

## Personal Information & Questions

Taxpayer:

First Name

Initial

Last Name

Social Security Number

Date of Birth

E-mail

Spouse:

First Name

Initial

Last Name

Social Security Number

Date of Birth

E-mail

Address

City

State

Zip Code

Daytime Phone Number

Cell Phone Number

Preferred Method of Contact

Did your marital status change during 2017?  Yes  No If yes, please explain.

Were you notified by the IRS or other taxing authority of any changes in prior year returns?  Yes  No

Have you or your spouse been a victim of identity theft and have you contacted the IRS?  Yes  No

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

PIN

I have submitted this information for the sole purpose of preparing my tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my knowledge. By sending my tax information to BSH, I am agreeing to the terms and conditions set forth by the 2017 Engagement Letter and Additional Terms and Conditions.

Taxpayer Signature

Spouse Signature

## Delivery Information

We will contact you once your return is completed and ready for you to review and sign. This year all tax returns eligible for electronic filing will be securely e-filed by our office. A PDF Client Copy of your return and e-file release form (or Filing Copy) will be placed in your BSH Document Vault (eVault) for your retrieval. If you would like a paper copy of your return, please check here.

### Please return my original tax documents by:

- Call me to PICK UP my information
- USPS MAIL
- COURIER
- FEDEX

If you would like us to send your original tax documents to an address OTHER than the address above, check here  and provide the address below.



## 2017 Tax Form Checklist

Did you have any of the following Income or Deductions in 2017?		If yes, provide us with the corresponding form(s).	Complete additional information on...
Wages	<input type="radio"/> Yes <input type="radio"/> No	Form W-2	N/A
Interest	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-INT	
Dividends	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-DIV	
State or Local Tax Refunds	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-G	N/A
Sale of Stocks, Securities, Capital Assets	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-B	
Miscellaneous Income	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-MISC	
Retirement / Pension Distributions	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-R	
Pass-thru Income (LLC's, S Corp., Partnership, Trust, Estate)	<input type="radio"/> Yes <input type="radio"/> No	Schedule K-1	
Unemployment Compensation	<input type="radio"/> Yes <input type="radio"/> No	Form 1099-G	N/A
Social Security Income	<input type="radio"/> Yes <input type="radio"/> No	Form SSA-1099	N/A
Mortgage Interest	<input type="radio"/> Yes <input type="radio"/> No	Form 1098	
Health Savings Account (HSA or MSA)	<input type="radio"/> Yes <input type="radio"/> No	Forms 1099-SA and 5498-SA	
Healthcare Coverage or Insurance	<input type="radio"/> Yes <input type="radio"/> No	Forms 1095 -A, B or C	
Student Loan Interest	<input type="radio"/> Yes <input type="radio"/> No	Form 1098-E	
Tuition	<input type="radio"/> Yes <input type="radio"/> No	Form 1098-T	

**Scan Forms to your Client Document Vault or Fax to our office at 615.255.6184**

Questions for Us?



## Dependent Information

Please complete the following information for all dependents. If no changes from last year, check here and skip to next question

First Name & Initial	Last Name	SSN	Date of Birth	Relationship to Taxpayer	Months Lived at Home	Full-time Student at least 4 months
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Do you have any children under age 18 with unearned income more than \$1,050? If yes, please include all Forms 1099 the child received.  Yes  No

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? If yes, please include all Form 1099s the child received.  Yes  No

Did you adopt a child or begin adoption proceedings during 2017? If yes, please include additional information on page 20.  Yes  No

## Healthcare Information

Did you have healthcare coverage (health insurance) for you, your spouse, and any dependents?  Yes  No

Did you or your spouse have any transactions pertaining to a health savings account (HSA) or medical savings account (MSA)?  Yes  No

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No

If Yes, how many months were you covered?

## Bank Information

If you have an overpayment for 2017, would you like the amount applied to 2018?  Yes  No

Would you like your refund direct deposited into your bank account?  Yes  No

If you have a balance due, would you like to make the payment using a direct withdrawal?  Yes  No

}

If yes to either, include bank information below.

Owner of Account

Financial Institution

Type of Account

Routing Number

Account Number



## Interest & Dividends

Did you receive any interest or dividend income in 2017?  Yes  No

If yes, please complete this page and send us all Forms 1099-INT and 1099-DIV. If no, skip the rest of this page.

Did you close an account during 2017 that received interest/dividends in the prior year? If yes, please list the accounts that were closed.  Yes  No


Did you receive any interest or dividends in 2017 that was not reported on a 1099?  Yes  No

If yes, please provide the income information below.

**Interest Income (Complete only if you did NOT receive a Form 1099-INT)**

Name of Payer	Amount	Tax Exempt
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

**Dividend Income (Complete only if you did NOT receive a Form 1099-DIV)**

Name of Payer	Total Dividends	Qualified Dividends	Capital Gain Distributions

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?  Yes  No

If yes, was the combined value of your accounts greater than \$10,000 at any time during 2017?  Yes  No

In what country is your bank account located?

Did you create or transfer money or property to a foreign trust?  Yes  No



## Business Income & Expenses

Did you have any business income in 2017?  Yes  No      If yes, provide us with all 1099-MISC

**If yes, please complete this page. If no, skip the rest of this page.**

Name of Business

Belongs to:

**Please provide us with a QuickBooks file, Quicken, or Excel spreadsheet for each business.**

Amount of Health insurance paid for you and your dependents

Did you purchase any new equipment, furniture, vehicles, etc. in 2017?  Yes  No

If yes, please provide a list of the assets purchased including a description, date purchased and purchase price.

Did you sell or dispose of any assets in 2017?  Yes  No

If yes, please provide a list of the assets sold/disposed including the date sold/disposed and any proceeds from the sale or reason for disposition.

Did the business make any payments in 2017 that would require it to file Form(s) 1099?  Yes  No

If yes, did the business file or will it file all required Form(s) 1099?  Yes  No

Did you have any automobile expenses related to this business?  Yes  No

If yes, see page 12.

Did you have a home office related to this business?  Yes  No

If yes, see page 13.

Please complete the income and expenses portion of this page ONLY if you do not provide us with a QuickBooks, Quicken, or Excel file of your 2017 business activity.

### Business Income

Gross Sales & Receipts	
Returns & Allowances	
Other Income	
<b>Cost of Goods Sold</b>	
Beginning Inventory	
Purchases	
Cost of Labor	
Other Costs(Please List)	
Ending Inventory	
<b>Business Expenses</b>	
Advertising	
Commissions & Fees	
Contract Labor	
Employee Benefits	
Insurance (other than health)	
Interest	
Legal & Professional Services	

### Business Expenses (continued)

Office Expenses	
Pension & Profit Sharing Plans	
Rent - personal property	
Rent - real estate	
Repairs & Maintenance	
Supplies	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Wages	
Utilities	

## Capital Gains / Losses

Did you sell any stock, securities capital assets, or your home in 2017?  Yes  No

**If yes, please complete this page and send us all Form 1099-B. If no, skip the rest of this page.**

### Sale of Stocks, Securities, Capital Assets

Please provide Form 1099-B and a realized gain/loss schedule for all sales, if possible.

If NO gain/loss schedule is available, please provide the details of the sale below.

Kind of Property & Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis

Did you sell any securities not reported on your Form 1099-B?  Yes  No

If yes, provide additional information above.

Did you sell, exchange, or purchase any real estate in 2017?  Yes  No

If so, please attach closing statements.

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?  Yes  No

Did you engage in any put or call transactions?  Yes  No

If yes, please provide details.

Did you close any open short sales during 2017?  Yes  No

### Sale of Your Home

Did you sell your home in 2017?  Yes  No

If yes, please attach a copy of the closing statement and answer the following questions.

Did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

Did you ever rent out this property?  Yes  No

Did you ever use any portion of the home for business purposes?  Yes  No

Have you or your spouse sold a principal residence within the last two years?  Yes  No

At the time of the sale, the residence was owned by the:

Date Acquired	Date Sold	Selling Price	Original Cost	Cost of Improvements	Sales Expenses



## Rental Income & Expenses

Did you have any rental income in 2017?  Yes  No

If yes, please complete this page. If no, skip the rest of this page.

**Please provide us with your QuickBooks, Quicken, or Excel spreadsheet for each rental property.**

Did you purchase any new equipment, furniture, vehicles, etc. in 2017?  Yes  No

If yes, please provide a list of the assets purchased including a description, date purchased and purchase price.

Did you sell any assets in 2017?  Yes  No

If yes, please provide a list of the assets sold including the date sold and any proceeds from the sale.

Did you dispose of any assets in 2017?  Yes  No

If yes, please provide a list of the assets disposed including the date disposed and the reason for the disposition.

Did you have any automobile expenses related to these rental properties?  Yes  No

If yes, see page 12.

Did you have a home office related any of these rental properties?  Yes  No

If yes, see page 13.

Did the business make any payments in 2017 that would require it to file Form(s) 1099?  Yes  No

If yes, did the business file or will it file all required Form(s) 1099?  Yes  No

Please complete the income and expenses portion of this page ONLY if you do not provide us with a QuickBooks, Quicken, or Excel file of your 2017 rental activity.

	Property 1	Property 2	Property 3
Address			
Address (continued)			
Ownership % if not 100%			
How many days rented at FMV			
Number of days used personally			
<b>Income</b>			
Rents/Royalties Received			
Other Income			
<b>Expenses</b>			
Insurance			
Management Fees			
Interest Paid			
Repairs & Maintenance			
Supplies			
Taxes			
Utilities			

## LLC, Partnership, S Corporation, Trust, or Estate Income

Did you receive any Schedules K-1 from a partnership, LLC, S corporation, trust or estate for 2017?  Yes  No

**If yes, please complete this page. If no, skip the rest of this page.**

Please attach all 2017 Schedules K-1 received.

List Schedules K-1 received	T or S	Is the entity involved in rental activity?	Are you actively involved in management decisions?	Hours worked in business in 2017
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Did you have any automobile expenses related to any of these K-1's?  Yes  No If yes, see page 12.

Did you have a home office related to any of these K-1's?  Yes  No If yes, see page 13.





## Farm Income & Expenses

Did you have any farm income in 2017?  Yes  No

**If yes, please complete this page. If no, skip the rest of this page.**

**Please provide us with your QuickBooks file, Quicken, or Excel spreadsheet for each farm.**

Did you use gasoline or special fuels for farm purposes (other than for a highway vehicle) during the year?  Yes  No

Amount of Health insurance paid for you and your dependents

Did you purchase any new equipment, furniture, vehicles, etc. in 2017?  Yes  No

If yes, please provide a list of the assets purchased including a description, date purchased and purchase price.

Did you sell any assets in 2017?  Yes  No If yes, please provide details on page 18.

Did you dispose of any assets in 2017?  Yes  No If yes, please provide details on page 18.

Did you have any automobile expenses related to this farm?  Yes  No

If yes, see page 12.

Did you have a home office related to this farm?  Yes  No

If yes, see page 13.

Please complete the income and expenses portion of this page ONLY if you do not provide us with a QuickBooks, Quicken, or Excel file of your 2017 farm activity.

Income	Amount	Expenses (Continued)	Amount
Sale of livestock and other items bought for Resale		Labor hired	
Less Cost or Other Basis		Rent - Personal property	
Sale of Livestock, produce, grains, etc. you raised		Rent - Real estate	
Cooperative distributions (Forms 1099-PATR)		Repairs & maintenance	
Other Income		Seeds and plants purchased	
Expenses	Amount	Storage and warehousing	
Business meals & entertainment		Supplies purchased	
Chemicals		Taxes	
Custom hire (machine work)		Utilities	
Employee benefits		Veterinary, breeding, medicine	
Feed purchased		Other expenses	
Fertilizers and lime			
Freight & trucking			
Gasoline, fuel, oil			
Insurance (other than health)			
Interest			

# Retirement

## Retirement Plan Information

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while **NOT** taking any distribution?  Yes  No

Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence, pay medical or educational expenses?  Yes  No

if yes, please explain.

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?  Yes  No

if yes, please explain.

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?  Yes  No

if yes, please explain.

## Distributions

Did you receive any distributions from a retirement account, pension or annuity in 2017?  Yes  No  
If yes, please attach all Forms 1099-R received.

Did you rollover any IRA funds to another retirement account?  Yes  No

If yes, please indicate the amount on each 1099-R that was rolled over to another retirement account.

if yes, please explain.

## Contributions

Did you or your spouse make any contributions to a retirement account in 2017?  Yes  No  
If yes, please provide the contribution information below.

Type of Account	2017 Amount Taxpayer	2017 Amount Spouse
Traditional IRA		
Roth IRA		

If you are self-employed, would you like to contribute the maximum amount to your self-employed retirement account?

SEP IRA  Yes  No

SIMPLE IRA  Yes  No

401(k)  Yes  No



## Miscellaneous Adjustments & Other Income

### Medical Savings Account (MSA) & Health Savings Account (HSA)

Please provide Forms 5498-SA and 1099-SA.

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2017?  Yes  No  
If you received a distribution from an MSA, please include Form 1099-SA.

Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2017?  Yes  No  
If you received a distribution from an HSA, please include Form 1099-SA.

Did you make any contributions to your HSA for 2017?  Yes  No

Contributions made for 2017

Did you have any distributions from your HSA in 2017?  Yes  No

Distributions received from HSA in 2017

Were all distributions from your HSA used for unreimbursed medical expenses?  Yes  No

### Student Loan Interest

Did you pay any student loan interest in 2017?  Yes  No

Amount of Student Loan Interest paid in 2017

### Moving Expenses

Did you move to a different home because of a change in the location of your job?  Yes  No

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

### Other Income

Did you have any debts canceled, forgiven or refinanced during 2017?  Yes  No  
If yes, please include Form 1099-C.

Did you or your spouse receive distributions from long-term care insurance contracts?  Yes  No  
If yes, please include Form 1099-LTC.

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?  Yes  No



## Automobile Expenses

Did you have any business related automobile expenses in 2017?  Yes  No

**If yes, please complete this page. If no, skip the rest of this page.**

Complete the following chart with your 2017 automobile expenses in the appropriate column(s).

Do you have written evidence to support your deduction?  Yes  No

Do you or your spouse have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Name of Activity (i.e. business, rental, employee/W-2, etc.)			
Description of Vehicle			
Date Placed in Service			
Total Mileage			
Business Mileage			
Commuting Mileage			
Interest			

Stop here if you are using the standard mileage rate.

Complete the following if you use the actual expense method

Purchase Price of Car			
Lease Payments			
Parking Fees & Tolls			
Fuel & Oil, Repairs, Insurance etc.			
Licenses, Taxes			



## Home Office Expenses

Did you have a home office in 2017?     Yes     No

**If yes, please complete this page. If no, skip the rest of this page.**

Complete the following chart with your 2017 home office expenses in the appropriate column(s).

Name of Activity (i.e. business, rental, employee/W-2, etc.)			
Square Footage of home used regularly and exclusively for business			
Total Square Footage of Home			

Indirect Expenses: Indirect expenses are required for keeping up and running your entire home.

Deductible Mortgage Interest			
Real Estate Taxes			
Insurance			
Repairs & Maintenance			
Utilities			
Rent			
Condo / Association Dues			

Direct Expenses: Direct expenses benefit the business part of your home.

Example: Purchase new carpet for room used for home office.




## Itemized Deductions

Please complete this page if you would like to itemize your deductions.

### Medical & Dental Expenses

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income.

	2017 Amount
Prescriptions	
Doctors, Dentists	
Hospitals, Clinics, etc.	
Other	
Medical Miles	

@ \$0.17 =

### Taxes

	2017 Amount
Real Estate Taxes (not included on Form 1098): County Taxes	
Real Estate Taxes (not included on Form 1098): City Taxes	
Personal Property Taxes Paid	

### Sales Tax

Did you make any large purchases, such as motor vehicles and boats?  Yes  No

If yes, how much sales tax was paid on the purchase?

General sales tax paid on specified items

Do you prefer to use actual sales tax paid or the sales tax table?

If actual sales tax, please provide us with the actual sales tax paid during 2017.   
 (You should retain all receipts)



## Itemized Deductions (Continued)

### Mortgage Interest (Provide all Forms 1098)

Property Secured i.e. 123 Main St.	Interest Paid	Received 1098	Principal Balance Beginning	Principal Balance Ending	Interest Rate
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			

Provide the following information for Interest paid where no 1098 was received.

Payee's Name

Payee's Name

Address

Address

SSN

SSN

Did you buy, sell or refinance a new home in 2017?  Yes  No

**If yes, please enclose the closings statement.**

If you refinanced, how many years is your new mortgage loan?

Are your total mortgages on your first and/or second residence greater than \$1,000,000?  Yes  No

If yes, please provide the principal balance and interest rate at the beginning and the end of the year.

### Investment Interest Expense

	2017 Amount	Describe Investment
Investment Related (i.e. vacant land, etc.)		
Brokerage Margin account		
Other		



## Itemized Deductions (Continued)

### Charitable Contributions - Cash (i.e. Cash, Check, Debit, Credit Card)

Charitable Organization	2017 Amount

Charitable Organization	2017 Amount

### Charitable Contributions - Non Cash

Charitable Miles  @ \$0.14 =

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No

**If yes, please attach appraisal documents and additional information.**

Organization	Description of Donated Property	Date Acquired	Date Donated	Cost Basis	Fair Market Value





## Itemized Deductions (continued)

### Casualty/Theft Losses

Did you incur any casualty or theft losses during the year?  Yes  No

Did you incur any casualty or loss attributable to a federally declared disaster?  Yes  No

Description of Casualty Loss	Date of Casualty	Insurance Reimbursement	Original Cost	Date Acquired	Value Before Casualty	Value After Casualty	Cost of Replacement

### Miscellaneous Itemized Deductions

To be deducted, miscellaneous deductions must exceed 2% of your adjusted gross income, and then only the amount that exceeds 2% is deductible.

	2017 Amount		2017 Amount
Union and Professional Dues		Safe Deposit Box	
Tax Preparation Fee		Uniforms and Protective Clothing	
Professional Subscriptions		Work Tools	

### Unreimbursed Employee Expenses

**Do NOT include expenses that your employer reimbursed to you.**

**Do include expenses if they were reimbursed and included in your W-2 wages.**

To be deducted, miscellaneous deductions must exceed 2% of your adjusted gross income, and then only the amount that exceeds 2% is deductible.

	2017 Amount		2017 Amount
Parking Fees & Tolls		Travel	
Meals & Entertainment			



## Payments / Credits

### Estimated Tax Payments

	Due Date	Federal		State / Local	
		Date Paid	Amount Paid	Date Paid	Amount Paid
Applied from Prior Year					
1st Quarter	4/15/2017				
2nd Quarter	6/15/2017				
3rd Quarter	9/15/2017				
4th Quarter	1/15/2018				

### Child/Dependent Care Expenses

Did you pay for child care while you worked or looked for work?  Yes  No  
 If yes, please complete the following.

For children under 13 or individual who is physically or mentally incapable of self care.

	Provider 1	Provider 2	Provider 3
Name of Provider			
Address			
SSN or EIN			
Child/Dependent that received care			
Expenses incurred and paid in 2017			
Expenses incurred and not paid in 2017			

### Tuition Credit/Deductions

Did you or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No  
 If yes, please attach all Forms 1098-T.

Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If yes, include Form 1099-Q.  Yes  No

### Household Employees

Did you pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? If yes, provide additional information on page 18.  Yes  No

### Energy Credit

Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? If yes, provide detail below.  Yes  No

Did you install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? If yes, provide detail below.  Yes  No

Description of Purchase	Cost of Improvement	Date Installed



## Gifts You Made to Others (including Trusts)

*If you or your spouse made gifts to an individual in 2017 in excess of \$14,000, please complete this form.  
If gifts were not made or do not exceed \$14,000, skip this page.*

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?  Yes  No

Did you or your spouse make any gifts to a trust for any amount during the year?  Yes  No

Do you or your spouse have a life insurance trust?  Yes  No

Did you assist in the purchase of any asset (auto, home) for any individual during the year?  Yes  No

Did you forgive any indebtedness to any individual, trust or entity during the year?  Yes  No

Please complete the following regarding your 2017 gifts. Please indicate if the gift was made by the taxpayer, spouse, or jointly.

	Gift 1	Gift 2	Gift 3
Name of Person Receiving Gift			
Address of Person			
Your Relationship to the Person			
Age of the Person			
Date of Gift(s)			
Description of Gift			
Amount of Gift			
Cost Basis of Assets Gifted if Other Than Cash			
Value of Assets Gifted if Other Than Cash			



## Additional Information

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Please provide additional information not requested elsewhere.



## You're Almost Done- Please Fill Out This Final Checklist

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- Provide us your tax documents and forms (W-2, 1099, 1098, 1095, etc.). You do NOT need to enter any information from a tax document or form on our Tax Organizer.
  - Avoid duplicating information. Provide us your tax information in any organized format you choose but avoid duplicating information as it often causes us to spend more time.
  - Provide us closing statements (HUD-1) for all real estate purchases and/or sales that occurred in 2017.
  - Provide us legal documents (new wills, trusts, etc.) that would be beneficial to us for planning purposes.
  - Tell us what has changed or is about to change in your financial life.
  - Tell us what is missing (i.e., Schedule K-1's) and when you expect to send it to us.
  - Share with us any new advisors (bankers, brokers) and their contact information in case we need to reach them for tax purposes.
  - Let us know if you would like a paper copy of your return. An electronic copy (PDF) will be provided to you via our Client Portal.
  - Specify how you would like your tax information returned to you (pickup, mail, etc.).
  - Tell us how you would prefer that we communicate with you (cell phone, e-mail, etc.).
  - Advise us if your travel schedule will require special considerations for pickup or delivery of your return(s).
  - Make an appointment if your information is unusual, not well organized, or if you have questions you would like to discuss with us before preparing your return.
  - Submit all your tax information to us by **April 1st**.
  - If you are running behind or would like more time to compile your tax information, let us know as soon as possible and we will file for an extension.
- Provide any information regarding 2017 gifts (including trust documents and EIN's) so that we may determine
- what gift tax returns are required. Also, if you set up any Grantor-Type trusts for 2017, please provide all information relating to the formation and assets transferred.
  - Provide details of all estimated tax payments - both Federal and State

