



2017 Tax Information Checklist

Please complete the checklist.

Gather all applicable documents upload to the Portal or send to Kirsch CPA Group.

Thank you for choosing Kirsch CPA Group. We look forward to working with you. If you have any questions, please call us at (513)858-6040.

Taxpayer Name: _____ **Spouse Name:** _____
Date of Birth: _____ **Date of Birth:** _____
Social Security#: _____ **Social Security#:** _____
Email: _____ **Email:** _____
Best Phone # to contact you: _____ **Phone #:** _____
Home Address: _____
City _____ **State** _____ **Zip Code** _____ **County** _____

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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 taxpayer and spouse)
2. **Bank Account** – Would you like direct deposit? No Yes - Provide a voided check
 If you have tax due, would you like direct payment from your account? No Yes - Provide a voided check
3. Provide a **copy of the last Two Years Tax Returns.** (2015 & 2016)
4. **Marital Status** - Single Married Widow Divorced Same Sex Marriage
5. Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No Yes (Attach documents)
6. Do you have a Foreign Bank Account? No Yes (Provide Details)
7. 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)
8. Will you have any major life changes in 2018? Retirement Income Changes Dependent change Martial 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

9. 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)
10. Did you receive Health Savings (HSA) Distributions? No Yes (If **YES**, Attach 1099SA)
11. List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ _____

Deliver all your Documents to Kirsch CPA Group by March 21, 2018
Upload to Your secure Portal • Mail or Drop off at the Oxford or Fairfield Office
 *You will receive an email from Kirsch CPA to set up your portal.

INCOME INFORMATION (Please attach all applicable forms)

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

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)

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 1/22/2018

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: \$ _____
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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
				\$
				\$

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?

• Total Purchase Amount \$ _____

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

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