

Kordel Lentine, CPA

2017 TAX PREPARATION CHECKLIST

Thank you for allowing me to assist you with your tax return. You are ultimately responsible for all of the information on your tax returns, so please do your best to provide complete and accurate answers. If you have questions about anything on this form, or something else that does not fit on this form, please do not hesitate to let me know.

Section I. Personal Information						<input type="checkbox"/> Same as last year (skip to Section II)	
1. First Name		M.I.	Last Name		2. Your Social Security Number		
3. Spouse's First Name		M.I.	Last Name		4. Spouse's Social Security No.		
5. Mailing Address			Apt#	City	State	Zip Code	
6. Contact Information Phone: Cell Phone: E-mail:				7. School district number: 8. County:		9. U.S. Citizen? Self: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Date of Birth	11. Job Title		Are you:		12. Legally blind? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Totally/permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Spouse's Date of Birth	15. Spouse's Job Title		Is spouse:		16. Legally blind? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Totally/permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Can anyone claim you or your spouse as a dependent on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							

Section II. Marital Status and Household Information						<input type="checkbox"/> Same as last year (skip to question #3)	
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1. As of the last day of 2017, were you?
- Single
 - Married: Did you live with your spouse during any part of the last six months of 2017? Yes No
 - Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____
 - Widowed: Year of spouse's death: _____

2. List the names of everyone who lived in your home this tax year (other than you or your spouse). Also list anyone who lived outside of your home that you supported during this tax year.

Name (First, MI, Last) Do not enter your name or spouse's name below.	Social Security Number	Date of Birth (mm/dd/yy)	Relationship to you (e.g. daughter, son, mother, sister, none)	Number of months lived in your home	US Citizen or resident of the US, Canada, or Mexico (yes/no)	Marital Status as of Dec. 31 (S/M)	Full-time student during tax year (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

3. Can anyone else claim any of the persons listed in this section as a dependent on their return? Yes No
4. Are any of the persons listed totally and permanently disabled? Yes No
5. Did any of the persons listed provide more than 50% of their own support? Yes No
6. Did you provide more than half the support for all of the persons listed? Yes No
7. Did you pay over half the cost of maintaining a home for all of the persons listed? Yes No

Section III. Income – In 2017 did you (or your spouse) receive:

- | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Form W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Tip Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Scholarships? (Forms W2, 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state/local income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Self-Employment income (such as cash received for services)? (Form 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Income (or loss) from the sale of Stocks, Bonds, or Real Estate (including your home)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Unemployment Compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Social Security or Railroad Retirement Benefits (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Income (or loss) from Rental Property? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) (Forms W-2 G, 1099-MISC)
Specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Partnership, S Corporation, or Trust income? (Schedule K-1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Pension and annuity income? (Form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Proceeds from broker transactions? (Form 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Distributions from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Any other revenues not listed above? |

Section IV. Expenses – In 2017 did you (or your spouse) pay:

- | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Alimony: If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Educational expenses for yourself, spouse, or dependents, such as tuitions, books, fees, etc.? (Form 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Unreimbursed employee business expenses (such as teacher supplies, uniforms, or mileage)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Medical expenses (including health insurance premiums)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Home mortgage interest? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Real estate taxes for your home(s) or personal property taxes for your vehicle(s)? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Charitable contributions (must have a qualified written statement from charity for any single donations of \$250 or more)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Child/dependent care expenses, such as day-care? (Name, address, and tax ID or SSN) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Student loan interest? (Form 1098-E) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Unreimbursed expenses related to volunteer work? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Rent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Moving expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Business-related expenses (receipts, other documents, own records)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Farm-related expenses (receipts, other documents, own records)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Any other expense not listed above? |

Section V. Life Events – In 2017 did you (or your spouse):

- | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 with code W in Box 12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have debt from a mortgage or credit card canceled/forgiven by a lender? (Form 1099-C) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Buy, sell, or have a foreclosure of your home? (Forms 1099-A, 1099-S) |

- | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Live in an area that was affected by a natural disaster? If yes, where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Receive the First Time Homebuyers Credit in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Make estimated tax payments or apply previous year's refund to current tax year? If so, please provide details? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Attend school as a full-time student? (Form 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adopt a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. File previous year's federal tax return containing a "capital loss carryover" on Form 1040 Schedule D? |

Section VI. Vehicle Expenses (for vehicles used at least partially for business use)

1. Total miles driven for the year (or beginning/ending odometer readings): _____
2. Total business miles driven for the year (other than commuting): _____
3. Amount of parking and tolls paid: _____

NOTE: To claim actual expenses instead of mileage rate you will need receipts or totals for gas, oil, car washes, licenses, personal property taxes, lease or interest expenses, etc.

Section VII. Miscellaneous

- | <u>Yes</u> | <u>No</u> | |
|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Would you like to donate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Would your spouse like to donate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If you are due a refund, would you like it directly deposited to your account? (If yes, are you using a checking or savings account? Please provide account number, routing number, and name of bank). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you experience any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S Corporation, or Trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you buy or sell any stocks, bonds, or other investment property this tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you purchase, sell, or refinance your principal home or second home, or did you make a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. For home sales, did you own and use your home as a principal residence for at least 2 of the 5 years before the sale? If not, specify the reason you sold your home. |
| NOTE: IF ANY OF THE PRECEDING 4 APPLY (numbers 8-11), PLEASE INCLUDE: PURCHASE OR SALES CONTRACTS OR ESCROW CLOSING STATEMENTS WITH THIS FORM. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you have any debts canceled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did anyone owe you money which has become uncollectible? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Did you incur any expenses working as a teacher, counselor, or principal for kindergarten through grade 12? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you incur a personal loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. May the IRS discuss this return with Kordel Lentine? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Was any part of your home rented out or used for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you incur moving expenses due to a change of employment, in which you moved over 50 miles from your old location? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Were you notified or audited by either the Internal Revenue Service or a State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Do you have any other questions? _____ |