



2017 Tax Information Checklist

Please complete the checklist.
Gather all applicable documents and upload to the Portal

Taxpayer Name: _____ Spouse Name: _____
 Taxpayer Email: _____ Spouse Email: _____
 Best Phone # to contact you: _____ Spouse Best Phone #: _____
 Home Address (if new in 2017): _____

Your completed 2017 Tax return will be uploaded to your portal.
 If you require a paper copy, choose a delivery option: Mail Pick Up in Fairfield Pick Up in Oxford

PERSONAL INFORMATION

1. Copy of your Driver's License or state identification. (Provide a copy for each taxpayer)
2. **Bank Account** – For direct deposit, list last 4 digits of account#: _____ (If new account, please provide a voided check)
3. Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No Yes (Attach documents)
4. **Marital Status** - Did your status change? No Yes If **YES**, list new Marital Status: _____
5. Do you have a Foreign Bank Account? No Yes (Provide Details)
6. Would you like us to **Prepare a Return for a Dependent** (additional fee) who had Federal Tax withholding of more than \$175 or had investment income greater than \$2,100? No Yes (Provide W-2 and other income statements)
7. Will you have any major life changes in 2018? Retirement Income Changes Dependent Change Marital Status
 If yes, would you like us to contact you to discuss tax planning? No Yes

HEALTH CARE INFORMATION – Include all 1095-A, 1095-B or 1095-C

8. Did you have health care coverage for every month of 2017 for your family? No Yes (If **YES**, Attach form 1095)
 - If you did not have health coverage, did you or anyone in your family qualify for an exemption from healthcare mandate? No Yes (If **YES**, Attach Exemption Certificate)
9. Did you receive Health Savings Account (HSA) Distributions? No Yes (If **YES**, Attach 1099SA)
10. List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ _____

INCOME INFORMATION (Please attach all applicable forms)

- | | |
|--|---|
| <input type="checkbox"/> Income Statements (Form W-2)
<input type="checkbox"/> Interest (Form 1099-Int)
<input type="checkbox"/> Dividends (Form 1099-Div)
<input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B)
<input type="checkbox"/> Social Security (Form 1099-SSA)
<input type="checkbox"/> Gambling (Form W-2G)
<input type="checkbox"/> Property Sold (Provide closing statement)
<input type="checkbox"/> Education Distributions (Form 1099-Q)
<input type="checkbox"/> Trust or Estate Beneficiary (Form 1041 K-1) | <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R)
<input type="checkbox"/> Alimony Received \$ _____
<input type="checkbox"/> Unemployment Compensation (Form 1099-G)
<input type="checkbox"/> Received Installment Payments for Property Sold
<input type="checkbox"/> Disability Income (Provide Documents)
<input type="checkbox"/> Income in a Foreign Country (Provide Documents)
<input type="checkbox"/> Cancellation of Debt (Form 1099-C)
<input type="checkbox"/> Foreclosure or Abandonment of Principle Residence (Form 1099-A) |
|--|---|

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership?**

- Shareholder (Include Form 1120-S K-1)
- Partner (Include Form 1065 K-1)
- Beneficiary (Include Form 1041 K-1)

Deliver all your Documents to Kirsch CPA Group by March 21, 2018

"Upload to Your Secure Portal - If you do not have a Portal, send an email to kphq@kirschcpa.com

Did you receive other income from any of the following sources during 2017?

- Business Income (Please refer to Schedule C Worksheet* or Provide details)
- Rental Income (Please refer to Schedule E Worksheet* or Provide details)
- Farm Income (Please refer to Schedule F Worksheet* or Provide details)

(* For a detailed worksheet to gather your information visit www.kirschcpa.com/about/tax-forms/.)

- Did you pay more than \$600 to an individual or unincorporated business for rent or service during 2017?
 - If **YES**, we can issue Form 1099 for you - Provide: name, address, Social Security# and amount paid by 1/15/2018

DEDUCTION INFORMATION

- Unreimbursed Medical Expense** - Please enter in amounts below if greater than 7.5% of your income
 - Medical Insurance Premiums: \$_____ Care Giver Expense: \$_____
 - Doctor/Dentist/Vision: \$_____ Prescription Expense: \$_____
 - Medical Miles Driven: _____
- Long Term Care Premiums:** Taxpayer \$_____ Spouse \$_____
- Real Estate Tax Paid:** \$_____
- Mortgage Interest Payments:** Provide a copy of **1098** Mortgage Interest Statement.
- Paid Safe Deposit Box Rental Fees:** \$_____
- Charitable Contributions: Keep Your Receipts!** Provide a total.
 - TOTAL monetary contributions \$_____
 - Charitable Miles Driven: _____
 - TOTAL non-cash charitable contributions \$_____ (If over \$500, please provide documentation)
- Investment Expenses** (including management fees) \$_____
- Retirement Contribution** to which Plan Type: Please select IRA Roth IRA SEP KEOGH
 - Contribution Amount: Taxpayer: \$_____ Spouse: \$_____
- Total Unreimbursed Employee Expenses** (Provide a list of non-reimbursed Employee Expenses)
 - Business Miles Driven: _____ (If you do not have written records you should not claim this deduction)
 - Total Miles Driven in 2017: _____
- Student Loan Payment** (Attach Form 1098-E for interest paid)
- College Education Expenses** (Attach Form **1098-T** issued by the university)

Dependent Name	University Name	Qualified Tuition	Books & Materials	First 4 Years (yes or no)
		\$	\$	
		\$	\$	

- Contributed to a State College Saving 529 Plan**

Beneficiary Name	Beneficiary SSN	Total Contributed	Program State
		\$	
		\$	

Child Care Expenses (Provide total of all expenses and detail related to child care)

Dependent Name	Provider Name	Federal ID or SSN	Address	Total Expense
				\$
				\$

Did you have a baby or add a new dependent?

New Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION

- Alimony paid \$ _____
- Union dues Paid \$ _____
- Purchased a Qualified Electric Vehicle (Provide Invoice)
- Gave a gift to an individual
 - If you are single and the gift is greater than \$14,000? \$ _____
 - If you are married and the gift is greater than \$28,000? \$ _____
- Moving expense for a job \$ _____
- Rented a property in Indiana \$ _____
- Bought or sold real estate (Provide Closing Statement)
- Paid household employee wages of \$2,000 or more
- COBRA premiums paid \$ _____
- Made OH statewide political contribution \$ _____
- Engaged in bartering transactions
- Any internet/phone purchases without sales tax?
 - List Total Purchase Amount \$ _____

QUARTERLY ESTIMATED PAID IN 2017 (List below or attach copies of cancelled checks)

	Date Paid	Federal	State	City	School District
Paid 2016 4th Qtr in 2017	_____	\$ _____	\$ _____	\$ _____	\$ _____
1 st Quarter	_____	\$ _____	\$ _____	\$ _____	\$ _____
2 nd Quarter	_____	\$ _____	\$ _____	\$ _____	\$ _____
3 rd Quarter	_____	\$ _____	\$ _____	\$ _____	\$ _____
4 th Quarter	_____	\$ _____	\$ _____	\$ _____	\$ _____