



Clients Name:	
Date Delivered	Receiving Agent

CLIENT INCOME & EXPENSE DOCUMENT INTAKE LIST FOR TAX YEAR _____

NAME OF DOCUMENT(S)	YES	NO	#
<i>Last Year's Tax Returns - only if we didn't do them</i>			
1095-A, B or C for proof of health insurance			
W-2 for employee work			
1099-MISC for NON-employee work			
Total of ALL CASH Income (includes checks, credit, Paypal, etc)*			
1099-INT statements of interest income			
1099-DIV statements of dividends and distributions			
1099-B sales of stocks and bonds, including value information**			
1099-G state tax refund			
1099-Gunemployment			
1099-K credit card transaction receipts			
1099-R IRA distribution			
1099-R pension distribution			
K-1 ownership in partnerships or corporations			
1098-E student loan interest			
1098-T tuition statement			
Education Expenses documents & receipts			
Child Care Expense information receipts name & social/TIN of care provider			
Renewal Notice car registration bill			
Car Mileage Documentation			
1098 Mortgage Interest			

OTHER _____

CLIENT NAME: _____

CLIENT SIGNATURE: _____ **DATE** _____



Clients Name:	
Date Delivered	Receiving Agent

CLIENT INCOME & EXPENSE DOCUMENT INTAKE LIST FOR TAX YEAR _____

NAME OF DOCUMENT(S)	YES	NO	#
<i>SSA 1099 social security benefits W-2G gambling winnings</i>			
<i>Alimony Income</i>			
<i>Other Income (gambling and prize winnings, jury duty)</i>			
<i>Health Savings Account information</i>			
<i>Interest Payments on home</i>			
<i>HUD 1 Closing Statements on sale/purchase of home</i>			
<i>Rental Real Estate Worksheet (for landlords only, please contact me)</i>			

OTHER _____

CLIENT NAME: _____

CLIENT SIGNATURE: _____ **DATE** _____



When it comes to cost, no one like surprises. To eliminate the element of surprise, Howard Tax Prep publishes our rates online, and we provide every client with a written estimate before any works begin. While pricing is important, we believe that it is equally important for us to communicate the client/tax preparer relationship and expectations. Listed below please find our list of client expectations, and tax preparer expectations.

What you can expect from us:

Timely filings.	(1) Written notification & request for documents.
Qualified & Credentialed Tax Preparers.	Taxes computed in compliance with tax code.
Representation in front of the IRS.	Uncovering of potential deductions and credits <u>(this does not include TAX STRATEGIES UNLESS CLIENT PURCHASES TAX PLANNING PACKET).</u>
Accurate tax returns based upon the information provided to us.	Notification of potential tax liabilities.
Clearly communicated services fees.	Reviewing of financial records such as income statements.
Explanation of your tax return.	
Preparers that sign your return.	

What we expect of our clients:

Honest Communication.	Notification of any past due state/county/federal debts.
Providing of documents in a timely fashion.	Processing of own bookkeeping unless we are hired to provide bookkeeping services.
Full disclosure regarding dependents, health insurance, business expenses, business income.	Calculation and Categorization of all expenses, as we do not add up receipts, reports, bank statements, etc.
Prompt payment of fees. No exceptions will be made for seized/intercepted refunds.	

CLIENT NAME: _____ SIGNATURE: _____



LISTING OF POTENTIAL FEES THAT CAN BE ACCESSED WITH EXPLANATIONS.

Please note, we will NEVER bill you for a fee without your prior knowledge, and consent. If you do not consent to the additional fee(s) we will disengage (stop working on your file) immediately, and bill you only for the work that has completed.

PAPER FILING FEE: Paper filings are required when a client is filing: a previous year tax return, an electronic return has been rejected, an amended return needs to be filed, various tax payer issues. **COST \$35.00**

RERUN FEE: Tax reruns FEE occurs when our office has to retrieve your filed income tax return and redo/provide information for a form that the IRS is requesting because you failed to provide our office with all of your documentation. A RERUN FEE is different from a tax return amendment (amendments adjust the entire return, whereas reruns adjust 1 or 2 areas of the return), and RERUN's usually occur when clients forget to give us their 1095A healthcare information. If the IRS receives 1095A healthcare information on your behalf, and you fail to report this information, the IRS will issue a notice requesting 1095A info and a completed form 8962. **COST \$50 PLUS FORM FEE.**

BOOKKEEPING/RESEARCH INCOME/RECONSTRUCTION FEE-- \$65.00 an hour

DATA ENTRY—When client has more than 2 w2's/1099's in total combination. 2 1098 forms are also covered in initial tax preparation cost. **COST \$7.00 PER FORM**

LATE FEE: 20% of total return if requested documents are not provided within 15 days of filing deadline.

RUSH FEE: \$75 or 20% of total return cost no than \$75 will be charged if within 7 days of tax deadline filing. Deadline begins when ALL DOCUMENTS HAVE BEEN RECEIVED, not

CLIENT SIGNATURE: _____ **DATE:** _____

TAX CONSULTANTS SIGNATURE: _____ **DATE:** _____



Date: _____

Name: _____

Company: _____

Address: _____

Address: _____

Confidentiality and Non-Disclosure Agreement

Dear _____

It is understood that _____ and Howard Tax Prep are exploring the possibility of engaging in a mutually beneficial business relationship.

It is understood and agreed to that _____ may provide certain information to Howard Tax Prep that is and must be kept confidential. To ensure the protection of such information, it is agreed:

1. Howard Tax Prep will receive all of your information and documents on a confidential basis.
2. Howard Tax Prep will use them solely to provide you professional accounting services, and will not otherwise make use or disclose them to third parties, except as you authorize us to do so or as required to do so by law.
3. Any addition or modification to this Agreement must be made in writing and signed by both parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

By: Howard Tax Prep

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



1136 S. Delano Court West, Suite B201-2002
Chicago, IL 60605

www.howardtaxprep.com
855-743-5765

BACK UP CREDIT/DEBIT/ACH AUTHORIZATION FOR PAYMENT OF TAX SERVICES.

In the event your Federal or State tax refund is intercepted, you will still be liable for payment of tax preparation services. Before your credit/debit card is charged, **Howard Tax Prep will provide you with an invoice, and a notice of nonpayment of tax services. Once the invoice has been received, you will have 14 calendar days from the day the notice was text messaged, emailed, and mailed to the address on your file.** On day 15 if payment (or acceptable payment arrangements) have not been remitted to our office, Howard Tax Prep will charge this card for payments of services due. **PLEASE NOTE, CREDIT/DEBIT CARD PAYMENTS ARE SUBJECT TO A 3% CONVENIENCE FEE.**

TAX YEAR: _____ DATE: _____

RETURN TYPE & FORM FILED: _____

AMOUNT DUE IF TAX REFUND IS INTERCEPTED: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CREDIT/DEBIT CARD NUMBER: _____

EXPIRATION DATE: _____

3 DIGITS ON BACK: _____ BILLING ZIPCODE FOR CARD: _____

For ACH withdrawals, a signed voided check must be submitted with the authorization.

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

SIGNATURE OF TAY PAYER: _____

SIGNATURE OF SPOUSE: _____

SIGNATURE OF AUTHORIZED REP FOR BUSINESS: _____

TITLE OF AUTHORIZED SIGNATURE FOR BUSINESS: _____



Bank Account Verification For Direct Deposit

If you would like to receive a refund via direct deposit into your bank account, per IRS Security Summit requirements, complete the name of the financial institution, routing transit number, account number, and type of account below. Sign and date at the bottom to indicate that the account listed is correct and return to our office.

Name of Financial Institution:		
Routing Transit Number:		
Account Number:		
Type of Account:	Checking:	Savings:
Joint Account?	Yes:	No:

ATTACH VOIDED CHECK HERE:

VOIDED CHECK

Taxpayer Signature

Date

Taxpayer Printed

Spouse Signature

Date

Spouse Printed



DISCLAIMER & RELEASE OF LIABILITY

Name of Individual Client and/or Business: _____

Tax Form(s) _____ Year Ending: _____

To protect you, the Client, this professional tax preparation firm follows accepted ethical procedures as specified by the Internal Revenue Code and/or applicable guidelines governing the conduct of professional tax preparers. After reading each statement below carefully, please acknowledge your acceptance by signing the bottom of this form. Thank you for your cooperation and understanding of the responsibilities we must accept as professional tax preparers.

The specified income tax returns have been prepared for me and/or my business at my direction by Name of Tax Professional, Title, through the Name of Tax Firm.

I have reviewed the completed returns and understand their contents and have received a copy of the returns. I realize it is my responsibility to include in my files all documentation necessary to substantiate all income, deductions, and credits reflected on the returns for at least ____ years.

All information on these returns is true and accurate according to the information furnished by me to Tax Firm. Nothing has been added or deleted by the preparer that would understate my tax liability.

All taxable income has been reported, including any bartering, any partnership interests, any sales of business or personal assets, and all interest and dividend income from all sources.

I have informed my tax preparer of any adjustments or correspondence between any taxing authority and me and/or my business during the past ____ years.

I have been informed that I must have adequate written records for all deductions and specifically for:

- ◆ Any travel or entertainment,
- ◆ Any business use of a vehicle,
- ◆ Any business use of "listed property,"
- ◆ Any non-cash contributions to charity.

I understand my professional tax preparer has based the entries on these returns according to present laws, regulations, and other applicable authority. I understand that tax law and its interpretation is subject to continual change and therefore the rules and principles followed in the preparation of these returns may not be applicable for any other tax year.

My tax preparer has indicated any aggressive applications to me and I understand such a position may be questioned or overturned in the audit process. I agree to hold my preparer harmless from any examination and possible reversal on this (these) issues.

BY NAME OF TAX PROFESSIONAL, TITLE, PREPARER

Accepted By Client: _____

Title _____

Date: _____



2017 INDIVIDUAL QUESTIONNAIRE

Checklist to assist you in gathering your information:		
Complete the following checklist of common items that are used to prepare your individual tax return. Please indicate the number of the items that pertain to your return. EXAMPLE: If you & your spouse have one job each, then you will have 2 W-2's. If you only have interest income from one source then number will be 1 1099-INT, etc.		Number of Forms
Items of Income	Compensation – Wages/Salary (W-2s)	
	Interest Income (1099-INTs)	
	Dividend Income (1099-DIVs)	
	Capital Gains/Losses (1099-Bs and Realized Gains/Loss Statements)	
	Sale of Real Estate (1099-Ss, Settlement Sheets, Cost Basis)	
	Self Employment /Business Income (1099-MISCs, Credit Card Statements, and Associated Expenses)	
	Rental Real Estate Income (1099-MISCs and Associated Expenses)	
	Partnership, S-Corporation, Trust/Estate Income (K-1s)	
	State/Local Tax Refunds (1099-Gs)	
	IRA and Pension Income (1099-Rs)	
	Social Security Benefits (1099-SSAs)	
	Alimony and Unemployment Compensation (1099-Gs)	
	Long-term Care (1099-LTCs)	
	Cancellation of Debt Income (1099-Cs)	
	Gambling Income (1099-MISCs or W-2Gs)	
	Other Income: List	
Income Adjustments:	Self-Employed Health Insurance (1099-SAs/ K-1s/ list)	
	IRA/SEP Contributions	
	Tuition Expenses Paid (1098-Ts)	
	Tuition Plan Contributions/Withdrawals (1099-Qs)	
	Student Loan Interest Paid (1098-Es)	
	Other Adjustments: List	
Items of Deductions & Credits:	Medical Expenses	
	Real Estate Taxes (1098s or Real Estate Tax Bills)	
	Mortgage Interest (1098s)	
	Investment Interest Expense	
	Charitable Contributions	
	Unreimbursed Business Expenses	
	Other Deductions: List	
	Child and Dependent Care Expenses	
	Other Credits: List	



HOWARD TAX PREP

GENERAL INFORMATION

Primary: Name: _ Soc. Sec. #: _

Occupation: _ Date of Birth: _ Blind Y N

Spouse: Name: _ Soc. Sec. #: _

Occupation: _ Date of Birth: _ Blind Y N

Marital Status (please check appropriate box)

Single Married Married but Filing Separately Widow (date): _

If married but filing separately, does spouse itemize? Y N

If Yes, Spouse's Social Security Number?: _____

(please circle appropriate answer)

Are you a Dual-Status Alien? Y N

Are you a signatory on any accounts outside of the United States? Y N

(If at any time during the previous year did you have a financial interest in or signature authority over at least one financial account located outside of the United States; and the aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year reported, then you will need to be able to fill out the FBAR paperwork available at <http://bsaefiling.fincen.treas.gov/main.html>. We will NOT be responsible for filing this form.)

Did you earn any foreign income? Y N Did you pay foreign tax on it? Y N

(If yes to either, please bring in a record of when, where and how much.)

State ID (NEW) If you have a state-issued ID from ANY state, enter it here.

ID # _ Document # _ Issuing State _

Issued date _ Expiration Date





2017 INDIVIDUAL QUESTIONNAIRE

Please review this questionnaire, which will provide us with information that normally does not come from third party sources (such as W-2s, 1099s, and 1098s) or written representations from you (such as real estate taxes paid during the year or charitable contributions). If any question is left blank or the questionnaire is not returned, the answer is assumed to be "No" or "0."

MARCH 23, 2018 – deadline to submit information, before an extension may be required

COMPLETION IS MANDATORY

Taxpayer Name: _____ **Taxpayer Date of Birth:** _____

Spouse Name: _____ **Spouse Date of Birth:** _____

Address: _____ **School District:** _____

_____ **County (as of 1/1/17):** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Personal Information:	Yes	No
Were you married, divorced, or widowed at any time during the year?		
If you are married, do you and your spouse want to file separate returns?		
Dependents:	Yes	No
Can you or your spouse be claimed as a dependent by another taxpayer?		
Were there any changes in dependents from the prior year? The determination of whether another individual may be claimed as a dependent can be complex. If you have any question about the exemption in respect of another person, please complete the Dependency Determination Schedule attached to this Questionnaire.		
If yes and adding a dependent, please provide the following information. If more than one addition, please include on a separate attachment.		
Name:		
Social Security No.:		
Date of Birth:		
No. of Months Living at Residence:		
If yes and removing a dependent, please identify below. If more than one deletion, please include on a separate attachment.		
Name:		
Did you pay for childcare or other qualifying care for a dependent (such as a parent) while you worked or looked for work?		



2017 INDIVIDUAL QUESTIONNAIRE

Dependents Continued:		
If yes, please provide the following information:		
Provider's Name:		
Provider's Address:		
Social Security/EIN No.:		
	Amounts Paid in 2017:	\$
Do you have any children under the age of 18 on 1/1/17 or under the age of 24 on 1/1/17 and were full-time students with wages, interest, or dividend income over \$1,050, or who have sold any stock in 2016?		
If yes, do you want us to prepare their return(s)?		
Did you adopt a child or begin adoption proceedings during 2017?		
Home/Residence:	Yes	No
Did the residence for which you claimed the first-time homebuyer credit cease to be your principal residence in 2017?		
What was the amount of the credit claimed?	\$	
If yes, on what day and year was the home purchased?		
If yes, on what day and year was the home sold?		
Health Insurance:	Yes	No
Did you have qualified health insurance coverage from your employer during the year?		
If yes, did it cover you and the members of your household the entire year?		
If no, which months was each member covered?		
Did you receive Form 1095-B or 1095-C? If yes, please include		
If no, did your employer offer you coverage?		
If yes, was the cost of coverage no more than 9.66 percent of your W-2 wages?		
Did you purchase health coverage on a Marketplace Exchange (www.healthcare.gov)?		
If yes, did you receive Form 1095-A? If yes, please include.		
If no, do you qualify for an exemption such as hardship or by reason of being in a protected group?		
Gambling:	Yes	No
Do you have any gambling losses (to the extent of gambling winnings)?		
Gambling losses need to be substantiated with contemporaneous gambling logs or other documentation. Can you substantiate your gambling losses with the required supporting documentation?		
	Amount of Loss in 2017:	\$



DEPENDENTS INFO:

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____



DEPENDENTS INFO:

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____

NAME: _____

DATE OF BIRTH: _____

AGE: _____

RELATIONSHIP TO YOU: _____

HOW MANY MONTHS LIVED WITH YOU? _____



SIDE BUSINESS EXPENSES

If you have a sideline business, you should list your expenses here. If you have multiple businesses (design, tutoring, etc.), please use a separate column for each.

INCOME

	Business 1	Business 2	Business 3
AMOUNT OF INCOME RECEIVED (NOT REPORTED ON 1099)			
AMOUNT OF INCOME RECEIVED (REPORTED ON 1099)			

EXPENSES

		Business 1	Business 2	Business 3
C-8	Advertising			
C-9	Car & Truck Expenses (Gas, Insurance, Repairs)			
	Total Miles			
	Business Miles for this specific business			
	Commuting Miles			
	Personal Miles			
C-9B	Second Care Total Business Miles			
	Commuting Miles			
	Personal Miles			
C-10	Salaries Paid			
C-13	Equipment for Depreciation <i>please fill in the chart on the next page</i>			
C-13	Equipment for Depreciation <i>please fill in the chart on the next page</i>			
C-15	Insurance			
C-17	Legal & Professional Services			
C-18	Office Expense			
C-20a	Equipment Lease			
C-20b	Property Rent or Lease			
C-21	Repairs & Maintenance			
C-22	Material/Supplies			
C-23	Tax & Licenses			
C-23	Travel (Out of Town / Overnight)			
C-24a	Meals & Entertainment			
C-25	Utilities			
C-26	Wages Paid to Others			
C-27	Landline/Fax line			
C-27	Cell Phone			
C-27	Internet			
OTH	Education/Classes Taken			
OTH	Books Purchased			
OTH	Office Supplies			
OTH	Software			



2017 INDIVIDUAL QUESTIONNAIRE

Schedule A - Itemized Deductions Information:		Yes	No
Are you claiming a deduction for mortgage interest expense and real estate taxes paid on your personal residence or second home? (Defined as a dwelling that provides basic living accommodations such as sleeping space, toilet, and cooking facilities.)			
If yes, please provide all 1098 mortgage interest statements and all real estate tax bills for 2017.			
If all real estate taxes paid are not reported on a 1098, please provide all real estate tax bills for 2017 or indicate the amount in the space provided. Amount Paid in 2017:		\$	
Are you claiming a deduction for mortgage interest paid to a financial institution, for which someone else received the Form 1098?			
If yes, please provide the following information:			
Individual's Name:			
Social Security/EIN No.:			
Amounts Paid in 2017:		\$	
Are you claiming a deduction for mortgage interest paid to an individual or other non-financial institution and did not receive the Form 1098?			
If yes, please provide the following information:			
Lender's Name:			
Social Security/EIN No.:			
Amounts Paid in 2017:		\$	
Did you make any large purchases, such as a motor vehicle, RV, or boat in 2017?			
If yes, please provide the invoice amount and sales tax paid on the transaction.			
Did you incur any casualty or theft losses during the year?			
If yes, provide the following details:			
Description of Loss:			
Property on Which Loss Occurred:			
Amount of Loss in 2017:			
\$ Amount Reimbursed by Insurance in 2017:			
Schedule C - Self-Employment/Business Income and Expenses:		Yes	No
Did you make payments of fees and other non-employee compensation, interest, rents, royalties, real estate transactions, annuities, or pensions?			
If yes, did you file all required Forms 1099?			
Did you start, continue or dispose of a business activity during the past year? If yes, please discuss the matter with one of our tax managers.			
If yes, please provide a list of your related business revenue and expenses (including health insurance), any newly acquired business assets, and assets that were disposed of in 2017.			
Were you or your spouse eligible to be covered under an employer's health plan at another job?			
If yes, how many months were you covered?		Months:	
Did you use any part of your personal residence as a home office?			
Do you have un-reimbursed business automobile expenses?			
Mileage From January 1, 2017 to December 31, 2017:			
Total Miles Driven:		Total Business Miles Driven:	



2017 INDIVIDUAL QUESTIONNAIRE

Schedule D - Capital Transactions:			Yes	No
Did you sell any type of asset (rental real estate, vacation home(s), land, securities, bonds, privately held corporations or partnerships, collectibles, etc.) and did not receive a Form 1099-B and/or Form 1099-S?				
If yes, please attach a statement of cost basis, dates of purchase, date of sale, and sales price.				
If you sold a security or bond at a loss, did you buy back the identical security or bond sold within 30 days before or after the sale?				
Did any securities sold this year pay a stock dividend or have a stock split?				
Was the sale of any asset in conjunction with a plan to acquire a like-kind asset in a §1031 exchange?				
Did you receive a note receivable from the buyer as part or all of your proceeds from the sale?				
If you sold any asset at a loss, were you related to the buyer?				
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a qualified employee stock purchase plan?				
If yes, please provide support (statements/schedules from your employer).				
Did you engage in any put or call transactions?				
Did you have any debts canceled, forgiven, or refinanced during 2017?				
Schedule D - Principal Residence Transactions:			Yes	No
Have you refinanced a mortgage or taken out a home equity loan on your principal residence this year?				
Did you use any of the proceeds for any other purpose than improving your principal residence?				
Did you sell your principal residence in 2017? If no, go to the next section. If yes:				
Did you occupy the home as your principal residence for at least 2 years out of the 5-year period prior to the sale?				
Did you ever rent out this property?				
Did you ever use any portion of the home for business purposes?				
Have you or your spouse sold a principal residence within the last 2 years?				
At the time of the sale, the principal residence was owned by:		Taxpayer	Spouse	Both
IRA/Pension Contributions and Distributions:			Yes	No
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan?				
If yes, was it to acquire a principal residence or pay for qualified higher education expense?				
If yes, were any distributions from your IRA and/or Roth IRA distributed directly to a charitable organization?				
Did you make a nondeductible contribution to a traditional IRA?				
If yes, indicate amount contributed:				
Did you or your spouse make a contribution to a retirement plan, 401k, SIMPLE, SEP, or IRA that is not reported on your W-2 or K-1?				
If yes, indicate amount contributed:				
Taxpayer's Retirement Plan and Contribution Amount:			Spouse's Retirement Plan and Contribution Amount:	
Did you or your spouse contribute to a Roth IRA?				
If yes, indicate amount contributed:				



2017 INDIVIDUAL QUESTIONNAIRE

IRA/Pension Contributions and Distributions Continued:					
Taxpayer's Contribution Amount:		Spouse's Contribution Amount:			
Did you or your spouse convert an existing IRA to a Roth IRA?					
If yes, indicate the amount converted:					
Taxpayer's Conversion Amount:		Spouse's Conversion Amount:			
Did you retire or change jobs in 2017?					
Did you receive retirement or severance compensation?					
Did you or your spouse turn age 70 ½ (or were older than 70 ½) during 2017 and have money in an IRA or other retirement account without taking your required minimum distribution?					
Gifts:				Yes	No
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total aggregate value in excess of \$14,000 to any individual during the year?					
Did you or your spouse assist in the purchase of any asset (auto, home, etc.) for any individual during the year?					
Did you or your spouse make any gifts to a trust for any amount during the year?					
Do you or your spouse have a life insurance trust?					
Did you or your spouse forgive any indebtedness to any individual, trust, or entity during the year?					
If yes, please explain:					
Education:				Yes	No
Did you or your dependents incur any post-secondary education expense, such as tuition?					
If yes, indicate the dependent, the type of expenses and the amount paid:					
Dependent's name:					
Year of Post-Secondary Education:					
Type of Educational Expenses:					
Amounts Paid in 2017:				\$	
Has the dependent student taken less than ½ of the normal full time workload in their course of study?					
Has the dependent student ever had a felony conviction for possessing or distributing a controlled substance?					
Did you or your spouse withdraw amounts from a Qualified Education Program (Section 529 plan) or Coverdell Education Savings Account that was not used for qualified higher education expenses?					
Did you or your spouse make any contributions to a Qualified Education Plan (Section 529 plan) or a Coverdell Educational Savings Account during 2017?					
If yes, please enter the following information:					
Name of Designated Beneficiary:	Social Security No.	State Sponsoring Plan	Account No.	Amount Contributed in 2017	
				\$	
				\$	
				\$	
Did you pay any student loan interest?					



2017 INDIVIDUAL QUESTIONNAIRE

2016 Federal, State and Local Estimated Tax Payments:				
	Date Paid	Federal Amount	State Amount	
2017 1st Qtr. ES – due 4-18-17				
2017 2nd Qtr. ES – due 6-15-17				
2017 3rd Qtr. ES – due 9-15-17				
2017 4th Qtr. ES – due 1-17-18				
2017 Tax Planning:			Yes	No
Refund Application: If you have an overpayment of 2016 taxes, do you want the excess:				
Refunded via a check in the mail?				
Refunded via Direct Deposit?				
Applied to the 2018 estimated tax liability?				
Do you expect any of the following to occur in 2018:				
A change in your marital status;				
A change in the number of dependents;				
A substantial change in your income;				
A substantial change in your withholdings; and/or				
A substantial change in your deductions?				
Authorization:			Yes	No
With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. If you do NOT want us to have authorization to view this information, please indicate so by marking yes. Checking no helps us to prepare your return more efficiently.				



2017 INDIVIDUAL QUESTIONNAIRE

Appendix A – Medical & Dental Expenses

Medical and dental expenses, such as: doctors, dentists, nurses, hospital and nursing homes, lab fees and x-rays, medical and surgical supplies, hearing aids, guide dogs, eye glasses and contact lenses, and insurance reimbursements received:

Description:

Amount:

Description:	Amount:

Medical insurance premiums you paid:

Long-term care premiums you paid:
Plan

Indiana Partnership

Taxpayer:

Yes

No

Spouse:

Yes

No

Prescription medicines & drugs:

Medical Miles Driven: _____

Did you make modifications to your home for medical purposes? If so, please provide details:



2017 INDIVIDUAL QUESTIONNAIRE

Appendix B – Charitable Contributions		
Contributions made by cash or check:		
Description:		Amount:
Were any distributions taken from your IRA and/or Roth IRA distributed directly to a charitable organization?		
	YES	NO
Volunteer Miles Driven: _____		
Noncash items, such as: Goodwill, Salvation Army:		

Appendix C – Interest & Tax Expenses		
Description:		Amount:
Home Mortgage Interest Paid:		
Real Estate Taxes Paid:		
Auto Excise Tax Paid:		

	Yes	No
Did you make any large purchases, such as a motor vehicle, RV or boat in 2017?		
If yes, please provide the invoice amount & sales tax paid on the transaction: Invoice Amount: _____ Sales Tax Paid: _____		



2017 INDIVIDUAL QUESTIONNAIRE

Appendix D – Miscellaneous Deductions

Unreimbursed expenses, such as: uniforms, professional dues, business publications, job seeking expenses, educational expenses:

Description:

Amount:

Description:	Amount:

Union Dues:

Tax Preparation Fees: _____

Other expenses, subject to 2% AGI limitation such as: legal/accounting fees, IRA custodian fees:

Safe deposit box rental: _____:

Investment expenses, other than on KI's:

Other expenses, not subject to the 2% AGI limitation:

Gambling losses (enter only if you have gambling income):



2017 INDIVIDUAL QUESTIONNAIRE

THIS QUESTIONNAIRE APPLIES ONLY IF YOU HAVE RECEIVED K-1s OR HAVE A RENTAL REAL ESTATE ACTIVITY. PLEASE ANSWER ALL QUESTIONS. FAILURE TO ANSWER WILL BE TREATED AS A “NO” RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO AMOUNTS.

S corporation and partnership/LLC:			Yes	No
Did you participate in the operation and management of any business for which you received a K-1?				
If so, which ones?	Name of K-1 issuer	Hours of participation		
Can you substantiate the hours claimed for each above-named activity?				
S corporation and partnership/LLC: Self-charged interest			Yes	No
Did you receive interest on a loan you made to any business for which you received a K-1?				
If so, which ones and how much?	Name of K-1 issuer	Interest received		
Rental real estate: Self-charged rents			Yes	No
Did you rent real estate for consideration to a partnership, LLC, C corporation, or S corporation in which you participated?				
	If so, how many hours, did you participate in the trade or business of such partnership, LLC, C corporation, or S corporation?			
	Can you substantiate such hours claimed?			
Rental real estate: Real estate professional			Yes	No
Did you perform services in any one or more of the following:	Activity			
	Development and/or redevelopment			
	Construction and/or reconstruction			
	Acquisition			
	Conversion			
	Rental or leasing			
	Operation			
	Management			
	Brokerage			
	Did the number of hours performing services in all such activities exceed 750?			
	Can you substantiate such hours claimed?			
	Did the number of hours performing services in a rental activity exceed 500?			
	Can you substantiate such hours claimed?			



Charitable Contributions Policy

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The substantiation rules for non-cash contributions require the donated property’s fair market value (FMV) to be determined. FMV is the depreciated, or used, value of the donated property. It is not the purchase price of a similar “new” item. The following methods can be used to determine FMV:

~ Valuation guides available from organizations such as the Salvation Army or Goodwill. Many guides include a value range that can be used to determine FMV based upon location and condition of property. Keep any guides used to determine FMV with your tax records.

~ Compare prices at area thrift stores for items in comparable condition. Visit a few stores to determine price and demand for property.

~ Search on line auctions or classified ads for comparable items. Keep printouts of such listings used to determine FMV of the donated property.

~ For donated items with a FMV of more than \$5,000, valuation by a qualified appraiser will be required in most cases. Keep the appraiser’s report with your tax documents.

To further substantiate your non-cash contribution, keep any acknowledgment letters, receipts, or similar statements from the organization. Consider keeping a picture of the donated item(s) with your tax documents. See IRS Publication 561, Determining the Value of Donated Property for further information. (<https://www.irs.gov/pub/irs-pdf/p561.pdf>).

I have read and understand the Charitable Contributions Policy and have the supporting documentation necessary to substantiate my (our) charitable cash and non-cash contributions.

Taxpayer _____ Date _____

Spouse _____ Date _____

For assistance in pricing your Charitable Contribution:

We have included a Substantiation and Valuation Guide or you can go to:

<http://www.goodwillpeo.org/sites/default/files/documents/DonationValueGuide.pdf>

These are only guidelines and may vary by condition of the items being donated.



HOWARD TAX PREP EARNED EIC TAX PREPARER'S DUE DILIGENCE.

Residency of Qualifying Children (Necessary Documents)

School records or statements

Landlord or property management state

Health care provider statement

Medical records

Child care provider records

Placement agency statement

Social service records or statements

Place of worship statement

Indian tribal official statement

Employer statement

Documents to Meet Relationship Test

Birth certificate

Marriage certificate that states relationship to child

Final adoption papers

Letter from a court or authorized placement agency if adoption is pending

Other documentation (explain for each EIC child)

If the relationship between taxpayer and child is other than son or daughter, where did biological parents reside in 2017? _____

If the relationship between taxpayer and child is other than son or daughter, is the taxpayer's AGI higher than any parent of the child? _____



For taxpayers claiming EIC child that is permanently and totally disabled? _____

What is the disability? _____

When did the disability start? _____

Can this child substantially engage in any work related to employment? _____

What doc's can the taxpayer provide that verifies the qualifying child was a full-time student for at least 5 months?

School records (showing dates attended) _____

Other documentation (explain for each EIC child) _____

TAX PAYERS NAME _____ DATE: _____

TAX PAYERS SIGNATURE _____ DATE: _____

SPOUSE NAME _____ DATE: _____

SPOUSE SIGNATURE _____ DATE: _____