

## INDEX

Through page 7 is **REQUIRED** for all taxpayers. After those pages, if it does not apply to you, you can skip that section. Please check off the pages you have completed and provided to us.

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	3	Engagement Letter Acknowledgement, Refunds/Tax Due - <b>REQUIRED</b>
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	5	Dependent Information (including Kiddie Tax and Daycare) - <b>REQUIRED</b>
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# ***Stranger, Tallman & Lautz Accounting***

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## **Personal Tax Organizer**

### **READ THIS FIRST - IT WILL SAVE YOU TIME & MONEY!**

The first question in each section will be in BOLD writing. If you answer "No" to that question, skip the rest of that section.

If you provide a form (such as a W2, 1099, 1098, property tax receipts, etc.), you do NOT need to fill in the dollar amounts on this organizer. We will get the information from the forms.

In most cases, we do NOT need to have your receipts. Exceptions to this will be noted in the section's heading. You do need to keep your receipts in case of review by tax authorities.

We do NOT need copies of all of your monthly statements - just provide the year end tax form related to each account.

**Returns received by March 22nd with all required information will be completed by the filing deadline.**

**If you miss our cutoff and still want your tax returns filed on time, we can apply a rush fee. Our fee for this is \$150. Please note- we are not saying you must pay this rush fee if you miss a cutoff; we only charge it if you want a guaranteed timely filing once we are past the March 22nd cutoff.**

We often correspond by email as we prepare your return. Please check your email at least daily while we are working on your return.

If you are sending us PDF copies of your information, please limit the number of files by combining the pages into one (or two) PDF files. We can sort the information out as we need to.

Please do **NOT** use staples on your documents. We do scan your information and staple removal can damage your documents as well as take extra time in processing your information.

If you have Dividend Income (1099-DIV), please provide state tax information and US Government Obligation information that you received with your dividends.

By providing us your tax information to prepare your tax returns, you agree that we may discuss this return with the IRS and/or State(s) as required.

### **Privacy Notice**

As a tax practitioner, we receive and collect nonpublic personal information from various forms and statements that you provide. We do not disclose such information unless you instruct us to do so. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. If you need us to provide information to third parties, such as banks or mortgage companies, you will need to provide us with a signed Consent Form.

**DRIVERS LICENSE/STATE ID INFO - REQUIRED**

Taxpayer:  
Name on Identification \_\_\_\_\_  
ID Number \_\_\_\_\_  
ID State of Issuance \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Spouse:  
Name on Identification \_\_\_\_\_  
ID Number \_\_\_\_\_  
ID State of Issuance \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**REFUNDS / TAX DUE - REQUIRED**

-----  
**IF YOU HAVE REFUNDS**  
-----

For Federal refund, do you want to apply it to next year's Federal Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

For State refund, do you want to apply it to next year's State Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

If refunds are NOT applied, do you want your refunds Direct Deposited? Yes \_\_\_\_\_ No \_\_\_\_\_

If you provided a voided check to us previously AND your account has NOT changed, INTIAL HERE \_\_\_\_\_ for us to use the same account this year. You do NOT need to provide another voided check.

**If we do NOT have your bank account information, please provide a voided check for direct deposits and/or debits.**

-----  
**IF YOU OWE TAXES**  
-----

If you **owe taxes** how do you want to pay them by: Check \_\_\_\_\_ or Direct Debit \_\_\_\_\_

If direct debit - list the dates you want the taxes debited from your account, up to the due dates:  
Federal \_\_\_\_\_ State \_\_\_\_\_

*If you are unable to pay your taxes owed, we can assist you in making a payment plan with the IRS and/or State.*

**FREE SECURE CLIENT PORTAL - RECOMMENDED**

If you have an account already, do you want to use it this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If you want to use our free Client Portal to send and receive information, provide the email you wish to sign up with: **Email address** (this will be your User Name):

**INQUIRY PROTECTION**

If you wish to opt out of Inquiry Protection Check Here: \_\_\_\_\_

More details are included in your organizer packet.

**YOUR COPY OF THE RETURN**

Please check how you would like a copy of your Tax Return: PAPER \_\_\_\_\_ PDF \_\_\_\_\_ BOTH \_\_\_\_\_

Please check how you would like to receive next year's organizer: PAPER \_\_\_\_\_ PDF \_\_\_\_\_

**EXTENSIONS**

All required information is due to our office by 5pm on March 22, 2019 in order for your taxes to be filed on time. If you will miss our March 22nd deadline you **must notify our office** that you require an extension.

**TAXPAYER AND SPOUSE INFORMATION**

Are you a new client or did your personal information change this year? Yes  No   
If No, skip this page

If yes, input **ANY CHANGES ONLY**. Complete in full if you are a new client.

As of December 31st of this tax year, I am:

Married Filing Jointly  Widowed within past year  
 Married Filing Separately  Single

Are you being claimed as a dependent on someone else's tax return? Yes  No

**Taxpayer Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_  
Date of Death (if applicable) \_\_\_\_\_  
What state(s) are we completing for you? \_\_\_\_\_

Permanently and totally disabled? Yes  No

Are you a Veteran of any branch of the US Armed Forces? Yes  No

Allocate \$3 to Presidential Election Campaign? Yes  No

Identity Protection PIN - This is issued by the government only to people who have previously been a victim of Identity Theft in regards to their taxes. This is NOT the e-file authorization PIN from previous year's tax filings.

IRS \_\_\_\_\_ State \_\_\_\_\_ What State? \_\_\_\_\_

**Spouse Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_  
Date of Death (if applicable) \_\_\_\_\_  
What state(s) are we completing for you? \_\_\_\_\_

Permanently and totally disabled? Yes  No

Are you a Veteran of any branch of the US Armed Forces? Yes  No

Allocate \$3 to Presidential Election Campaign? Yes  No

Identity Protection PIN - This is issued by the government only to people who have previously been a victim of Identity Theft in regards to their taxes. This is NOT the e-file authorization PIN from previous year's tax filings.

IRS \_\_\_\_\_ State \_\_\_\_\_ What State? \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County, if applicable \_\_\_\_\_

Is this a new address? Yes  No

Did you relocate from another state? \_\_\_\_\_

If so, what state and on what date? \_\_\_\_\_

List any other information you feel we need to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEPENDENTS

Do you have one or more dependents?      Yes \_\_\_\_\_      No \_\_\_\_\_

If NO, skip this PAGE.

*A dependent is a child under age 18, full time college student aged 19-23, or special circumstance adult.*

List any dependents you claimed last year that we cannot claim this year due to any of the following situations:

They got married before 12/31/16 \_\_\_\_\_

They turned 24 years old before 12/31/16 \_\_\_\_\_

No longer a college student under your direct financial support for more than 5 months of the year \_\_\_\_\_

Are there any changes to your dependent information?      Yes \_\_\_\_\_      No \_\_\_\_\_

If NO, skip this section.

Name \_\_\_\_\_  
Soc. Sec. Number \_\_\_\_\_

Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Soc. Sec. Number \_\_\_\_\_

Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Soc. Sec. Number \_\_\_\_\_

Relationship \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Did you pay Child or Dependent Care Expenses?      Yes \_\_\_\_\_      No \_\_\_\_\_

If NO, skip this section.

**NOTE: The child/dependent must be under age 13 or disabled & the payments made so you (and spouse, if married) can work, look for work, or attend school. DO NOT INCLUDE PRIVATE SCHOOL TUITION FEES.**

Provide Caregiver Name, Complete Address, SSN or EIN, Amount Paid & Dependent being cared for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you received reimbursement for Dependent Care from your employer, how much?      \$ \_\_\_\_\_

Did a dependent have self-employed & earned more than \$400 at a job?      Yes \_\_\_\_\_      No \_\_\_\_\_

If NO, skip this section.

If yes, provide Forms 1099 and/or W2 and list their name and amount earned:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Did a dependent child have interest and/or dividend income in excess of \$1,050, or total investment income in excess of \$2,100?      Yes \_\_\_\_\_      No \_\_\_\_\_

If NO, skip this section.

If yes, provide their year-end statements and list their name and amount:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## COMMON FORMS

If you have any of the following forms, please mark them off and provide the forms to us.

<u>Taxpayer</u>	<u>Spouse</u>		
_____	_____	Form W-2	
_____	_____	Form Schedule K-1 (LLC, Partnership, S Corporation)	
_____	_____	Form 1099-G (Tax Refunds, Unemployment Income, Taxable Grants)	
_____	_____	Form 1099-MISC (Rental, Royalty, Self-Employed, Etc.)	
_____	_____	Form W-2G (Gambling Winnings)	
_____	_____	Jury Duty Income - If you don't have forms, list amount received: \$ _____	
_____	_____	Form 1099-C or 1099-A (Cancelled Debts)	
<i>Insurance Forms:</i>			
_____	_____	Form 1099-SA (For HSA or MSA plans)	
_____	_____	Form 1095-A (Health Insurance Marketplace Statement)	
_____	_____	Form 1095-B (Health Coverage)	
_____	_____	Form 1095-C (Employer Provided Health Insurance Offer and Coverage)	
<i>Investment Forms:</i>			
(Provide details if any investments became worthless this year.)			
_____	_____	Form 1099-B (Investment Sales) - Include all cost basis information.	
_____	_____	Form 1099-INT (Interest)	
_____	_____	Form 1099-DIV (Dividends)	
_____	_____	Form 1099-Q (Qualified Tuition Program Distributions)	
<i>Retirement Income</i>			
_____	_____	Form SSA-1099 (Social Security Income)	
_____	_____	Form RRB-1099 (Railroad Income)	
_____	_____	Form 1099-R (Retirement Income)	
<i>Deductions</i>			
_____	_____	Personal Property Tax Forms (Vehicle)	
_____	_____	Form 1098 - Mortgage Interest (Primary Residence)	
_____	_____	Form 1098 - Mortgage Interest (2nd loan, 2nd home, some Boats/RVs)	
_____	_____	Real Estate Tax Forms not shown on Form 1098 (Primary Residence)	
If you do <b>NOT</b> have Form 1098, provide the totals instead below:			
		Total Real Estate Taxes paid on non-rental residences	\$ _____
		Total Mortgage Interest paid on non-rental residences	\$ _____
		Total PMI paid on non-rental residences	\$ _____
		Total Interest paid on 2nd home/loan (some Boats/RVs qualify)	\$ _____

Provide details for any other income you may have received that is NOT represented in the forms above.

### MISCELLANEOUS QUESTIONS

If you **made any gifts** to any one individual of more than \$14,000 (\$28,000 by a couple), provide recipient's name, address, their relationship to you, and the gift amount:

		\$ _____
		\$ _____

Has the IRS or State notified you of any changes to a prior year's tax return? If so, provide copies of all correspondence. Yes \_\_\_\_\_ No \_\_\_\_\_

If you incurred expenses related to **adopting a child**, how much? \$ \_\_\_\_\_

Did you pay any **household employees** \$2,000 or more? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did you provide a Form W-2 to the worker? Yes \_\_\_\_\_ No \_\_\_\_\_

If you traveled more than 100 miles as a **National Guard member or Reservist**, how many miles? \_\_\_\_\_ Mi.

### HEALTH INSURANCE & MEDICAL EXPENSES

Did you and your dependents have healthcare coverage for the full year? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, skip this section.

If you did NOT have health insurance for the full year, what months did you NOT have coverage?

Jan \_\_\_ Feb \_\_\_ Mar \_\_\_ Apr \_\_\_ May \_\_\_ Jun \_\_\_ Jul \_\_\_ Aug \_\_\_ Sep \_\_\_ Oct \_\_\_ Nov \_\_\_ Dec \_\_\_

If you or your dependents did NOT have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen, or economic hardship? If you received an exemption certificate, please attach.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you received any COBRA health insurance premium assistance, list the total or provide the form.

\$ \_\_\_\_\_

### HEALTH SAVINGS ACCT (HSA) / MEDICAL SAVINGS ACCT (MSA)

Did you make any contributions to a Health Savings Account (HSA) or Medical Savings Account (MSA)? If so, provide all Forms 1099-SA. NOTE: FSA (Flexible Spending Account) is different than an HSA or MSA and is not shown on the tax return.

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, skip this section.

If yes, which type of plan is the HSA or MSA?

Self-only \_\_\_\_\_ Family \_\_\_\_\_

If you received distributions from a HSA or MSA, how much?

\$ \_\_\_\_\_

If all the distributions were NOT used to pay medical expenses, how much was NOT?

\$ \_\_\_\_\_

### EDUCATION SAVINGS ACCOUNT (529 PLAN)

Did you contributed to an Education Savings Account (such as a 529 Plan)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, skip this section.

Provide Student's Name and amount contributed:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

If you have previous Education contributions that exceeded the deductible amount, provide Student's Name and amount of Carry Over to be added to this return (we have this if we prepared your previous return):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

### STATE USE TAX

Did you make any out-of-state purchases during this year such as via the internet, telephone, television, a catalog, or at an actual out-of state location?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, skip this section

Did the retailer charge you for sales tax on each purchase?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you did NOT pay sales tax, enter the total out-of-state purchases you made for each quarter below. (Leave blank if you DID pay sales tax.)

January 1 to March 31 \$ \_\_\_\_\_

April 1 to June 30 \$ \_\_\_\_\_

July 1 to September 30 \$ \_\_\_\_\_

October 1 to December 31 \$ \_\_\_\_\_

### ALIMONY INCOME & EXPENSES

If you **PAID** Alimony (do NOT include child support), how much? \$ \_\_\_\_\_  
Recipient's Social Security Number (must be reported on your tax return): \_\_\_\_\_

If you **RECEIVED** Alimony (NOT Child Support), how much? \$ \_\_\_\_\_  
Full name of the person who paid you Alimony: \_\_\_\_\_

### TEACHER EXPENSES

As an educator, how much did you spend on out-of-pocket costs? (Max allowed \$250) Taxpayer \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_

### STUDENT LOANS

Did you pay Student Loan Interest? If so, **provide all Forms 1098-E.** Yes \_\_\_ No \_\_\_

### EDUCATION EXPENSE

**Did you have any Secondary Education Expenses (college)? If so, provide details below for one person (use additional sheets to report totals separately if there is more than one person):** Yes \_\_\_ No \_\_\_ **If NO, skip this section**

Name of person who had education expenses. \_\_\_\_\_

Did you have tuition expenses? If so, **provide all Forms 1098-T.** Yes \_\_\_ No \_\_\_

If you paid for **required books**, how much? \$ \_\_\_\_\_

If you paid for **required supplies and/or equipment** costs, how much? \$ \_\_\_\_\_

If you have taken the American Opportunity Tax Credit in previous years, how many previous years have you already taken the credit? Years already taken: \_\_\_\_\_

Has the student ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If you received **reimbursement from the GI Bill**, how much? \$ \_\_\_\_\_

If any 1099-Q Qualified Tuition Program **distributions were NOT used for educational purposes**, how much? \$ \_\_\_\_\_

### HOME SALE OR REFINANCE

Did you **refinance** your primary residence? If so, **provide Form HUD1 or Closing Disclosure.** Yes \_\_\_ No \_\_\_

Did you **sell** your primary residence? If so, **provide the HUD1 or Closing Disclosure.** Yes \_\_\_ No \_\_\_

What was your **original cost** (inc. closing costs) **plus improvements** made to the house? \$ \_\_\_\_\_

What was the **original purchase date** of the house? Date: \_\_\_\_\_

### IRA CONTRIBUTIONS

**Did you (or will you by April 15, 2018) make a contribution into an IRA account for 2017? Do NOT include contributions that are through your work and appear on your W2.** Yes \_\_\_ No \_\_\_ **If NO, skip this section**

Primary Taxpayer - Traditional IRA contribution amount. Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

Spouse - Traditional IRA contribution amount. Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

Primary Taxpayer - ROTH IRA contribution amount. Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

Spouse - ROTH IRA contribution amount. Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

Did you convert a retirement plan into a ROTH IRA? If so, **provide Form 1099-R.** Yes \_\_\_ No \_\_\_



### MEDICAL DEDUCTIONS

*To be deductible, medical expenses must exceed 7.5% of your income. Keep your receipts for your records but we do NOT need to see them. Provide only your totals in the appropriate lines and only include your out-of-pocket expenses that were NOT covered/reimbursed by insurance.*

Did you incur medical expenses that will exceed 10% of your income? Yes  No

### OTHER ITEMIZED DEDUCTIONS

If you **owed taxes with your previous year's State tax return(s)** and we did NOT prepare your State return(s), provide the amount you owed and paid. Provide Form 1099-G. \$ \_\_\_\_\_

### CHARITABLE DONATIONS

Did you make any cash or non-cash (clothes, etc.) donations or have charitable related mileage? *If NO, skip this section.* Yes  No

If you made any **donations by cash or check**, provide the total here, we do NOT need copies of your receipts but you should keep them in your records. \$ \_\_\_\_\_

If you made **donations through payroll deduction**, how much? \$ \_\_\_\_\_

If you had **charitable related mileage using your personal vehicle**, how many miles? Miles: \_\_\_\_\_

If you made **non-cash donations** (furniture, clothes, etc.), provide details: \$ \_\_\_\_\_

If your TOTAL non-cash donations did **NOT** exceed \$500, just provide the amount here.  
If your TOTAL non-cash donations did exceed \$500, for EACH non-cash donation, provide Organization name, full address, item description, date of donation, and value. You can find estimated values at the Red Cross or Goodwill websites.

Date	Organization Name	Full Address	Items Donated	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

### CASUALTY OR THEFT LOSS

Did you incur a Theft or Casualty Loss that will exceed more than 10% of your income? *If NO, skip this section.* Yes  No

Provide description of items lost, including date of original purchase:  
\_\_\_\_\_  
\_\_\_\_\_

What was the **value** of the item **immediately BEFORE** the theft or casualty? \$ \_\_\_\_\_

What was the **value** of the item **immediately AFTER** the theft or casualty? \$ \_\_\_\_\_

If you received or expect any insurance reimbursement, how much? \$ \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

Did you make **Quarterly Tax estimated payments** (this does NOT include taxes withheld on Forms W-2 or 1099), provide details:

Yes  No  *If NO, skip this section.*

**Federal:**

**State:**

	<u>Date paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>	<u>State Name</u>
1st Qtr.	_____	\$ _____	_____	\$ _____	_____
2nd Qtr.	_____	\$ _____	_____	\$ _____	_____
3rd Qtr.	_____	\$ _____	_____	\$ _____	_____
4th Qtr.	_____	\$ _____	_____	\$ _____	_____

### ENERGY EFFICIENT DEDUCTIONS

**Did you purchase any energy efficient home improvements or vehicles?**

Yes  No  *If NO, skip this section*

If you purchased any items that were certified as Energy Efficient, please provide description and total amount paid for each.

	\$ _____
	\$ _____

Did you purchase a NEW plug-in electric drive vehicle with at least 4 wheels that has a gross vehicle weight rating of less than 14,000 pounds and draws propulsion using a battery with at least four kilowatt hours that can be recharged from an external source of electricity.? If so, provide purchase agreement.

Yes  No

### FOREIGN TRANSACTIONS

**Did you live or work in a foreign country?**

Yes  No  *If NO, skip this section*

Did you receive a distribution from, or were you the grantor of, a foreign trust?

Yes  No

Did you have a foreign bank account with a balance over \$10,000 at any time during the year?

Yes  No

Did you have financial accounts maintained by a non-U.S. bank or financial institution that had a value of more than \$50,000 (\$100,000 if joint return) at the end of the year, or had more than \$100,000 (\$200,000 if joint return) at any time during the year?

Yes  No

If you paid any foreign taxes (NOT including what is already listed on your Forms 1099-DIV), how much?

\_\_\_\_\_

If applicable, will you file the FBAR form yourself by the deadline?

Yes  No

**EARNED INCOME CREDIT (EIC) DUE DILIGENCE**

**If you answer YES to ANY ONE of the following 4 questions, you cannot take this credit and can disregard the rest of the questions on thispage.**

- Are you filing as "Married Filing Separately"? Yes \_\_\_ No \_\_\_
- Are you filing form 2555 or 2555-EZ (relating to exclusion of foreign earned income)? Yes \_\_\_ No \_\_\_
- Is your investment income more than \$3,400? Yes \_\_\_ No \_\_\_
- Could you or your spouse be a qualifying child of another person for this year? Yes \_\_\_ No \_\_\_

**Have you ever been denied Earned Income Credit and NOT been reinstated?** Yes \_\_\_ No \_\_\_

**Is your total adjusted gross income MORE THAN the following amounts? If it is, you cannot take this credit and can disregard the rest of the questions on this Earned Income Credit Due Diligence page.**

You cannot make more than the following amounts for these statuses:

Filing Status With:	No Children	One Child	Two Children	Three or More Children
Single, Head of Household, Widowed	\$14,880	\$39,296	\$44,648	\$47,955
Married filing Joint	\$20,430	\$44,846	\$50,198	\$53,505

**If you qualify based on the amounts for your filing and dependents status:**

- Have you had the Earned Income Credit denied, disallowed, or reduced by the IRS before? Yes \_\_\_ No \_\_\_
- Were you or your spouse a nonresident alien for any part of this year? Yes \_\_\_ No \_\_\_
- Do both you and your spouse, if applicable, have a Social Security Number that allows you to work and is valid for EIC purposes? If not, stop here as you cannot take this credit. Yes \_\_\_ No \_\_\_

**If you qualify so far to take this credit AND have one or more qualifying children, complete the following questions:**

Name:	Child 1	Child 2	Child 3
1 Is the child your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
2 Was the child unmarried at the end of this tax year?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
3 Did the child live with you in the USA for over half of the tax year?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
4 At the end of the tax year, was the child under age 19 and under your age (or your spouse)?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
5 At the end of the tax year, was the child under age 24, under your age (or your spouse), and a student?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
6 At the end of the tax year, was the child permanently and totally disabled, no matter their age?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
7 Do you know of anyone else that could answer YES to questions #1-6?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
a. If so, what is their relationship to the child?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
b. Can this child be treated as their qualifying child instead?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
8 Does this qualifying child have a Social Security Number that allows/would allow him/her to work?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
9 Provide at least one of the following records or statement from any of the following agencies for each child that shows their address matches yours: School; Landlord or property management; Health Care provider; Medical records; Child care provider; Placement agency; Social Services; Place of worship, Indian tribal official; Employer.			
10 If you marked that the child was disabled, provide a statement from either a doctor, Health Care provider, or Social Services agency/program.			

**CLERGY**

*If NO, skip this page.*

**Are you ordained and being compensated as clergy?**

Yes  No

If you are a minister, did you opt out of paying Social Security?

Yes  No

Did you receive a **Housing Allowance on your W2?**

Yes  No

If yes, **how much Housing Allowance** did you receive?

\$ \_\_\_\_\_

If yes, did your actual expenses meet or **exceed the allowance received?** If not, list how much your actual expenses were.

Yes  No

\$ \_\_\_\_\_

If yes, did your actual expenses meet or **exceed the fair market value** of your furnished home?

Yes  No

If you had **income NOT reported on a W2 or 1099-MISC** from performing weddings, baptisms, writing, lecturing, etc., how much?

\$ \_\_\_\_\_

Did you have any **expenses other than meals or mileage** that were necessary for you in generating this additional income? If so, list items and their totals below i.e. Office expense (includes ink, paper, etc.), Advertising, Postage, etc.

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you paid **out-of-pocket for meals while traveling** that you did NOT get reimbursed, how much?

\$ \_\_\_\_\_

If you used your **personal vehicle for ministry and were NOT reimbursed**, how many miles?

Miles: \_\_\_\_\_

The following are **typical housing expenses** for your reference. You do NOT need to complete all of this detail, but may if you want us to have it:

Downpayment on a home	\$ _____
Mortgage payments, in full	\$ _____
Real estate taxes	\$ _____
Property insurance	\$ _____
Utilities (electricity, gas, water, trash pickup, local telephone)	\$ _____
Furnishings and appliances (purchase & repair)	\$ _____
Structural repairs and remodeling	\$ _____
Yard maintenance and improvements	\$ _____
Maintenance items (pest control, etc.)	\$ _____
Homeowners association dues	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Total: \$ \_\_\_\_\_

## RENTAL PROPERTY INCOME & EXPENSES

Do own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_ *If NO, skip this page.*

**We do NOT need to see all of your receipts, but you do need to keep them in case of review by taxing authorities. Just provide us with the totals below.**

	Property 1	Property 2	Property 3												
<b>Address:</b>	_____	_____	_____												
<b>Property Type</b>	_____	_____	_____												
<b>Income</b>															
From 1099-MISC	_____	_____	_____												
From renter directly	_____	_____	_____												
<b>Expenses</b>															
Advertising	_____	_____	_____												
Cleaning/Maintenance	_____	_____	_____												
Commissions	_____	_____	_____												
Insurance	_____	_____	_____												
Legal & professional fees	_____	_____	_____												
Management Fees	_____	_____	_____												
Mortgage Interest	_____	_____	_____												
Bank Name	_____	_____	_____												
Amount	_____	_____	_____												
Outside Services	_____	_____	_____												
Were you required to and did you provide Forms 1099 to each person to whom you paid \$600 or more for any work or attorney fees?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Yes	No			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Yes	No			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Yes	No		
Yes	No														
Yes	No														
Yes	No														
Repairs (not New Assets)	_____	_____	_____												
Supplies	_____	_____	_____												
Real Estate Taxes Paid	_____	_____	_____												
Utilities Paid	_____	_____	_____												
Other:	_____	_____	_____												
_____	_____	_____	_____												
<b>Travel</b>															
Total Mileage for Year	_____	_____	_____												
Rental Related Mileage	_____	_____	_____												
Vehicle Description	_____	_____	_____												
Year put in service	_____	_____	_____												
Hotel	_____	_____	_____												

**Assets Purchased or Removed (i.e. Flooring, Roof, Fixtures, Cabinets, Appliances, etc.)**

<p><b>New Equipment/Assets Purchased:</b></p> <p>    Date _____</p> <p>    Purchase Price _____</p> <p>    Description _____</p> <p>    Which Rental Property? _____</p> <p>    Date _____</p> <p>    Purchase Price _____</p> <p>    Description _____</p> <p>    Which Rental Property? _____</p>	<p><b>Assets Sold/Scrapped:</b></p> <p>    Date _____</p> <p>    Sale Amount _____</p> <p>    Description _____</p> <p>    Which Rental Property? _____</p> <p>    Date _____</p> <p>    Sale Amount _____</p> <p>    Description _____</p> <p>    Which Rental Property? _____</p>
--	--

*(Use additional pages if you have more asset information to provide.)*

**SELF-EMPLOYED INCOME & EXPENSES**

*If NO, skip this page.*

Do you operate an UNINCORPORATED or Single Member LLC business? Yes \_\_\_ No \_\_\_

**DO NOT FILL OUT IF YOU FILE A SEPARATE BUSINESS TAX RETURN.** We do NOT need to see all of your receipts, but you do need to keep them in case of review by taxing authorities. Just provide us with the totals below.

Business Name (if applicable) \_\_\_\_\_

Description of Business \_\_\_\_\_

What year was this business started? \_\_\_\_\_

**Gross Income/Revenue:** \_\_\_\_\_

**Expenses:** \_\_\_\_\_

Accounting \_\_\_\_\_

Advertising/Sales Aides/Samples \_\_\_\_\_

Bank charges \_\_\_\_\_

Continuing Education/Seminars \_\_\_\_\_

Credit and collection costs \_\_\_\_\_

Delivery, postage, and freight \_\_\_\_\_

Dues and subscriptions \_\_\_\_\_

Equipment rent \_\_\_\_\_

Donations \_\_\_\_\_

Insurance (except health insurance) \_\_\_\_\_

Interest paid on business loans/credit cards \_\_\_\_\_

Janitorial, laundry and cleaning \_\_\_\_\_

Legal and professional fees \_\_\_\_\_

Licenses \_\_\_\_\_

Materials (include sales tax) \_\_\_\_\_

Meals and entertainment, in full \_\_\_\_\_

Office/Supplies expense \_\_\_\_\_

Outside Services \_\_\_\_\_

Were you required to and did you provide Forms 1099 to each person to whom you paid \$600 or more for any work or attorney fees?	Yes	No

Permits and fees \_\_\_\_\_

Printing \_\_\_\_\_

Products for Resale (inc. sales tax) \_\_\_\_\_

Rent (office space, building, storage) \_\_\_\_\_

Repairs \_\_\_\_\_

Taxes Paid - Personal Property \_\_\_\_\_

Telephone/Cell Phone/Fax \_\_\_\_\_

Tools (less than \$100 in cost per tool) \_\_\_\_\_

Travel (out of town overnight) \_\_\_\_\_

Uniforms \_\_\_\_\_

**Totals**

**Loan Balances as of 12/31**

Credit Card \_\_\_\_\_

Equipment Loan \_\_\_\_\_

Line of Credit \_\_\_\_\_

Vehicle Loan \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**Business Health Insurance premiums** \_\_\_\_\_

**Home Office Use**

Total Square Footage of Home \_\_\_\_\_

Square Footage of Office Area \_\_\_\_\_

Utilities (do not include water) \_\_\_\_\_

Repairs/Maintenance - Office Only \_\_\_\_\_

Repairs/Maintenance - Rest of Home \_\_\_\_\_

Homeowners Insurance \_\_\_\_\_

Rent Paid \_\_\_\_\_

NOTE: Do NOT include Mortgage Interest or Real Estate Taxes. We will get this from Form 1098.

**Vehicle Usage**

Total Mileage for Year \_\_\_\_\_

Total Business Mileage for Year \_\_\_\_\_

Vehicle Description \_\_\_\_\_

Year put in service \_\_\_\_\_

Interest Paid on Vehicle Loan \_\_\_\_\_

Personal Property Taxes \_\_\_\_\_

Parking fees and tolls \_\_\_\_\_

**New Equipment/Assets (i.e. Computer, Printer, Furniture, etc.)**

Date \_\_\_\_\_  
 Cost \_\_\_\_\_  
 Description \_\_\_\_\_

Date \_\_\_\_\_  
 Cost \_\_\_\_\_  
 Description \_\_\_\_\_

**Assets Sold/Scrapped**

Date \_\_\_\_\_  
 Sale Amount \_\_\_\_\_  
 Description \_\_\_\_\_

Date \_\_\_\_\_  
 Sale Amount \_\_\_\_\_  
 Description \_\_\_\_\_

*(Use additional pages if you have more asset information to provide.)*