

Form 1040 Information Sheet – Tax Year 2017

Personal Information:

Taxpayer Name: _____ Occupation: _____

Social Security Number: _____ Date of Birth: _____ Are you a U.S. Citizen? Yes No

Taxpayer Cell Phone: _____ Work Phone: _____ E-Mail: _____

Spouse Name: _____ Occupation: _____

Social Security Number: _____ Date of Birth: _____ Are you a U.S. Citizen? Yes No

Spouse Cell Phone: _____ Work Phone: _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

*****If you are a new client, please include a complete copy of your 2016 tax return.*****

Please select one of the following options for delivery of your file copy of your tax return:

Pick Up Mail (\$10 additional fee) Portal

Would like to receive this mailer via e-mail next year? Y N

Y N Did you have a change in marital status during 2017? If yes, please provide details below.

Married in 2017 Divorced in 2017 – Date divorce finalized: _____
(attach copy of Divorce Decree)

Widowed in 2017 – Spouse's date of death: _____

Y N Can you or your spouse be claimed as a dependent on another person's tax return?

Y N Have you or your spouse been a victim of identity theft and have you contacted the IRS?

If yes, furnish the 6-digit identity protection PIN issued to you by the IRS.

Taxpayer _____ Spouse _____

Y N Have you been notified by the IRS or other taxing authority of any changes in prior year returns?

Filing Status: Please indicate your filing status below.

Single Married Filing Jointly

Married Filing Separately - Provide spouse's SSN _____

Y N Did you live apart from your spouse for the last six months of the year?

Head of Household - Please complete dependent information in Dependents section below.

Y N Did you provide more than ½ the cost of keeping up the home for your dependent(s)?

Dependents: Please list all dependents that you will be claiming on your 2017 tax return.

NOTE: Due to recent changes in IRS regulations regarding some of the tax credits related to dependents, we have expanded the dependent information section of this form. Please answer all questions for each dependent on pages 2-4. (Attach additional sheets if necessary.)

During the tax preparation process it may be necessary for our office to contact you for additional information and/or documentation regarding dependents claimed on your tax return.

Y N If you have dependents who will be applying for or attending college in the next 1-2 years, would you like us to prepare a FAFSA worksheet for you (\$25.00 fee)?

Dependent #1

First Name	Last Name	Date of Birth	SSN	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

Dependent's relationship to taxpayer/spouse: Child Stepchild Foster Child Sibling
 Step brother/sister Half brother/sister Parent Other _____

How many months did dependent live with you during 2017? _____ months (If dependent did not live with you due to separation or divorce, please attached a completed Form 8332 signed by the custodial parent.)

- Y N Have you released the claim for this dependency exemption to another taxpayer?
- Y N Did you provide over 50% of dependent's support during 2017?
- Y N Is dependent married and filing a joint return with his/her spouse for 2017?
- Y N Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?
- Y N Are there any other adults living in the household (other than you and your spouse)?
- Y N Is dependent totally and permanently disabled?
- Y N Did you pay any child/dependent care expenses for this dependent? If yes, please provide:

Provider's Name & Address	SSN or EIN	Amount Paid
		\$

- Y N Did you pay any private school tuition (grades 5K-12) for this dependent? If yes, please provide:

School Name & Address	School EIN	Student's Grade	Amount Paid
			\$

- Y N If dependent is between the ages of 19-24, were they a full-time student for any part of five calendar months during 2017?
 If yes, please attach Form 1098-T along with a **detailed student account activity statement** showing amounts billed **and** amounts paid in 2017.
 - Y N Did student completed the first 4 years of postsecondary education before 2017?
 What year of school is student currently in? _____
 - Y N Is student enrolled in a program leading to a degree or certificate?
 - Y N Does student have a federal or state felony drug conviction?
 List amounts paid for: Books & supplies \$_____ Room & Board: \$_____
 - Y N Did student receive a distribution from an education savings account or qualified tuition program? If yes, please attach Form 1099-Q.
- Y N Is dependent's gross income less than \$4,000?
- Y N Does dependent have interest/dividend income in excess of \$1,050, or total investment income in excess of \$2,100? If yes, please provide documents.
- Y N If your dependent has income, would you like us to prepare your dependent's tax return? (Recommended). Minimum fee \$50.00. Additional forms billed at 30% discount.
- Y N In previous years, have any of the following credits related to this dependent been disallowed or reduced by the IRS: *Child Tax Credit, Additional Child Tax Credit, Earned Income Tax Credit, or the American Opportunity Credit?* If yes, please attach detailed explanation.

Name: _____

Dependent #2

First Name	Last Name	Date of Birth	SSN	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

Dependent's relationship to taxpayer/spouse: Child Stepchild Foster Child Sibling
 Step brother/sister Half brother/sister Parent Other _____

How many months did dependent live with you during 2017? _____ months (If dependent did not live with you due to separation or divorce, please attached a completed Form 8332 signed by the custodial parent.)

- Y N Have you released the claim for this dependency exemption to another taxpayer?
- Y N Did you provide over 50% of dependent's support during 2017?
- Y N Is dependent married and filing a joint return with his/her spouse for 2017?
- Y N Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?
- Y N Are there any other adults living in the household (other than you and your spouse)?
- Y N Is dependent totally and permanently disabled?
- Y N Did you pay any child/dependent care expenses for this dependent? If yes, please provide:

Provider's Name & Address	SSN or EIN	Amount Paid
		\$

- Y N Did you pay any private school tuition (grades 5K-12) for this dependent? If yes, please provide:

School Name & Address	School EIN	Student's Grade	Amount Paid
			\$

- Y N If dependent is between the ages of 19-24, were they a full-time student for any part of five calendar months during 2017?
 If yes, please attach Form 1098-T along with a **detailed student account activity statement** showing amounts billed **and** amounts paid in 2017.
 - Y N Did student completed the first 4 years of postsecondary education before 2017?
 What year of school is student currently in? _____
 - Y N Is student enrolled in a program leading to a degree or certificate?
 - Y N Does student have a federal or state felony drug conviction?
- List amounts paid for: Books & supplies \$_____ Room & Board: \$_____
- Y N Did student receive a distribution from an education savings account or qualified tuition program? If yes, please attach Form 1099-Q.
- Y N Is dependent's gross income less than \$4,000?
- Y N Does dependent have interest/dividend income in excess of \$1,050, or total investment income in excess of \$2,100? If yes, please provide documents.
- Y N If your dependent has income, would you like us to prepare your dependent's tax return? (Recommended). Minimum fee \$50.00. Additional forms billed at 30% discount.
- Y N In previous years, have any of the following credits related to this dependent been disallowed or reduced by the IRS: *Child Tax Credit, Additional Child Tax Credit, Earned Income Tax Credit, or the American Opportunity Credit?* If yes, please attach detailed explanation.

Dependent #3

First Name	Last Name	Date of Birth	SSN	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

Dependent's relationship to taxpayer/spouse: Child Stepchild Foster Child Sibling
 Step brother/sister Half brother/sister Parent Other _____

How many months did dependent live with you during 2017? _____ months (If dependent did not live with you due to separation or divorce, please attached a completed Form 8332 signed by the custodial parent.)

- Y N Have you released the claim for this dependency exemption to another taxpayer?
- Y N Did you provide over 50% of dependent's support during 2017?
- Y N Is dependent married and filing a joint return with his/her spouse for 2017?
- Y N Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?
- Y N Are there any other adults living in the household (other than you and your spouse)?
- Y N Is dependent totally and permanently disabled?
- Y N Did you pay any child/dependent care expenses for this dependent? If yes, please provide:

Provider's Name & Address	SSN or EIN	Amount Paid
		\$

- Y N Did you pay any private school tuition (grades 5K-12) for this dependent? If yes, please provide:

School Name & Address	School EIN	Student's Grade	Amount Paid
			\$

- Y N If dependent is between the ages of 19-24, were they a full-time student for any part of five calendar months during 2017?
 If yes, please attach Form 1098-T along with a **detailed student account activity statement** showing amounts billed **and** amounts paid in 2017.
 - Y N Did student completed the first 4 years of postsecondary education before 2017?
 What year of school is student currently in? _____
 - Y N Is student enrolled in a program leading to a degree or certificate?
 - Y N Does student have a federal or state felony drug conviction?
 List amounts paid for: Books & supplies \$_____ Room & Board: \$_____
 - Y N Did student receive a distribution from an education savings account or qualified tuition program? If yes, please attach Form 1099-Q.
- Y N Is dependent's gross income less than \$4,000?
- Y N Does dependent have interest/dividend income in excess of \$1,050, or total investment income in excess of \$2,100? If yes, please provide documents.
- Y N If your dependent has income, would you like us to prepare your dependent's tax return? (Recommended). Minimum fee \$50.00. Additional forms billed at 30% discount.
- Y N In previous years, have any of the following credits related to this dependent been disallowed or reduced by the IRS: *Child Tax Credit, Additional Child Tax Credit, Earned Income Tax Credit, or the American Opportunity Credit?* If yes, please attach detailed explanation.

Income:

- Y N Did you have income from wages (Form W-2)? Attach forms. # of forms attached _____
- Y N Did you have any interest (Form 1099-INT) and/or dividend (Form 1099-DIV) income? Attach forms.
- Y N Did you or your spouse have more than \$10,000 in a foreign account at any time during the year?
- Y N Did you sell any stocks, bonds, or mutual funds (Form 1099-B)? Attach forms.
- Y N Did you start a business or receive any Form 1099-Misc?* Attach forms or additional information.
- Y N Did you receive any income from a farm or rental real estate?*
- Y N Did you receive any alimony? Total amount received: \$ _____
- Y N Do you have any other income not reported elsewhere? Attach forms.

Unemployment Compensation (Form 1099-G): \$ _____ Jury Duty Pay: \$ _____
 Debt Cancellation (Form 1099-C): \$ _____ Prizes/Awards: \$ _____
 Foreclosures/Abandonment (Form 1099-A): \$ _____ Hobby Income: \$ _____
 Gambling Winnings (Form W-2G): \$ _____ Other Income: \$ _____

Retirement Income / IRA Information:

- Y N Did you receive any social security income (Form SSA-1099)? Attach forms.
- Y N Did you receive any pension/annuity income (Form 1099-R)? Attach forms.
- Y N Did you receive any IRA distributions (Form 1099-R)? Attach forms.

If yes, was it a rollover? Y N

If you are under age 59 1/2, what was the money used for? _____

- Y N Did you or your spouse make, or plan to make, any **2017** IRA contributions?

<u>Traditional IRA</u>	<u>Roth IRA</u>
Taxpayer: \$ _____	Taxpayer: \$ _____
Spouse: \$ _____	Spouse: \$ _____

As of 12/31/2017, please indicate the **total account value** for all of your IRA accounts as follows:

<u>SEP or SIMPLE IRAs</u>	<u>Traditional IRAs</u>	<u>Roth IRAs</u>
Taxpayer: \$ _____	Taxpayer: \$ _____	Taxpayer: \$ _____
Spouse: \$ _____	Spouse: \$ _____	Spouse: \$ _____

- Y N Did you or your spouse convert a Traditional IRA to a Roth IRA in 2017 (Form 1099-R)? Attach forms.

Education Expenses for Taxpayer/Spouse: (Enter education information for dependents in dependent sections on pages 2-4.)

- Y N Did you or your spouse have education expenses in 2017? If yes, please attach Form 1098-T along with a **detailed student account activity statement** showing amounts billed **and** amounts paid in 2017.
- Y N Did the student complete the first 4 years of postsecondary education before 2017?
What year of school is student currently in? _____
- Y N Is student enrolled in a program leading to a degree or certificate?
- Y N Does the student have a federal or state felony drug conviction?
List amounts paid for: Books & supplies \$ _____ Room & Board: \$ _____
- Y N Did the student receive a distribution from an education savings account or qualified tuition program?
If yes, please attach Form 1099-Q.

Health Care:

Y N Did you, your spouse, and dependents have health insurance coverage all year?

If you did not have coverage all year, were you eligible to be covered under an employer plan and you declined coverage? Y N

If you declined coverage, please explain reason _____

Y N Did you receive forms 1095-A, B, or C from your health insurance company? If yes, please attach.

Y N If you did not have coverage for the entire year, do you qualify for an exemption? (Attach certificate.)

Y N Did you or do you plan to make any contributions to a Health Savings Account (HSA)? (Form 5498-SA)

If yes, please indicate type of coverage: Self-Only Family

Amount of contribution:\$ _____ Date of contribution: _____

(Do not include amounts paid through your employer.)

Y N Did you have any distributions from an HSA account (Form 1099-SA)? Attach forms.

Please indicate amount of distribution used for qualified medical expenses: \$ _____

Medical/Dental/Hospital Expenses: (Do <u>not</u> include amounts reimbursed by insurance. Keep all receipts for your records.)	\$
Prescriptions: (Do <u>not</u> include amounts reimbursed by insurance. Keep all receipts for your records.)	\$
Medical Mileage:	miles
Long-Term Care Premiums – Taxpayer:	\$
Long-Term Care Premiums - Spouse:	\$
Out-of-Pocket Medical Insurance Premiums Paid: (Do <u>not</u> include Medicare or premiums paid through an employer plan)	\$

Charitable Contributions:

Y N Did you make any **cash** gifts to charity? Retain receipts for your records.

Name of Organization	Amount		Name of Organization	Amount
	\$			\$
	\$			\$

Y N Did you make any **noncash** gifts to charity? If so, please complete all of the following information and retain receipts for your records. (*Note: Both Goodwill and Salvation Army have Valuation Guides on their websites to assist you in determining the fair market value of your donation.*)

Organization Name & Address	Date of Donation	Fair Market Value of Donation	How acquired? (Purchase, inherited, gift)	Original Value
		\$		\$
		\$		\$

Personal Residence:

- Y N Did you move in 2017? If yes, was the move related to a job change? Y N
- Y N Were you a full year Wisconsin resident? If no, please list other state of residency:* _____
Date moved to WI: _____ Date moved from WI: _____
- Y N Did you pay rent in 2017? Amount \$_____/year Was heat included? Y N
- Y N Did you pay home mortgage interest in 2017? If yes, please attach Form(s) 1098.
- Y N Did you pay home mortgage interest that was **not** reported to you on Form 1098? If yes, please provide:
Recipient's Name: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____
- Y N Did you pay real estate taxes in 2017? If yes, please attach tax bill and receipts.
- Y N Did you make any energy efficient improvements to your main home? If yes, please attach receipts.
- Y N Did you receive the first-time home buyer's credit for a home purchased in 2008?
If yes, is this home still your primary residence? Y N
- Y N Did you purchase a home in 2017? If yes, please attach closing statements.
- Y N Did you sell a home in 2017? If yes, please attach closing statements.
 Y N Was this home your primary residence for at least 2 of the last 5 years?
 Y N Did you ever rent out the property or use any portion of the home for business purposes?
 Y N Have either you or your spouse sold a principal residence within the last two years?
If yes, at the time of that sale, who owned the residence? Taxpayer Spouse Both

Other Expenses:

- Y N Are you a full-time teacher with out-of-pocket expenses? Amount \$ _____
- Y N Did you pay any student loan interest (Form 1098-E)? If yes, please attach forms.
- Y N Did you pay any alimony? Amount \$ _____ Recipient's SSN _____
- Y N Did you employ any household employees (i.e. nanny)?
- Y N Do you owe sales tax on any out of state purchases? Please indicate total purchase amount: \$ _____
- Y N Did you pay any investment advisory fees? Amount \$ _____
- Y N Did you pay safe deposit box rental fees? Amount \$ _____
- Y N Did you have gambling losses (only to the extent of winnings)? Amount \$ _____
- Y N Did you make any EdVest contributions? If yes, please complete information below:

Name of Beneficiary	Amount		Name of Beneficiary	Amount
	\$			\$
	\$			\$

Unreimbursed Employee Business Expenses: Please list any employee business expenses that **were not** reimbursed by your employer. (If you are self-employed, do not complete this section. Please complete the Schedule C information sheet.)* *Note: In order to deduct mileage for auto expenses on a tax return, a log must be kept which details mileage driven for business purposes. This log would be needed to justify the write off for the expense in the event of an audit.*

Expense	Amount	Expense	Amount
Union/Professional Dues or Licenses	\$	Uniforms	\$
Tools, Equipment, and Safety Equipment	\$	Other (explain)	\$

Y N Do you have a home office that is used **regularly** and **exclusively** for business ?

Y N Is your home office for the convenience of the **employer**?

If yes to both questions above, please provide: Total square footage of home: _____ Square footage of office: _____

Unreimbursed Employee Business Vehicle Expenses	Taxpayer	Spouse
Description of vehicle (Year/Make/Model):		
Total miles driven in 2017 (includes business, personal, and commuting):	_____ miles	_____ miles
Of the total miles above, how many were business miles in 2017?	_____ miles	_____ miles
Do you have a written mileage log (required)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is vehicle provided (owned) by your employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Was vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Federal and/or State Estimated Tax Payments:

Y N Did you make any Federal or State estimated tax payments in 2017?

Federal Payments		
Due Date	Date Paid	Amount
04/18/2017		\$
06/15/2017		\$
09/15/2017		\$
01/16/2018		\$

State Payments		
Due Date	Date Paid	Amount
04/18/2017		\$
06/15/2017		\$
09/15/2017		\$
01/16/2018		\$

Y N If you have a balance due, would you like us to calculate 2018 estimated tax payments for you?

Y N If you have a refund, would you like the refund applied to next year's taxes?

Refund(s):

If you would like your federal and/or state refund(s) direct deposited, please provide bank information below:

Name of financial institution: _____ Type of Account: Checking Savings

Routing # _____ Account # _____

Y N If you are married filing a joint return with your spouse, is this a joint bank account?

Signatures:

I/we verify that the information provided in this document is true and correct to the best of my/our knowledge. I/we understand that any questions not answered will be assumed no.

Taxpayer

Date

Spouse

Date