del>                                    </del>
	PROPOSITION 410 40 40 40 40 40 40 40 40 40 40 40 40 40		
	Annual Na Carlotte Ca		
If paying on land contract, list	name, address		
and social security number			
		- Capalania	
	THE PART OF THE WAY		

ITEMIZED DEDUCTIONS	2018	2017
Contributions		
	7-7-7-1711745-11117-1	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
	0,000,000	NA N
	NAME	
		}
		·
	CONTRACTOR AND	
		**************************************
Cash contributions without receipts (Itemize)		
		<u></u>

IEMIZED DEDUCTIONS	2018	2017
Contributions		
Non-cash contributions (Itemize)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	1,000	
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	1	
Method used to determine fair market value		
		·
Use a separate worksheet for each type of		
Item or each contribution date		

ADJUSTMENTS TO INCOME		
Payments to Health Savings Account	2018	2017
(attach Form 5498-SA)	4 0000 1 d 1 0 d 1	
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, 2018 IRA statements		
		· · · · · · · · · · · · · · · · · · ·
Payments to Roth IRA's	, , , , , , , , , , , , , , , , , , ,	
Taxpayer		
Spouse		
Payments to Keogh Plan		
Payments to Simplified Employee Pension (SEP)		
Alimony Paid		//www.
Ex-Spouse's name		
Social Security Number		
Student Loan Interest		
Name of student		
Name of financial institution	·	
Date of first payment		
Feaching supplies not reimbursed by Employer		

CREDITS	2018	2017
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:		
Total State of Francisco		
Persons or organization who provided care		
Name:		TREE TO THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE
Address:	-	
		, <u>, , , , , , , , , , , , , , , , , , </u>
Identification number (SSN or EIN)		
Amount paid:		
Period of Care: From: To:		, , , , , , , , , , , , , , , , , , ,
Amount reimbursed by employer not reported	333000000000000000000000000000000000000	
on Form W-2		
	- ANNOUNCE OF THE PARTY OF THE	
Residential Energy Credits		
Energy property costs paid during 2018		
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		1000
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 - 2017 returns		

CREDITS	2018	2017
Hope Scholarship, Lifetime Learning and American		
Opportunity Credits (Itemize: attach statements)		
Name of student		
Name of college or institution	10011000011	
Cost of tuition and tuition related fees		77/2/2/2/2/2
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	A A A A A A A A A A A A A A A A A A A	***************************************
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)		
		77771717171
		- FWINISH