

# 2017 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 2nd, 2018. **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 mail or have a copy of your 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 _____	E-mail Address _____	
Marital status at 12/31/2017 <input type="checkbox"/> Single <input type="checkbox"/> Married	Check if legally blind    (Y) Yes <input type="checkbox"/> (S) Yes <input type="checkbox"/>	
Do you want any refunds deposited into your bank account?    Y    N	Check if \$3 to campaign fund    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach a voided check for the account. If bank account info is the same as last year, please write "same". _____	Do you live within the city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 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 CARE INSURANCE

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

If you were covered with health insurance we will need either **FORM 1095-A, 1095-B, or 1095-C**. We must have it in order to complete your tax return.

**If you had your 2017 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? (Enclose K-1's) Jury Duty Income \$ \_\_\_\_\_

**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

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

**Rental Property Income?** **Yes** **No**. If **YES**, please call for form or download at: [www.compacctg.com](http://www.compacctg.com) under Forms & Tools.

Did you have **any other income** from any other source such as a 1099-MISC? **Yes** **No**. If **YES**, enclose 1099:

Type of work performed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please detail any expenses associated with this income on a separate sheet.

### 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 contribute to or establish a Health Savings Account? Attach 5498-SA or HSA

Was this an Individual Plan \$ \_\_\_\_\_ or a Family Plan \$ \_\_\_\_\_

Did you receive any non-taxable income, gifts or assistance during 2017? **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? \_\_\_\_\_

Auto License Fees (list years & fees)	Other Taxes:
Year (_____) \$ _____	_____ \$ _____
Year (_____) \$ _____	_____ \$ _____

Real Estate Taxes on main residence: \$ _____	Property Taxes on all other real estate
Estimated taxes are reported at	Addresses:
the bottom of page 4.	_____ \$ _____
	_____ \$ _____

**OTHER DEDUCTIONS**

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

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgage.....	_____	\$ _____	Mortgage.....	_____	\$ _____
2nd 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 anything other than to buy, build or improve either home? **Yes** **No.** If "Yes", how much? \$ \_\_\_\_\_  
improve your main home or second home? **Yes** **No.** If "Yes", how much? \$ \_\_\_\_\_

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

Church \$ _____	Colleges \$ _____
Cancer Foundation \$ _____	Humane Society \$ _____
Red Cross \$ _____	Public TV \$ _____
Salvation Army (cash/checks) \$ _____	Other \$ _____
United Way \$ _____	Other \$ _____

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

**ADDITIONAL DEDUCTIONS**

**Miscellaneous:**

Union Dues \$ _____	Gambling Losses \$ _____
Tax Prep Fee \$ _____	Investment Expense \$ _____
Adoption Expense \$ _____	Tools \$ _____
Books & Publications \$ _____	Other \$ _____
Safety Deposit Box \$ _____	\$ _____

**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 HSA?	
Hospital \$ _____	Coverage: Individual \$ _____ Family \$ _____	

**COLLEGE TUITION**

If you are claiming one or more college students as dependents, provide the following information and attach form 1099-T for each:

How much was actually paid for the students tuition, fees and course materials during 2017? \$ \_\_\_\_\_

What was the student's first year of college? \_\_\_\_\_

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 2017 of a felony for possession or distribution of a controlled substance? **Yes** **No.**

**JOB RELATED EDUCATIONAL EXPENSES:** This only applies to education or training related to your current job.

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

**BUSINESS USE OF PERSONAL VEHICLE** (Use BUSINESS questionnaire if use is for Your business)

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 PROVIDOR	S.S. # or EIN #	ADDRESS OF PROVIDOR	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 as soon as possible.

**MICHIGAN HOMESTEAD PROPERTY TAX CREDIT**

**For Homeowners:**

2017 Property Tax **BILLED** \$ \_\_\_\_\_ 2017 **Taxable Value** \$ \_\_\_\_\_ Not the Equalized Value

**For Renters:**

Total Rent Paid in 2017 \$ \_\_\_\_\_ 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.

2017 Out-of-State purchases \$ \_\_\_\_\_ (**that Sales Tax was NOT paid on**)

**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 \$	\$	\$	\$	\$	\$

**Additional Questions**

**Personal Information**

Yes      No

Did your marital status change during 2017? .....

If married, do you and your spouse want to file separate returns? .....

Did your address change during 2017? .....

Can you or your spouse be claimed as a dependent by another taxpayer? .....

**Dependents**

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 2017? .....

**Purchases, Sales and Debt**

Did you have any debts canceled, forgiven, or refinanced during 2017? .....    
If yes, please attach all 1099's.

Did you start a new business, purchase a new rental property or farm, or acquire any new interest in a partnership or S Corporation during 2017? .....

Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2017? .....

Did you sell, exchange, or purchase any real estate in 2017? 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 2017? 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 1098? If yes, provide name, address and ID# of recipient \_\_\_\_\_

Did you pay any student loan interest during the year? Please include statement. ....

**Itemized Deductions**

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....    
If yes, you will need to have the property appraised and the appraisal will need to be submitted with the return.

Did you incur any casualty or theft losses during the year? .....

**Credits**

Did you purchase a solar energy system, such as a solar water heater or solar panels? .....    
If yes, please include a copy of the receipt.

**Miscellaneous**

Did you contribute to a Michigan 529 Plan - MESP in 2017? .....    
If yes, how much? \$ \_\_\_\_\_

Did you pay any individual \$2,000 or more to perform household services during the year such as babysitting, cleaning, cooking or gardening? .....

Were there any changes made to federal or state returns filed in prior years? If yes, provide copies of the changes or correspondence received. ....

Questions (continued)

Yes No

Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you withdraw any amounts from a Coverdell Education Savings Account?

Did you or your dependents incur any post secondary education expenses, such as tuition?

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, how many months were you covered?

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.

Did you receive unreported tip income of \$20 or more in any month of 2017?

Did you or your spouse receive distributions from long-term care insurance contracts?    
If yes, please include Form 1099-LTC

Did you make gifts of more than \$14,000 to any individual?

Did you have any foreign income or pay any foreign taxes during 2017?

\* Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a bank account, securities account, or other financial account in a foreign country?

Did you create or transfer money or property to a foreign trust?    
There are substantial penalties for answering these questions incorrectly.

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you engage in any bartering transactions?

Were you notified by the IRS or other taxing authority of any changes in prior year returns?

Do you owe the state any use tax for out of state purchases?    
If yes, please give total purchased. \$

Are you or your spouse a teacher (K-12th grade) who spent up to \$250 on classroom related expenses?    
Amount of expenses: \$

Did you or your spouse incur job related legal fees?

Sale of Your Home

Did you sell your home in 2017?

If yes, did you (or your spouse if MFJ) own the home as your principal residence for at least two years of the five-year period prior to the sale?

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?

Was the home acquired through a tax free (1031) exchange?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of sale, was the residence owned by the taxpayer, spouse or both?

Purchase of Home

Did you purchase a home in in 2017? If yes, please enclose your closing statement.

Severance/Retirement

Did you retire or change jobs in 2017

Did you receive retirement/severance compensation? If yes, date received.

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_