

PERSONAL INFORMATION	TAXPAYER	SPOUSE						
Name (On file w/ Soc. Sec.)								
Date of Birth (mm/dd/yy)								
Active Vol. Firefighter or Ambulance Worker? Taxpayer Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/>								
E-mail Address								
Occupation/Job Title								
Work Phone/Extension								
Cell Phone								
Home Phone								
Change of Address	Street							
	City	State ZIP code						
REFUND OR AUTOMATIC WITHDRAWAL OF AMOUNTS DUE								
<input type="checkbox"/> Check or <input type="checkbox"/> Direct deposit Voided Check Enclosed <input type="checkbox"/> Did your account change from Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>								
DEPENDENT INFORMATION								
Did your dependents change this year? New Dependent or lose a dependent? List your current year dependents below. Did your dependent file their own tax return? Please provide us with a copy. Before they file their own return verify they are not claiming their own exemption.								
Dependent's Last Name, First Name, Middle Initial	Date of Birth	Social Security Number	Mos. in 2017 lived with you	Child Care Expenses*				
* Provide child care provider's name address and identification number for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job.* Includes day camps, preschool and nursery school.								
BEYOND HIGH SCHOOL EDUCATION TUITION AND FEES/PROFESSIONAL COURSE - Provide us with form 1098T and list dates and amounts of tuition paid, year in school, FT or PT attendance, list amounts paid for Room and Board, include amounts paid with financial aid or student loans, but do not include amounts paid with scholarship money.								
2017 HEALTH INSURANCE QUESTIONNAIRE - REQUIRED								
<input type="checkbox"/> Did you receive a Form 1095-A, 1095-B, or 1095-C for 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, enclose copies) <input type="checkbox"/> Did you have health insurance every month of 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Did your spouse have health insurance every month of 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Did everyone else on your tax return (dependents) have health insurance every month of 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If you answered "Yes", did you have receive premium assistance through a Health Care Exchange? \$_____. If you answered "No" to any of the questions above, can you tell us why that person does not have health insurance? (Check all that apply) <input type="checkbox"/> My employer doesn't offer insurance. <input type="checkbox"/> I might be eligible for Medicaid but haven't applied. <input type="checkbox"/> My employer offers insurance, but it's too expensive. <input type="checkbox"/> I don't want/need insurance. <input type="checkbox"/> I tried to get health insurance but was denied due to my health. <input type="checkbox"/> I receive services at a low-cost or free clinic. <input type="checkbox"/> Insurance is too expensive. <input type="checkbox"/> Other What months didn't you have health insurance? _____								
2017 ESTIMATED TAX PAYMENTS *Please note actual check date								
	Federal	Date Paid	State	ID	Date Paid	Other State/Local	ID	Date Paid
1 st qtr pymt pd	\$		\$			\$		
2 nd qtr pymt pd	\$		\$			\$		
3 rd qtr pymt pd	\$		\$			\$		
4 th qtr pymt pd	\$		\$			\$		
Did you receive a Property Tax Rebate check in 2017? \$_____ Did you pay 2018 Property Tax in 2017? \$_____ Date Pd _____								

WAGE AND TAX STATEMENTS

- Provide all tax statements received including **W-2, W-2G, 1099-R, 1099-INT, & K-1** forms, etc.
- Mortgage & Home Equity Interest** Paid, include Form **1098**.
- Real Estate Taxes (property & school)** Paid in 2017, even if you did not itemize in prior years. List dates and amounts paid.
- Include all **1099-B & 1099-Div** Statements and your **Year end Summary** from Stockbrokers. For stock sales please provide exact dates and amount paid for stock when acquired, including commissions paid.
- Social Security, Unemployment and Disability Benefits** received. Include Form **1099-SSA, 1099-G, etc..**

OTHER DEDUCTIONS

- Cash Contributions.** Must have bank records or written acknowledgment from the charitable organization.
- Noncash Contributions.** Over \$500 Provide written receipt with Name, Address of Organization, Date, & Value.
- Medical, Dental and Eye Expenses** Paid, including laser eye surgery, unreimbursed amts you paid to participate in a program to stop smoking or for prescription medication to alleviate nicotine withdrawal. Do not include nonprescription medications.
- Miscellaneous Unreimbursed Employment Related Expenses** (i.e. Safety Clothes, Tools, Parking Fees, Tolls, Uniforms, Vehicle Expenses, Lodging, Telephone, Meals, Total Miles, Business Miles, Leased Vehicle; mo. pmt. & # of pmts. pd., type of vehicle, Ins. amt. pd.). Please provide us this information in writing.
- Health Ins. Premiums** (Do not include pre-tax withholdings from your paycheck). **Long Term Care Insurance** paid by you.
- Purchased Health Ins. For yourself or a family member through the Health Insurance Marketplace (Exchange).** Attach Form 1095-A, Health Insurance Marketplace Statement.
- Are you a teacher/school professional** and paid for books, supplies, equip. and supp. material used in a classroom or amounts paid for a professional development course related to curriculum or to the students taught. List amounts paid.
- Education Expenses** (Attach Forms 1098-E, 1098-T, 1099-Q), for you, your spouse or your dependents.
- List **Job Search Costs, Safe Deposit Box Fee Paid, Union Dues, Professional Subscriptions.**
- List **Adoption Expenses** paid by date and indicate the following: age of child & status of adoption (i.e. final).
- Contribute to **HSA** for 2017? List amount of contributions paid in: Self \$ _____ Spouse \$ _____ Do not list Employer contributions or amounts you elected to contribute under a cafeteria plan, shown on your W-2. Type of Coverage: Self Family
Amount of Qualified Unreimbursed. Medical Expenses paid \$ _____.
- Moving Expenses** - If Job Related & over 50 miles from your old home to your new workplace.
- Student Loan Interest** Paid in 2017 for yourself, your spouse, or your dependents.

OTHER INFORMATION

- Indicate **Marital Status** as of December 31, if changed from last year (i.e. Single, Married, Legally Separated, Divorced), also indicate if you lived apart from your spouse during the year.
- Amount of **out of state purchases**, which you took delivery in NYS through the Internet, by catalog, television shopping channels or on an Indian reservation and NYS Sales tax has not been paid on these purchases.
- IRA**- Did you contribute or do you plan to contribute before 4/17/18? , Amount \$ _____
Note Distributions, Rollover or Conversions, List type (i.e. Traditional, Roth, Educational IRA) and amount.
- Retirement Contributions/Distributions** - SEP, SEP-IRA, Simple, Etc.
- Alimony** Paid or Received, include name and Social Security Number.
- If you **Sold your Home** during the year please provide us with the following: The selling price, Whether you owned and lived in the home as your main home for at least two years within the five year period ending on the date of sale, and a copy of the Settlement Statement or Statement of Sale from the closing.
- If you **Purchased or Refinanced a Home**, bring a copy of the Settlement Statement or Statement of Sale.
- Note if you had any **Debts** canceled or reduced (incl. credit cards), property reposs. or foreclosed upon, file for bankruptcy.
- If you Purchased a **Qualified Fuel Cell Vehicle**, or **Plug-in Electric Vehicle** in 2017, incl. year, make, model, & date purchased.
- Amount & Type of **Residential Energy Efficient Property** added to your main home in 2017. This refers to **Solar Electric Systems, Solar Water Heating Property, Fuel Cell Property, Small Wind Energy Property, and Geothermal Heat Pump Property.** Lifetime limits do apply.
- Sales Tax** pd in 2017 on the purch. of a **Car, Motorcycle, Boat, Motor home, Recreational Veh., Sport Utility Veh., Trucks, Vans & Off-Rd Veh..** Need **date of purch. & purch. price before sales tax.** Also incl. sales tax pd for a Leased Veh.

SELF-EMPLOYED-BUSINESS INCOME AND EXPENSES		RENTAL INCOME AND EXPENSES	
Activity _____		Property Address _____	
<input type="checkbox"/> Gross Income Collected \$ _____ Indicate if the amount includes 1099's received, or sales tax collected.		<input type="checkbox"/> Rents Received \$ _____ List Security Deposits separately. Indicate if incl. 1099 rec.'d No. Days Rented _____ If a home, no. of psl. use days _____	
Self-Employed Expenses	Amount	Rental Expenses	Amount
Advertising		Advertising	
Automobile		Automobile	
Dues and Subscriptions		Dues and Subscriptions	
Bank Charges		Bank Charges	
Insurance (other than health)		Insurance	
Employee Health Insurance		Cleaning and Maintenance	
Professional Fees		Professional Fees	
Interest Expense		Mortgage Interest Paid	
Telephone		Telephone	
Repairs and Maintenance		Repairs	
Rent Paid		Taxes - Real Estate	
Meals and Entertainment		Management Fees	
Miscellaneous		Miscellaneous	
Supplies		Supplies	
Equipment Rental		Water and Sewer	
Travel		Rubbish Removal	
Office Expense		Office Expense	
Utilities		Utilities	
Purchases			
Subcontractors			
Salaries and Wages Paid			
Taxes - Label type			
<input type="checkbox"/> Amount contributed to or going to contribute to SEP, SIMPLE, or other qualified retirement plan.		<input type="checkbox"/> List Improvements, Furniture, Carpet, and Major Repairs separately with date and cost of each item.	
<input type="checkbox"/> Do you have an Area in your home used regularly or exclusively for Business?		<input type="checkbox"/> If the property was purchased or converted to rental use this year, provide purchase settlement statement.	
<input type="checkbox"/> List Equipment, Furniture & Fixtures, Leasehold Improvements, and Major Repairs separately with date and cost of each item. Incl. receipts or contracts.		<input type="checkbox"/> You do not need to include actual receipts.	
<input type="checkbox"/> Provide us with amount of End of Year Inventory - At Cost. \$ _____.			
<input type="checkbox"/> Provide us with financing information on any New Business Loans, Vehicle Loans or Lines of Credit.			
<input type="checkbox"/> Amt. of Self-Employed Health Insurance Premiums paid by you \$ _____, list amount paid for employees separately.			
<input type="checkbox"/> Business Vehicle Information:		Vehicle 1	Vehicle 2
	Description of Vehicle (Make/Model)		
	Date vehicle was placed in service		
	Total miles driven in 2017		
	Business miles in 2017		
	Commuting Miles		
	Personal - Miles - Ano. veh. avail. for psl. use? <input type="checkbox"/>		
	Automobile Expenses - Gas etc. w/o Loan Pmt.		
	Lease -Total monthly payments paid in 2017		
	Own -Interest paid on Vehicle Loan in 2017		