



**INCOME** WAGES-ENCLOSE W-2 FORMS SELF EMPLOYED USE SEPARATE SHEET FOR INCOME & EXPENSE  
 NOTE: IF BUSINESS VEHICLE USED, NEED DATE PLACED IN SERVICE, AND PERSONAL AND BUSINESS MILES  
 ENCLOSE 1099-K FORMS TOTAL MILES \_\_\_\_\_ BUSINESS MILES \_\_\_\_\_

INTEREST INCOME – ENCLOSE **ALL** 1099-INT FORMS, INCLUDING ANY TAX EXEMPT INTEREST  
 IF NO 1099 IS AVAILABLE, LIST EACH, INCLUDING NAME AND AMOUNT. IF INTEREST IS FROM A LAND CONTRACT,  
 LIST NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF PAYOR. **NOTE: IF YOU HAD ANY TYPE OF FOREIGN  
 INVESTMENT OF MORE THAN \$10,000 AT ANY TIME DURING 2017 CONTACT US FOR REQUIRED FILINGS.**

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

DIVIDENDS – ENCLOSE **ALL** 1099-DIV FORMS  
 IF NO 1099 IS AVAILABLE, LIST EACH, INCLUDING NAME AND AMOUNT

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

ALIMONY RECEIVED (NOT CHILD SUPPORT) \$ \_\_\_\_\_

CHILD SUPPORT RECEIVED (NOT TAXABLE, BUT NECESSARY FOR HOMESTEAD TAX CREDIT) \$ \_\_\_\_\_  
 INHERITED MONEY RECEIVED (NOT TAXABLE, BUT NECESSARY FOR HOMESTEAD TAX CREDIT) \$ \_\_\_\_\_  
 GAIN ON SALE OF PERSONAL RESIDENCE (NOT TAXABLE, BUT NECESSARY FOR HOMESTEAD TAX CREDIT) \$ \_\_\_\_\_

CAPITAL GAINS: STOCK SALES – ENCLOSE **ALL** 1099-B FORMS  
 IF NO 1099 IS AVAILABLE, LIST BELOW, INCLUDING WORTHLESS STOCK FOR LOSS

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>SALE PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>GAIN (LOSS)</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

PENSIONS, IRA'S AND ANNUITIES – ENCLOSE **ALL** 1099-R FORMS IF CODE 4 ON 1099: NEED NAME, ADDRESS, S.S.# &  
 BIRTHDATE OF DECEASED SPOUSE IF NO 1099 IS AVAILABLE, LIST BELOW

SELF: \_\_\_\_\_ \$ \_\_\_\_\_ SPOUSE: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

IF IRA, WAS DISTRIBUTION FROM A STANDARD IRA \_\_\_\_\_ OR A ROTH IRA \_\_\_\_\_  
 WAS IT DISTRIBUTED BEFORE AGE 59 ½? YES NO  
 WAS IT USED FOR MEDICAL INSURANCE (IF UNEMPLOYED)? YES NO  
 WAS IT USED FOR FIRST-TIME HOME PURCHASE-LIFETIME MAXIMUM OF \$10,000? YES NO  
 (“FIRST TIME” MEANS NO OWNERSHIP FOR THE 2 PRIOR YEARS)  
 WAS IT USED FOR QUALIFIED HIGHER EDUCATION EXPENSES (COLLEGE)? YES NO

IRA ROLLOVER OR CONVERSION TO ROTH IRA: SELF \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_  
**IF AGE 70 ½ OR OLDER ON 12/31/17, A REQUIRED MINIMUM DISTRIBUTION MUST BE TAKEN FROM IRA ACCOUNT  
 FOR 2017 AND FOLLOWING YEARS. ANY QUESTIONS, CALL OR EMAIL.**

SOCIAL SECURITY – ENCLOSE 1099-SSA FORMS	TOTAL REPORTED	SELF	SPOUSE
	LESS: MEDICARE	\$ _____	\$ _____
	NET AMOUNT RECEIVED	\$ _____	\$ _____

UNEMPLOYMENT – ENCLOSE 1099-G FORMS SELF \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_ FEDERAL/STATE W/H \$ \_\_\_\_\_

GAMBLING WINNINGS – ENCLOSE **ALL** W-2G FORMS \$ \_\_\_\_\_

RENTS, ROYALTIES, PARTNERSHIPS, ETC – LIST SEPARATELY ENCLOSE K-1 FORMS OR OTHER 1099 FORMS  
 DEBT FORGIVENESS – ENCLOSE 1099-C AND 1099-A FORMS HOME MORTGAGE DEBT \$ \_\_\_\_\_\*  
 CREDIT CARD & OTHER DEBT \$ \_\_\_\_\_\*

\*CALL OR EMAIL FOR NEEDED DETAILS TO DETERMINE IF TAXABLE OR NOT DUE TO BANKRUPTCY, INSOLVENCY, ETC.

**ITEMIZED DEDUCTIONS**

MEDICAL EXPENSES PAID:

MEDICAL INSURANCE \$ \_\_\_\_\_ (DO NOT INCLUDE MEDICARE PREMIUMS)  
WHAT MONTHS OR PART MONTHS DID EACH MEMBER OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE DURING 2017? \_\_\_\_\_  
DID YOUR HOUSEHOLD HAVE INSURANCE THROUGH A MARKETPLACE EXCHANGE? YES NO  
**IF YOU HAD INSURANCE THROUGH THE EXCHANGE (OBAMACARE), PLEASE ENCLOSE FORM 1095-A. MSA OR HSA (MEDICAL OR HEALTH SAVINGS ACCOUNTS) - ENCLOSE 5498-SA & 1099-SA FORMS**  
CONTRIBUTIONS (FORM 5498-SA) \$ \_\_\_\_\_  
DISTRIBUTIONS (FORM 1099-SA) \$ \_\_\_\_\_  
HIGH DEDUCTIBLE AMOUNT \$ \_\_\_\_\_

PRESCRIPTIONS, DOCTORS, DENTISTS, HOSPITALS, HEARING AIDS, EYEGLASSES, ETC. \$ \_\_\_\_\_  
TRANSPORTATION COSTS \$ \_\_\_\_\_ LODGING \$ \_\_\_\_\_ MILES DRIVEN \_\_\_\_\_  
QUALIFIED LONG TERM CARE PREMIUMS: SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_  
HOME REAL ESTATE TAXES PAID \$ \_\_\_\_\_ \* SECOND RESIDENCE OR LAND TAXES PAID \$ \_\_\_\_\_  
\* NEED THIS AMOUNT, EVEN IF STANDARD DEDUCTION IS NORMALLY USED

2017 HOME TAXES INVOICED, IF DIFFERENT FROM AMOUNTS PAID SUMMER \$ \_\_\_\_\_ WINTER \$ \_\_\_\_\_  
DO NOT INCLUDE AMOUNTS INVOICED FOR SPECIAL ASSESSMENTS.

SCHOOL DISTRICT \_\_\_\_\_ STATE TAXABLE VALUE OF YOUR HOME \$ \_\_\_\_\_

AUTO LICENSE PLATE FEES \$ \_\_\_\_\_ SALES TAX PAID (VEHICLE, MOTORCYCLE, MOTOR HOME, ETC-LIST) \$ \_\_\_\_\_ \*  
\*NEED THIS AMOUNT EVEN IF STANDARD DEDUCTION IS NORMALLY USED

**INTEREST PAID – ENCLOSE ALL 1098 FORMS**

HOME MORTGAGE \$ \_\_\_\_\_ POINTS PAID \$ \_\_\_\_\_ NEW LOAN IN 2017? YES NO

MORTGAGE INSURANCE PREMIUMS (MIP) PAID \$ \_\_\_\_\_ NEW & REFINANCED LOANS ISSUED AFTER 2006

HOME EQUITY LOAN \$ \_\_\_\_\_ POINTS PAID \$ \_\_\_\_\_ NEW LOAN IN 2017? YES NO

FOR ALL HOME EQUITY LOANS NEED: LOAN AMOUNT AT 12/31/16 \$ \_\_\_\_\_ ORIGINAL PURCHASE MORTGAGE AMOUNT \$ \_\_\_\_\_

CURRENT FAIR MARKET VALUE OF HOME \$ \_\_\_\_\_ CANNOT EXCEED \$100,000 OR FMV

SECOND HOME LOAN \$ \_\_\_\_\_ POINTS PAID \$ \_\_\_\_\_ NEW LOAN IN 2017? YES NO  
(SECOND HOME MUST HAVE COOKING, SLEEPING AND BATHROOM FACILITIES)

IF POINTS PAID, NEED # OF YEARS OF LOAN \_\_\_\_\_ DID YOU PAY ENOUGH AT CLOSING TO COVER THE POINTS? YES NO  
**IF TOTAL MORTGAGES FOR FIRST AND SECOND HOMES EXCEED \$1,000,000 NEED LOAN AMOUNTS**

L/C INTEREST PAID, IF SECURED BY THE HOME \$ \_\_\_\_\_ NAME & SS # OF RECEIVER \_\_\_\_\_  
INVESTMENT INTEREST PAID \$ \_\_\_\_\_ DESCRIBE TYPE OF LOAN \_\_\_\_\_

**NOTE: DID YOU TAKE THE 1<sup>ST</sup> TIME HOME BUYER'S 15 YEAR "LOAN" DURING 2008? IF SO, 8<sup>th</sup> INSTALLMENT IS DUE, UNLESS YOU SOLD HOME.**

CONTRIBUTIONS (TOTAL, NOT INCLUDING THE NON-CASH AMOUNTS) \$ \_\_\_\_\_ \*  
DONATED MILES DRIVEN \_\_\_\_\_

NON-CASH CONTRIBUTIONS (FOOD, CLOTHING, HOUSEHOLD, ETC.) ALL ITEMS MUST BE IN GOOD CONDITION OR BETTER (THIS ELIMINATES SOME CLOTHING)

<u>CHARITY NAME</u>	<u>DATE</u>	<u>FAIR MARKET VALUE</u>	<u>DESCRIPTION</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(1098-C FORM NEEDED FROM CHARITY FOR DONATED VEHICLES BEFORE FILING)

**\* NOTE: FOR ALL CONTRIBUTIONS (INCLUDING NON-CASH), YOU MUST HAVE A RECEIPT FROM THE ORGANIZATION, INDICATING THE DATES AND AMOUNTS, PRIOR TO FILING YOUR TAX RETURN. YOU MUST KEEP THESE RECEIPTS FOR YOUR RECORDS.**

CASUALTY OR THEFT LOSS \$ \_\_\_\_\_ MUST BE OVER \$100 & 10% OF YOUR INCOME AND NOT ELIGIBLE FOR INSURANCE REIMBURSEMENT

PROVABLE GAMBLING LOSSES \$ \_\_\_\_\_ (ONLY USED TO OFFSET GAMBLING WINNINGS)

TAX PREPARATION FEE \$ \_\_\_\_\_ TEACHER SUPPLIES COST (UP TO \$250 EACH) \$ \_\_\_\_\_

OTHER EXPENSES – UNION DUES, IRA MANAGEMENT FEES, SAFETY DEPOSIT BOX AND OTHER UNREIMBURSED WORK RELATED MILEAGE AND EXPENSES (LIST SEPARATELY) \$ \_\_\_\_\_

MOVING EXPENSES – MUST BE OVER 50 MILES AND TO RELOCATE FOR NEW EMPLOYMENT

COST OF MOVING HOUSEHOLD GOODS \$ \_\_\_\_\_

PERSONAL TRAVEL AND LODGING \$ \_\_\_\_\_ (DO NOT INCLUDE MEAL COSTS)

REIMBURSEMENT RECEIVED FROM EMPLOYER \$ \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

IRA CONTRIBUTIONS: TRADITIONAL IRA SELF \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_

ROTH IRA SELF \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_

COVERDELL EDUCATION SAVINGS ACCOUNT SELF \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_

ALIMONY PAID \$ \_\_\_\_\_ SOCIAL SECURITY # OF RECIPIENT \_\_\_\_\_

QUALIFIED TUITION PROGRAM/529 PLANS \$ \_\_\_\_\_ DESCRIPTION OF PLAN \_\_\_\_\_

**CREDITS**

CHILD CARE: NAME OF CHILD	NAME OF PROVIDER	ADDRESS	SOCIAL SECURITY OR FEDERAL ID #	AMOUNT PAID
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

AMOUNT RECEIVED FROM EMPLOYER FOR CHILD CARE \$ \_\_\_\_\_

COLLEGE AND VOCATIONAL SCHOOL EXPENSES PAID DURING 2017 – **MUST ENCLOSE ALL 1098-T FORMS**

STUDENT	COLLEGE	YEAR *	TUITION AND FEES	BOOKS & SUPPLIES
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

\*THE YEAR (1<sup>ST</sup>, 2<sup>ND</sup>, ETC.) IS DETERMINED AS OF 1/1/17 OR FIRST DATE ATTENDING COLLEGE, IF LATER IN 2017.

STUDENT LOAN INTEREST PAID \$ \_\_\_\_\_ MUST BE DEDUCTED BY INDIVIDUAL LEGALLY LIABLE TO MAKE PAYMENTS

ADOPTION COSTS PAID DURING 2017 \$ \_\_\_\_\_ DATE ADOPTION WAS FINALIZED \_\_\_\_\_

IF FINAL DURING 2017, LIST PRIOR YEAR EXPENSES \$ \_\_\_\_\_

DOMESTIC ADOPTION \_\_\_\_\_ FOREIGN ADOPTION \_\_\_\_\_ SPECIAL NEEDS ADOPTION \_\_\_\_\_

RENT PAID (MICHIGAN ONLY): AMOUNT \$ \_\_\_\_\_ LANDLORD'S NAME & ADDRESS \_\_\_\_\_

IF YOUR CHILD IS UNDER AGE 24 AND A FULL TIME STUDENT OR UNDER AGE 18 AND RECEIVED AT LEAST \$1,050 IN INTEREST AND/OR DIVIDENDS, WITH NO EARNED INCOME – **ENCLOSE 1099-INT, 1099-DIV & 1099-B FORMS.**

CHILD'S NAME	RECEIVED FROM	DIVIDEND/INTEREST AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____

IF YOU PAID ANY HOUSEHOLD EMPLOYEE/NANNY MORE THAN \$2,000 DURING 2017, OR YOU PAID OVER \$1,000 PER QUARTER TO ALL HOUSEHOLD EMPLOYEES, FOR HOUSEHOLD SERVICES IN YOUR HOME, CALL OUR OFFICE FOR PAYROLL TAX REPORTING REQUIREMENTS AND PERSONAL TAX QUARTERLY ESTIMATE REQUIREMENTS.