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2018

MANDATORY PAGE

Your Information:

Name ______________________________
Date of Birth ________________
Occupation ___________________

REQUIRED BY YOUR STATE:

What is your driver's license #? ____________
Issuing State: __________________
Issue Date: ____________________
Expiration Date: ________________

Spouse's Information

Name ___________________________
Date of Birth ________________
Occupation___________________

REQUIRED BY YOUR STATE:

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

Marital Status
at 12-31-18: ❍ 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
Circle the best way to reach you: Email, Daytime phone, Evening phone, Cell phone, Text

Would you like to be a paperless client? ❍ Yes ❍ No
Let us know and we'll email you a link to our secure file website where you can upload all of your documents.

When your taxes are done, you would like to:

- ❍ Pick them up
- ❍ Have them mailed to you
- ❍ Schedule a meeting to discuss results
- ❍ Pdf uploaded to secure website
- ❍ Other ___________________

Have you signed and included the 2018 engagement letter? ❍ Yes ❍ No

IMPORTANT QUESTIONS:

Yes

❍ Can you be claimed as a dependent by someone else for 2018?

❍ 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 2018? Which ones? If yes, were they full time students? Were all of your children under age 24?

❍ Did you have any dependent children with interest and dividend income or capital gains totaling in excess of $1,050? If so, include all information for a separate return.

❍ 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 significant property to your child or other family member in 2018?

❍ Did you or your spouse make total **gifts** to an individual other than your spouse that totaled $15,000 or more?

❍ Did you **refinance** your home in 2018? If so, what were the proceeds used for?

❍ Did you, your spouse and your dependents have **health insurance** coverage all 12 months of 2018? (attach Form 1095, if received). If you did NOT have insurance for each month of 2018 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 not included in your W-2 from your employer
❍	**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:

<u>Yes</u> **<u>DEDUCTIONS & CREDITS</u> – Mark and INCLUDE PAPERWORK if you had...**

❍ Paid **alimony**
Name ____________________ SS#______________ Amount Paid __________

❍ Made any **IRA** contributions for 2018? If Yes, Circle & Complete
…was it Traditional or Roth?____________ Spouse?____________
…how much did you contribute___________ Spouse? ____________
(If you did not make it yet, do you still plan to make a 2018 contribution? If so, it must be made by 4/15/19)

❍ 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 2018.

❍ Made contributions to an Ohio college tuition Sec. **529 Plan** (attach paperwork)

❍ Had **medical** expenses for 2018 (attach a list of what you paid, not the receipts)

❍ Paid **health insurance** or **long-term care** premiums (attach list of payments)

❍ Paid **mortgage** interest on a 1st or 2nd home (attach Form 1098). Home equity interest is no longer deductible unless you purchased your home before 1988,

❍ Paid **real estate taxes** (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 for your self-employed business? If so, we need:
Business miles 2018: _____________
Total miles 2018: _____________
(Car used for your job if you're not self-employed is no longer deductible.)

❍ 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 2018, please fill in the dates and amounts below:

	Federal		State		City	
	Date	Amount	Date	Amount	Date	Amount
Last 2017 Tax Payment made in 2018	______	______	______	______	______	______
1st 2018 Estimate	______	______	______	______	______	______
2nd 2018 Estimate	______	______	______	______	______	______
3rd 2018 Estimate	______	______	______	______	______	______
4th 2018 Estimate (Can be in 2019)	______	______	______	______	______	______
Total Paid for 2018	______	______	______	______	______	______

IF YOU'RE GETTING A REFUND:

Yes

- ❍ If your result is a refund for your 2018 taxes, do you want the amount to be applied to your 2019 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***