

Hello and welcome to another tax season! I hope you had a good year. Here are the worksheets again to fill or use as a check list to make sure that you provide us with everything needed to do a through job in preparing your taxes! (you won't have to fill in or provide any information that we already have in your file from previous years) The last sheet is for any

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

contractors, rent or interest paid to over \$600 that you need us to file 1099's for. We would like that sheet filled out & send back to us fairly soon so we can get your 1099's processed by the end of January deadline. ObamaCare: unless you provided us your info last year we will need your health ins. coverage info, of months, etc or an Exemption Certificate Number (ECN) for yourself and (all or any new) dependents.

Name of Taxpayer:	First	M.I.	Last	SS#	-	-
				Exemption CN#	Applied for <input type="checkbox"/>	
Occupation	Date of birth / /			Have an approved Form 4029? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City			State	Zip	
County	Home phone ( )			Work or cell ( )		
Name of Spouse:	First	M.I.	Last	SS#	-	-
				Exemption CN#	Applied for <input type="checkbox"/>	
Occupation	Date of birth / /			Have an approved Form 4029? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you moved during the year: Date of move / /				Do you or your Spouse have money in any Foreign bank accounts? No Yes		
Enter your previous address:						
Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Widow(er) <input type="checkbox"/> Head of Household <input type="checkbox"/> Unsure						
Were there any deaths in the family? <input type="checkbox"/> Yes If yes please provide name, ss# and date of the deceased						
Health Care coverage# Month's covered and any other information we should know about your healthcare situation:						

Please let us know about anything else that may affect your taxes and also remember to add any new dependents & their information below

Names of dependent children Child's full name	Social Security #	Date of birth	Months lived in home in Year	Health Insurance or ECN#	Approved Form 4029?
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				

Did any of the children have income above \$1,000 for the year? ☐ Yes ☐ No

Do any of the children have a disability? ☐ Yes ☐ No

If you are due a refund, would you like it directly deposited into your bank account? Name of bank

Checking ☐ Savings ☐ Routing transit number Account number

I would like to use the above banking information to pay my Federal or State balance due by April 15th:

## Questions — All Taxpayers

“You” refers to both taxpayer and spouse—enter “?” if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?				
	Yes	No	Did you pay or receive alimony		<i>Paid/Received</i> \$	<i>Recipient's SS#</i>	
	Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year?				
	Yes	No	Did you purchase health insurance through a public exchange?				
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?				
	Yes	No	Have you paid alternative minimum tax (AMT) in previous years?				
	Yes	No	Did you pay anyone for domestic services in your home?				
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?				
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?				
	Yes	No	Are you a member of the military?				
	Yes	No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?				
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? <i>Designee's name</i> <i>Phone number</i> <i>PIN (any five digits)</i>				
CHILDREN & EDUCATION	Yes	No	Were any children born or adopted				
	Yes	No	Were any children attending college?	<i>Year in college</i>	Paid by you: <i>Tuition</i> \$	<i>Student loan interest</i> \$	<i>Books</i> \$
					Paid by student: <i>Tuition</i> \$	<i>Student loan interest</i> \$	<i>Books</i> \$
				<i>Other expenses (add statement if needed)</i>			
	Yes	No	Did you pay any tuition for a private school for a dependent or take classes yourself?	<i>Student</i>		<i>Amount paid</i> \$	
				<i>Name and address of school</i>			
	Yes	No	Did you pay for child or dependent care so you could work or go to school? <i>(add statement if needed)</i>	<i>Name of provider</i>		<i>EIN or SS #</i>	
				<i>Address</i>		<i>Amount paid</i> \$	
Yes	No	Do you have any children who earned more than \$2,100 of investment income?					
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA				
	Yes	No	Did you roll over any amounts from a retirement account				
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?				
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft				
	Yes	No	Were you granted, or did you exercise, any employee stock options during				
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.				
	Yes	No	Did you pay sales taxes on a major purchase		such as a vehicle, boat, or home?		
	Yes	No	Did you have any uninsured loss to your property				
BUSINESS	Yes	No	Did you work from a home office or use your car for business?				
	Yes	No	Did you receive any income from an installment sale?				
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?				
HOME	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.				
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.				
	Yes	No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)				
	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?				
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.				

**State information**      Full-year resident      Part-year resident      Nonresident

States of residence

School district      Do you rent or own your home?      Rent      Own

## Itemized Deductions Worksheet

Deductions must exceed the current year standard deduction amount to be a tax benefit.

**Medical Expenses.** Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$

Medical miles: \_\_\_\_\_

**Taxes Paid.** Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	Reported on W-2
State estimated taxes—paid in current year	\$
Real estate tax—residence	\$
Real estate tax—other property taxes	\$ Personal
Property tax refund—paid in current year	\$ ( )
Foreign tax paid	\$
Other	\$
Other	\$
Balance paid in year from prior year returns (do not include interest or penalties)	\$
Did you keep receipts for sales tax paid during year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you purchase a car, plane, boat, or home in year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales tax paid \$ _____ Purchase paid \$ _____ Date _____	

**Interest Paid.** Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide Forms 1098 or lender information and ID numbers.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment interest	\$

Did you pay a mortgage insurance premium when you purchased your home? Amount \$ \_\_\_\_\_ Date / /

**Charitable Contributions.** If over \$500 in noncash charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Charitable mileage	

### Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft, provide details to your tax preparer. ☐ Yes ☐ No

**Miscellaneous Itemized Deductions.** The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? ☐ Yes ☐ No

Dues	\$	Supplies	\$
Investment expenses	\$	Tax prep fees	\$
Job education	\$	Tools	\$
Job seeking	\$	Uniforms	\$
Legal fees	\$	Union dues	\$
Licenses	\$	Other	\$
Safety equipment	\$	Other	\$
Subscriptions	\$	Other	\$

**Other Miscellaneous Deductions.** The following deductions are not subject to a 2% of income limit.

Gaming losses	\$	Federal estate tax on IRD	\$
Impairment-related expenses	\$	Loss from box 2, K-1, Form 1065B	\$

- Notes:**
- Gaming losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
  - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
  - Legal expenses are deductible only if related to producing or collecting taxable income.
  - Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

## Federal and State Estimates made during the year

Federal estimated payments	Date paid	Amount paid
Applied from last yr federal refund		
1st Quarter payment		
2nd Quarter payment		
3rd Quarter payment		
4th Quarter payment		

State:						
State estimated payments	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
Applied from last year state refund						
1st Quarter payment						
2nd Quarter payment						
3rd Quarter payment						
4th Quarter payment						

## Income, Interest & Adjustments Worksheet

Provide us with all your Forms W-2, Sch K1's, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. We will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

### Forms W-2—Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		3)
	2)		4)

### Schedule K1's —Partnership or S Corporation Income

T/S	Partnership name	T/S	Partnership name
	1)		3)
	2)		4)

### Forms 1099-INT Interest Income (if you moved during the year indicate which state the interest was earned in or else it will be prorated.

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

### Forms 1099-DIV—Dividends and Distributions

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

### Forms 1099-R—Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If before age 59½, give reason to determine if an exception to penalty applies.

### Tax-Exempt Interest (such as municipal bonds—include statement)

Payer	\$	Payer	\$
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## Other Income Worksheet

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$	NOL Carryforward	\$
Social Security (taxpayer)—provide SSA-1099 or RRB-1099	\$		\$
Social Security (spouse)—provide SSA-1099 or RRB-1099	\$		\$
Business income (see <i>Business Expense or Farm Worksheet</i> )		Stock sales	See "Sales and Exchanges Worksheet"
Rental income (see <i>Rental Worksheet</i> )		Sale of other property	

## Other Deductions & Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA).	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for year may be made in the following.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for year may be made in the following.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Discuss with us
Business expenses of reservists, performing artists, and fee-based government officials.	Discuss with us

**BUSINESS INCOME AND EXPENSE WORKSHEET** (Schedule C)If applicable indicate..... **State1:**

Date Moved:

**State2:**Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: \_\_\_\_\_

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business during year? ☐ Yes ☐ NoAccounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) \_\_\_\_\_Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) \_\_\_\_\_**Income and Cost of Goods Sold****State1 Amount** **State2 Amount**

Gross receipts or sales . . . . .  
Returns and allowances . . . . .  
Other income (enclose description) . . . . .  
Inventory at beginning of year . . . . .  
Purchases less cost of items withdrawn for personal use . . . . .  
Cost of labor . . . . .  
Materials and supplies . . . . .  
Other costs . . . . .  
Inventory at end of year . . . . .

**Expenses****State1 Amt****State2 Amt**

Advertising . . . . .  
Commissions and fees . . . . .  
Contract labor . . . . .  
Depletion . . . . .  
Employee benefits . . . . .  
Insurance (other than health) . . . . .  
Mortgage interest . . . . .  
Other interest . . . . .  
Legal and professional fees . . . . .  
Office expenses . . . . .  
Pension and profit sharing . . . . .  
Rent - Vehicle, machinery . . . . .  
Rent - Other . . . . .  
Repairs and maintenance . . . . .  
Supplies . . . . .

Taxes and licenses . . . . .  
Travel . . . . .  
Meals and entertainment . . . . .  
Utilities . . . . .  
Wages . . . . .  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State1 Amt****State2 Amt****Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, & Disposition of Business Assets**

(New clients, enclose detailed listing of all depreciable assets.)

Assets over \$200. (unless written policy is in place)	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses from last yr. ☐ Yes ☐ No (if yes, enter amount) \_\_\_\_\_

# FARMING INCOME & EXPENSE WORKSHEET (Schedule F)

If applicable indicate..... **State1:**

Date Moved:

**State2:**

Indicate the owner of this farm: ☐ Taxpayer ☐ Spouse ☐ Joint

Principal product \_\_\_\_\_

Accounting Method: ☐ Cash ☐ Accrual

## Income

	State1 Amount	State2 Amount
Sales of livestock and other items bought for resale . . . . .		
Cost of livestock and other items bought for resale . . . . .		
Sales of livestock, produce, grains, and other products you raised . . . . .		
Cooperative distributions . . . . .		
Agricultural program payments Custom hire . . . . .		
Other Farm Related income: . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		

Expenses	State1 Amt	State2 Amt		State1 Amt	State2 Amt
Chemicals . . . . .			Repairs and maintenance . . . . .		
Conservation . . . . .			Seeds and plants purchased . . . . .		
Custom hire . . . . .			Storage and warehousing . . . . .		
Employee benefits . . . . .			Supplies purchased . . . . .		
Feed purchased . . . . .			Taxes . . . . .		
Fertilizers and lime . . . . .			Utilities . . . . .		
Freight and trucking . . . . .			Veterinary and breeding . . . . .		
Gasoline, fuel, and oil . . . . .			Other _____		
Insurance . . . . .			_____		
Mortgage interest . . . . .			_____		
Other interest . . . . .			_____		
Labor hired . . . . .			_____		
Pension and profit-sharing . . . . .			_____		
Vehicles and machinery rent . . . . .			_____		
Other rentals . . . . .			263A Preproductive expenses		

## Vehicle Information

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Farm Use miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

## Sales, Purchases, and Disposition of Farm Assets

(New clients, enclose detailed listing of all depreciable assets.)

Assets over \$200. (unless written policy is in place)	Date acquired	Purchase price	Date sold	Sales price

**RENTAL INCOME AND EXPENSE WORKSHEET**

(Schedule E, pg 1)

Indicate the owner of these properties: ☐ Taxpayer ☐ Spouse ☐ Joint

Location and description of Property 1: Residential or Farm?

Location and description of Property 2: Residential or Farm?

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ NoDid you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully (sold) disposed of during the Year? ☐ Yes ☐ No

Income	Property1 Amt	Property2 Amt
Rents received . . . . .		
Royalties received . . . . .		

Expenses	Property1 Amt	Property2 Amt
Advertising . . . . .		
Cleaning and maintenance. . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks. . . . .		
Other interest. . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
_____		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets of Rental Property**

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price



## Sales and/or 1031 exchanges of farm, business or investment property:

Provide information about this sales such as what type of property was sold or exchanged, along with Forms 1099-S, or other statements.

Description of property	Org. Purchase date	Cost/basis	Sell date	Sale price

If the above property was exchanged please provide information about the new property(s) below & what date was the new identified? \_\_\_\_\_

Description of property	Closing Date	Cost or FMV	Kind of Property	%Bus/Farm use

### What property qualifies for a Like-Kind Exchange?

Both the relinquished property you sell and the replacement property you buy must meet certain requirements. Both properties must be held for use in a trade or business or for investment. Property used primarily for personal use, like a primary residence or a second home or vacation home, does not qualify for like-kind exchange treatment. Both properties must be similar enough to qualify as "like-kind." Like-kind property is property of the same nature, character or class. -- Source: IRS website, Like-Kind Exchanges Under IRC Code Section 1031

## Flowchart of Sale or Exchange of Property

### Section 1231 (Gain & Loss)

Asset Type – Personal and real property used in business and held for one year or more (long-term)

#### Types of Transactions

Sale  
Exchange  
Involuntary Conversion

#### Tax Treatment

Gain – 1231 capital gain tax rates of 5%/15%  
Loss – Ordinary loss

### Section 1245 (Gain)

Asset Type – Personal property such as machinery and equipment

#### Tax Treatment

Gain – To the extent of depreciation, gain is treated as ordinary income  
Remaining Gain – 1231 capital gain tax rates of 5%/15%

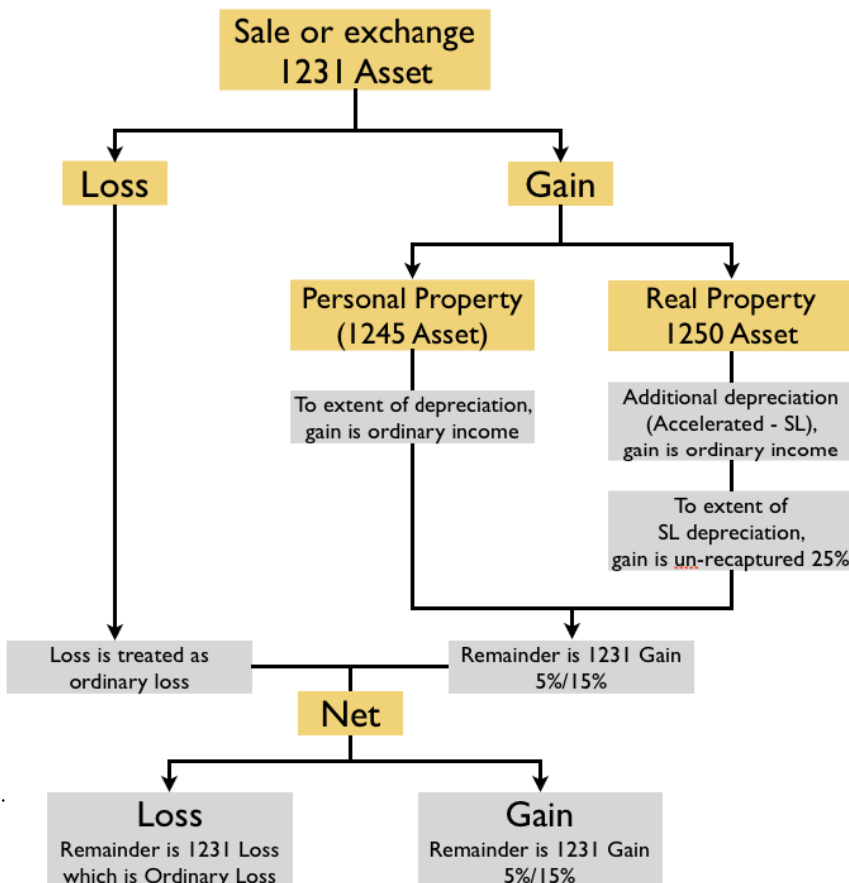
### Section 1250 (Gain)

Asset Type - Real property (buildings, structures and land)

#### Tax Treatment

Gain – Additional accelerated depreciation over straight-line (SL) depreciation is treated as ordinary income

Remainder Gain – To the extent of SL depreciation, remainder gain is treated as un-recaptured gain and taxed at gain rate.  
Remaining Gain – 1231 capital gain tax rates of 5%/15%



Source acknowledgment: <http://www.cpaexamacademy.com>



# 1099 Worksheet

Your Name (or business):			
Your Address:			
Your ID Number (See Caution):		Your Phone Number*:	

\*will appear on 1099s as contact phone number

We can have your 1099 returns prepared, mailed and e-filed with the IRS if you provide us with the necessary information. 1099's must be prepared for individuals who are not employees that you paid \$600 or more during the tax year and also anyone you paid \$600 or more in Rents or Interest in the course of your trade or business. The deadline for providing 1099's to recipients is January 31st.

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

Recipient (or company):		Services	\$
Recipient ID Number (See Caution):		Rents	\$
Street Address:		Interest	\$
City, ST, Zip:		Other_____	\$

**CAUTION: The IRS routinely verifies the name and payer ID numbers on all 1099s filed. If the payee is an individual, use the individual's Social Security Number (SSN). If the recipient operates under a business name and the business has an Employer ID Number (EIN), use the EIN. Otherwise, use the individual's name and SSN. Never use an Employer ID Number with an individual's name or a Social Security Number with a business name. PLEASE MAIL: 4698 Dunnville Rd. Dunnville, KY 42528 OR FAX (888-432-9855) THIS TO US BEFORE JAN 26 so we can get it processed by the deadline.**

## Tax Preparation Checklist

Please provide the following documentation:

- ☐ All Forms W-2 (wages), Schedule K's, 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- ☐ If you are a new client, provide copies of last year's tax returns and copies of your approved form 4029 for our records.
- ☐ This completed Income Tax Organizer or applicable worksheets *Note: We would like for you to at least answer the "Yes" or "No" questions under "Questions — All Taxpayers."*
- ☐ Copy of the closing statement if you bought or sold real estate.
- ☐ Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- ☐ Detail of estimated tax payments made, if any.
- ☐ Income and deductions categorized on a separate sheet for business or rental activities.
- ☐ List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.
- ☐ Copy of all acknowledgement letters received from charitable organizations for contributions made in the year.

## Tax Return Preparation

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

We have procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We try to maintain physical, electronic, and procedural safeguards that help protect your personal information from unauthorized access.

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Acknowledgment and agreement:

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Dated \_\_\_\_\_

## Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job change
- Marriage
- Attainment of age 59½ or 70½
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000

**SHROCK BUSINESS SERVICES, LLC**  
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