2018 PERSONAL INCOME TAX RETURN DATA
COMPREHENSIVE ACCOUNTING SERVICES

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Please return this form in an envelope marked "Attn: Tax Department" to ensure processing is not delayed

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 1, 2019. **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	**For New Clients Only** S.S. # - -	Birthdate / /
Spouses Full Name	**For New Clients Only** S.S. # - -	Birthdate / /
Mailing Address ______ City______ State______ Zip______	Home Phone Number ( ) - ______ Work Number ( ) - ______ Cell Number ( ) -	
Your Occupation	Spouse's Occupation	
Identity Protection PIN, if you received a PIN from the IRS, please enter below. Husband PIN: ______ Spouse PIN: ______ Marital status at 12/31/2018 _____ Single ____ Married County and School District ______	E-mail Address ______ Check if legally blind (H) Yes ____ (S) Yes ____ Check if $3 to campaign fund Yes ____ No ____ Do you want any refunds deposited into your bank account? **If yes, please attach a voided check for the account.** **If bank account is the same as last year, check here** ☐	

The IRS is now asking for driver's license or state ID info to help cut down on identity fraud. Please fill in the information below or check one of the boxes if you are not going to furnish this info.

Taxpayer's (circle one) **DRIVER'S LICENSE or STATE ID** #________________ Issuing State ______

Issue Date______________ Exp Date________________

Spouse's (circle one) **DRIVER'S LICENSE or STATE ID** #________________ Issuing State ______

Issue Date______________ Exp Date________________

☐ Check here if the taxpayer doesn't have a license or ID. ☐ Check here if the spouse doesn't have a license or ID.

☐ Check here if the taxpayer has a license or ID but DECLINES to provide it. ☐ Check here if the spouse DECLINES to provide.

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 ______________________________

DEPENDENTS

Name	Date of Birth	SOCIAL SECURITY NUMBER **For New Dependents Only**	RELATIONSHIP	MONTHS LIVED IN HOME	MONTHS AS A STUDENT

HEALTH 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 2018 health insurance through the "MARKETPLACE" and you are receiving, or expect a premium credit or subsidy, we will also need the income from all dependents listed on your tax return.

INCOME

Please review for the following:

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

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

Foreign Bank Accounts? **Yes** **No** If **YES,** and more than $10,000 send details. There are substantial penalties for not providing this.

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

Did you **convert** or **rollover** 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 any W-2 G's

Gambling Losses? $ __________________ attach support.

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.

Rental Property Income? **Yes** **No** If **YES,** you can download our rental form at 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's:

Type of work performed: ___________________________________ Total Amount Received: $ _____________

Please detail any "ordinary and necessary" business expenses associated with this income below or on a separate sheet. If you want to claim mileage for your vehicle, download our Business Use of Vehicle form at www.compacctg.com under Forms & Tools.

______________________________ $__________ ______________________________ $__________

______________________________ $__________ ______________________________ $__________

______________________________ $__________ ______________________________ $__________

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) ? **Yes** **No** (Spouse) ? **Yes** **No**

Did you pay alimony**?** **Yes** **No** If **YES**, how much $ _________________ Recipient's name & S.S.# _______-______-_________

____

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

Individual Plan Contribution $____________ or Family Plan Contribution $_____________

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)

Year (_________) $_____________________

Year (_________) $_____________________

Year (_________) $_____________________

Real Estate Taxes on main residence: $_____________________

Estimated taxes are reported at the bottom of page 4.

Other Taxes:

______________________________ $_________________

______________________________ $_________________

Property Taxes on all other real estate.
Addresses:

______________________________ $_________________

____________________________ $ ________________

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	_____________ _____________	$______________ $______________

Please provide closing docs for a 2018 refinance.

Was any of the money used for anything other than to buy, build or improve either home? **Yes** **No** If "**Yes**", how much? $ __________

Medical: please fill in this information and keep all receipts for your records. Medical deductions must exceed 7.5% of your adjusted gross income to be deductible.

Medicines / Drugs $ ______________

Doctors / Dentists $ ______________

Eyeglasses $ ______________

Transportation Miles $ ______________

Lodging $ ______________

Hospital $ ______________

Hearing Aids $ ______________

Lab Fees $ ______________

Long Term Care Premiums You $ ____________ Spouse $ ___________

Medical insurance Paid $ ______________

Health Savings Account? Attach 5498-SA or HSA?

Coverage: Individual $____________ Family $ _____________

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

Church $ ___________________

Cancer Foundation $ ___________________

Red Cross $ ___________________

Salvation Army (cash/checks) $ ___________________

Colleges $ ___________________

Humane Society $ ___________________

Public TV $ ___________________

Other $ ___________________

Contributions continued:

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. We need the values in order to give you the deduction. The Salvation Army has a value guide for this which can be found at https://salvationarmysouth.org/valueguide-htm/

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 student's tuition, fees and course materials during 2018? $ ________________

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 2018 of a felony for possession or distribution of a controlled substance? **Yes** **No**

CHILD OR DEPENDENT CARE

Did you pay for child care expenses last year? **Yes** **No** If **YES,** complete the following and include providor statement.

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 for a separate fee, please contact us as soon as possible.

Earned Income Credit: If you received in prior years, or expet to receive an Earned Income Credit this year, please send copies of documens showing dependents residence with you, such as medical or school records. THIS IS MANDATORY for the credit.

MICHIGAN HOMESTEAD PROPERTY TAX CREDIT

For Homeowners:

2018 Property Tax **BILLED** $ ______________ **2018 Taxable Value** $______________ Not the Equalized Value

For Renters:

Total Rent Paid in **2018** $ ____________ Landlord's Name and Address: ______________________________________

Must provide this info for credit.______________________________________

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 2018 (**that you did not pay sales tax on)** below.

2018 Out-of-State purchases $______________________ **(that Sales Tax was NOT paid on)**

ESTIMATED TAXES PAID

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 17, 2018)	SECOND QUARTER (JUNE 15, 2018)	THIRD QUARTER (SEPT. 17, 2018)	FOURTH QUARTER (JAN. 15, 2019)	TOTAL FOR YEAR 2018
Federal $	$	$	$	$	$
State $	$	$	$	$	$
City $	$	$	$	$	$

Questions (continued)

	Yes	No
Did you withdraw any amounts from a Coverdell Education Savings Account or state education savings plan?	☐	☐
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 receive unreported tip income of $20 or more in any month of 2018?	☐	☐
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 $15,000 to any individual?	☐	☐
Did you have any foreign income or pay any foreign taxes during 2018?	☐	☐
* Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a foreign 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 foreign banking questions incorrectly.
We will need to get the details if either of these foreign account information quesitons apply.

	Yes	No
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?	☐	☐
Did you make a contribution to a MET or MESP?	☐	☐
Did you make any out of state purchases during the year that you didn't pay sales tax on? If yes, please give total purchased. $ ________	☐	☐
Did you purchase a new hybrid vehicle or a plug-in electric vehicle? If yes, provide a copy of the invoice that includes, make, model and date of purchase.	☐	☐

Sale of Your Home

	Yes	No
Did you sell your home in 2018?	☐	☐
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?	☐	☐
Was the home acquired through a tax free (1031) exchange?	☐	☐
Did you ever use any portion of the home for business purposes?	☐	☐
At the time of sale, was the residence owned by the taxpayer, spouse or both?	☐	☐

Purchase of Home

	Yes	No
Did you purchase a home in 2018? If yes, please enclose your closing statement.	☐	☐

Severance/Retirement

	Yes	No
Did you retire or change jobs in 2018	☐	☐
Did you receive retirement/severance compensation? If yes, date received. ________	☐	☐
Is there a chance you may retire or take a buyout from your current job in 2019?	☐	☐

Notes:

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Additional Questions

	Yes	No
Personal Information		
Did your marital status change during 2018?	☐	☐
If married, do you and your spouse want to file separate returns?	☐	☐
Did your address change during 2018?	☐	☐
Can you or your spouse be claimed as a dependent by another taxpayer?	☐	☐
Dependents		
Did you pay for childcare while you worked or looked for work? If yes, see page 4 for further details.	☐	☐
Do you have any children under age 18 or a full-time student between the ages of 19 and 23 with unearned investment income more than $2,100?	☐	☐
Did you adopt a child or begin adoption proceedings during 2018?	☐	☐
Purchases, Sales and Debt		
Did you have any debts canceled, forgiven, or refinanced during 2018? 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 2018?	☐	☐
Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2018?	☐	☐
Did you sell, exchange, or purchase any real estate in 2018? 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 2018? 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? ______	☐	☐
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 that $5,000 to a charitable organization? If yes, you will need to have the property appraised.	☐	☐
Did you incur any casualty or theft losses during the year? This now only applies if the disaster happened in a federally declared disaster area.	☐	☐
Credits		
Did you purchase a solar energy system, such as a solar water heater or solar panels? If yes, please inclcude a copy of the receipt.	☐	☐
Miscellaneous		
Did you or your spouse contribute to or establish a medical savings account (MSA) in 2018 or a Health Savings Account (HSA)?	☐	☐
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 correspondence received.	☐	☐
Did you or your spouse contribute to or establish a Roth IRA or convert an existing IRA into a Roth IRA?	☐	☐
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	☐	☐