

**2016 PERSONAL INCOME TAX RETURN DATA  
COMPREHENSIVE ACCOUNTING SERVICES**

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The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally, and not to your business operations. Please complete and return to us as soon as possible, BUT NO LATER THAN MARCH 3rd, 2017. **WE MUST HAVE THIS SIGNED AND COMPLETED DATA SHEET TO PREPARE YOUR TAX RETURN.** You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of at least three years from the date the return is filed. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before the year end. If we may be of assistance to you in preparing this form, kindly call us.

**( If you are a new client, please have a copy of the last three years tax returns for your first appointment. )**

Your Full Name	S.S. # - -	Birthdate / /
Spouses Full Name	S.S. # - -	Birthdate / /
Mailing Address _____ City _____ State _____ Zip _____	Home Phone Number ( ) -	Work Number ( ) -
Your Occupation	Spouses Occupation	
County and School District _____ Marital status at 12/31/2016 ____ Single ____ Married Do you want any refunds deposited into your bank account? Y N <b>If yes, please attach a voided check for the account. If bank account info is the same as last year, please write "same".</b>	E-mail Address _____ Circle if legally blind (You) Yes (Spouse) Yes Do you want \$3 to campaign fund: Yes No Do you live within the city limits? Yes No	

**DEPENDENTS**

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	MONTHS LIVED IN HOME	MONTHS AS A STUDENT

**DECLARATION :**

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

**NOTE:**

**PLEASE DO NOT  
FORGET YOUR  
SIGNATURE**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## HEALTH INSURANCE

Were you and all dependents covered by health insurance the entire year? **Yes** **No**

If you were covered with health insurance we have either **FORM 1095-A, 1095-B, or 1095-C** to complete your tax return.

**If you had your 2016 health insurance through the "MARKETPLACE" and you are receiving, or expect a premium credit or subsidy, we need the income from all dependents listed on your tax return.**

## INCOME

**Wages, Salaries, Tips, Etc.?** **Yes** **No** If **YES**, attach ALL W-2's

**Interest and Dividends** (from Banks & Financial Institutions)? **Yes** **No** If **YES**, attach ALL 1099's

**Foreign Bank Accounts?** **Yes** **No** If **YES**, and more than \$10,000 send details

**Pensions or IRA Distributions?** **Yes** **No** If **YES**, attach 1099R's

Did you **convert** or **roll over** a traditional **IRA** into a **ROTH IRA**? **Yes** **No** If **YES**, attach 1099R's

Did you receive **Alimony**? **Yes** **No** If **YES**, how much did you receive? \$ \_\_\_\_\_

## OTHER INCOME

Estates, Trusts, Partnerships or S-Corps? (Attach K-1's) Jury Duty \$ \_\_\_\_\_

**Tips** not reported to your employer? **Yes** **No** If **YES**, how much did you receive? \$ \_\_\_\_\_

**Prizes & Awards?** **Yes** **No** If **YES**, how much \$ \_\_\_\_\_

**State Tax Refund?** **Yes** **No** If **YES**, how much \$ \_\_\_\_\_

**Unemployment Compensation?** **Yes** **No** If **YES**, how much \$ \_\_\_\_\_ and attach 1099G's

**Gambling Winnings?** **Yes** **No** If **YES**, how much \$ \_\_\_\_\_ and attach W-2 G's

**Gains & losses from sale of property, stock, etc.?** **Yes** **No** If **YES**, attach 1099B's or closing docs.

**Social Security?** **Yes** **No** If **YES**, attach SSA 1099's and answer the two following questions:

**Rental Property Income?** **Yes** **No** If **YES**, call or email Andy or myself and we will email you the necessary worksheet. Email: John at [john@comprehensivefh.com](mailto:john@comprehensivefh.com) or Andy at [andy@comprehensivefh.com](mailto:andy@comprehensivefh.com). You can also download it at our website: [www.compacftg.com](http://www.compacftg.com) under Forms & Tools.

Did you have **any other income** from any other source? **Yes** **No** If **YES**, attach information:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## INCOME ADJUSTMENTS

Did you or your spouse contribute to a ( )REGULAR IRA, ( )ROTH IRA, ( )SIMPLE, or ( )KEOGH?

If **YES**, how much (You) \$ \_\_\_\_\_ (Spouse) \$ \_\_\_\_\_

Do you have a retirement plan at work (You) ? \_\_\_\_\_ (Spouse) ? \_\_\_\_\_

Did you pay alimony? **Yes** **No** If **YES**, how much \$ \_\_\_\_\_

Recipients name & S. S. # \_\_\_\_\_

Did you receive any non-taxable income, gifts or assistance during 2016? **Yes** **No** If **YES**, please describe:

VA Disability Comp \$ \_\_\_\_\_ Disability % \_\_\_\_\_ State or Fed Aid \$ \_\_\_\_\_ Gifts \$ \_\_\_\_\_

## DEDUCTIONS

### **Taxes:**

Did you pay **Sales Taxes** on major purchases last year? **Yes** **No** If **YES**, how much \$ \_\_\_\_\_

What for? \_\_\_\_\_

**DEDUCTIONS CONTINUED:**

Auto License Fees (list years & fees) \_\_\_\_\_ Property Taxes on all other real estate: \$ \_\_\_\_\_  
Year (\_\_\_\_\_) \$ \_\_\_\_\_  
Year (\_\_\_\_\_) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Real Estate Taxes on main residence: \$ \_\_\_\_\_

**OTHER DEDUCTIONS**

**Interest:** (Attach all 1098's)

1ST HOME NAME AMOUNT 2ND HOME NAME AMOUNT  
Mortgages..... \$ \_\_\_\_\_ Mortgages..... \$ \_\_\_\_\_  
2nd Home Mortgage.. \$ \_\_\_\_\_ 2nd Home Mortgage... \$ \_\_\_\_\_  
Interest paid to an individual? Provide name, address and social security #.  
\_\_\_\_\_ Real Estate Loan Fees \$ \_\_\_\_\_  
Points Paid \$ \_\_\_\_\_

Was any of the money used for any purpose other than to buy, build or improve your main home or second home? Yes  No  If "Yes", how much? \$ \_\_\_\_\_

**Contributions:** (please note the IRS will require receipts if audited)

Miles driven for qualified charity: \_\_\_\_\_

Name: \_\_\_\_\_ Other \_\_\_\_\_  
Church: \$ \_\_\_\_\_ : \$ \_\_\_\_\_  
Salvation Army - Non Cash/Check \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Did you donate any **non - cash items** such as food, clothing or furniture? **Yes No** If **YES**, attach receipts & list descriptions with values at thrift store value:

**Miscellaneous:**

Union Dues \$ \_\_\_\_\_ Gambling Losses \$ \_\_\_\_\_  
Spouse Dues \$ \_\_\_\_\_ Investment Expense \$ \_\_\_\_\_  
Adoption Expense \$ \_\_\_\_\_ Business Dues \$ \_\_\_\_\_  
Books & Publications \$ \_\_\_\_\_ Tools \$ \_\_\_\_\_  
Tax Preparer Fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Safety Deposit Box \$ \_\_\_\_\_ \$ \_\_\_\_\_

**ADDITIONAL DEDUCTIONS**

**Medical:**

Medicines / Drugs \$ \_\_\_\_\_ Hearing Aids \$ \_\_\_\_\_  
Doctors / Dentists \$ \_\_\_\_\_ Lab Fees \$ \_\_\_\_\_  
Eyeglasses \$ \_\_\_\_\_ Long Term Care Premiums You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Transportation Miles \$ \_\_\_\_\_ Medical insurance Paid \$ \_\_\_\_\_  
Lodging \$ \_\_\_\_\_ Health Savings Account Attach 5498-SA or HAS  
Hospitals \$ \_\_\_\_\_ Coverage: Individual \_\_\_\_\_ or Family \_\_\_\_\_ Check one

**COLLEGE TUITION**

If you are a college student or are claiming one as a dependent, please provide the following information and attach form 1099-T:

Is the student in the Freshman or Sophomore year? **Yes No**

Was the student enrolled for at least one academic period in a degree, certificate, or other program leading to a recognized credential? **Yes No**

Did the student carry at least half the normal full-time workload for his/her course of study? **Yes No**

Was the student convicted before the end of 2016 of a felony for possession for distribution of a controlled substance? **Yes No**

**JOB RELATED EDUCATIONAL EXPENSES:** This only applies to education or training related to your current job. It does not apply to education for a new job or new position.

Name of Student: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Travel Expense: \$ \_\_\_\_\_  
 Name of Institution: \_\_\_\_\_ Purpose: \_\_\_\_\_ Tuition & Supplies: \$ \_\_\_\_\_

**BUSINESS USE OF PERSONAL VEHICLE** (Use business questionnaire if appropriate)

Do not complete this part if you have already supplied your employer with your expenses and your reimbursement is not included in your wages. Also, if you own your business, your business miles paid personally should be submitted and reimbursed from the business to get a full deduction.

	Vehicle #1	Vehicle #2	
Description			The vehicle was used for what business purpose? Employee <input type="checkbox"/> Partner <input type="checkbox"/>
Date first used for business			Other _____
Lower of cost or value at date above			Do you have evidence to support the business miles claimed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Odometer reading at year end			Is the evidence in writing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Total miles driven during the year			Cost of gas, oil, repairs, lease, etc. . . . Vehicle #1 \$ _____ Vehicle #2 \$ _____
• Business miles			Amount reimbursed by employer \$ _____
• Commuting miles			
Business parking and tolls			
Interest paid (ignore for employee)			

**CHILD OR DEPENDENT CARE**

Did you pay for child care expenses last year? Yes No If YES, complete the following:

NAME OF CHILD	NAME OF PROVIDER	S.S. # or EIN #	ADDRESS OF PROVIDER	AMOUNT PAID
				\$
				\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

**MICHIGAN HOMESTEAD PROPERTY TAX CREDIT**

**For Homeowners:**

2016 Property Tax **BILLED** \$ \_\_\_\_\_ 2016 **Taxable Value** \$ \_\_\_\_\_ Not the Equalized Value

**For Renters:**

Total Rent Paid in 2016 \$ \_\_\_\_\_ Landlord's Name and Address: \_\_\_\_\_

**OUT OF STATE PURCHASES**

If you made any out-of-state purchases, either by phone, mail order catalog or internet, the State is now requiring you to report it on your Michigan Tax Return. Please list the total dollar amount of purchases made for 2016 (that you didn't pay sales tax on) below.

2016 Out-of-State purchases \$ \_\_\_\_\_ (Sales Tax **NOT** paid)

**ESTIMATED TAXES PAID**

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15, 2016)	SECOND QUARTER (JUNE 15, 2016)	THIRD QUARTER (SEPT. 15, 2016)	FOURTH QUARTER (JAN. 15, 2017)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$
City \$	\$	\$	\$	\$	\$

**Personal**

**Yes**      **No**

- Did your marital status change during 2016?.....
- If married, do you and your spouse want to file separate returns?.....
- Did your address change during 2016?.....
- Can you or your spouse be claimed as a dependent by another taxpayer?.....

**Dependent**

- Did you receive any Earned Income Credit?.....
- If yes how \_\_\_\_\_
- Did you pay for childcare while you worked or looked for work?.....
- Do you have any children under age 18 or a full-time student between the ages of 19 and 24 with unearned (investment income) more than \$2,000?.....
- Did you adopt a child or begin adoption proceedings during 2016?.....

**Purchases, Sales and**

- Did you have any debts cancelled, forgiven, or refinanced during 2016? YES, send details.....
- Did you start a new business, purchase a new rental property or farm, acquire any new interest in any partnership or S Corporation during 2016?.....
- Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2016?.....
- Did you sell, exchange, or purchase any real estate in 2016? If so, please attach closing statements.....
- Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence?.....
- Did you take out a home equity loan in 2016?.....
- If yes, provide closing statement. What were the funds used for? \_\_\_\_\_
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the form 1098?.....
- If yes, provide name, address and ID# of recipient: \_\_\_\_\_
- \_\_\_\_\_
- Did you pay any student loan interest?.....

**Credit**

- Did you make a purchase of residential energy efficient property in 2016? If YES, please send invoices.....

**Miscellaneous**

- Did you or your spouse contribute to or establish a medical savings account (MSA) in 2016 or a Health Savings Account (H S A)?.....
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?.....

**Earned Income Credit**

If you have received in prior years, or expect to receive an Earned Income Credit this year, please send copies of documents showing dependents residence with you.

**THIS IS MANDATORY TO CLAIM THE CREDIT**

*(CONTINUED ON BACK PAGE)*

Continued:

**Miscellaneous (continued)**

Yes	No
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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?.....  
If yes, home many months were you covered for? \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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Did you move to a different home because of a change in the location of your job?.....  
If yes, please contact us regarding the possibility of deducting your moving expenses.

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse receive distributions from long-term care insurance contracts?.....  
If yes, please include Form 1099-LTC

<input type="checkbox"/>	<input type="checkbox"/>
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Did you make gifts of more than \$14,000 to any individual? If yes, explain below.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you have any foreign income or pay any foreign taxes during 2016?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you purchase a new hybrid vehicle or a plug-in electric vehicle?.....  
If yes, provide copy of invoice that includes make, model, and date of purchase.

<input type="checkbox"/>	<input type="checkbox"/>
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Have you received a punitive damage award or an award for damages other than for physical injuries or illness?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you engage in any bartering transactions?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Were you notified by the IRS or other taxing authority of any changes in prior year returns?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Are you or your spouse a teacher (K-12th grade) who spent up to \$250 on classroom related expenses?.....  
If yes, how much? \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse incur job related legal fees?.....

<input type="checkbox"/>	<input type="checkbox"/>
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**Sale of Your Home**

Did you sell your home in 2016?.....

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, did you (or your spouse if MFJ) own the home as our principal residence for at least two years of the five-year period prior to the sale?.....

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, did you (and your spouse if MFJ) occupy the home as your principal residence for at least two years of the five-year period prior to the sale?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Was the home acquired through a tax free (1031) exchange?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you ever use any portion of the home for business purposes?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Have you or your spouse sold a principal residence within the last two years?.....

<input type="checkbox"/>	<input type="checkbox"/>
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At the time of sale, was the residence owned by the taxpayer, spouse or both?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you retire or change jobs in 2016?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you receive retirement/severance compensation?.....  
If yes, date received: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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**Notes:**

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