PRIME PATH FINANCIAL INC
2920 E FLORIDA AVE STE 111
Hemet, CA 92544

New Client
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PRIME PATH FINANCIAL INC

2920 E FLORIDA AVE STE 111
Hemet, CA 92544
INFO@PRIMEPATHFINANCIAL.COM
Phone: (951)652-4600 | Fax: (951)652-5900

February 05, 2019

New Client

New:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2018 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (951)652-4600 if you have any questions or need additional information.

Sincerely,

Tabitha Cameline EA
PRIME PATH FINANCIAL INC

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2920 E FLORIDA AVE STE 111
Hemet, CA 92544
INFO@PRIMEPATHFINANCIAL.COM
Phone: (951)652-4600 | Fax: (951)652-5900

February 05, 2019

New Client

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (951)652-4600.

Sincerely,

Tabitha Cameline EA
PRIME PATH FINANCIAL INC

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Hemet, CA 92544
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February 05, 2019

New Client

Subject: Preparation of Your 2018 Tax Returns

Thank you for choosing PRIME PATH FINANCIAL INC to assist you with your 2018 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2018 federal and state income tax returns.
We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification and/or documentation of some of the information. Generally, we will rely on your representation that you have maintained the documentation required by law to support the information you provide, including expenses for meals, entertainment, travel, gifts, vehicle use, charitable contributions, etc. While it is not necessary that you provide us with support documents at the time we prepare your returns, you should retain all necessary written support and documentation should it be required by an IRS examination at a later date. If you are not clear regarding what documentation is needed for any given item of income or deduction, we'd be happy to discuss with you. **Note that you have the final responsibility for the income tax returns and, therefore, you should carefully review them before you sign and file them.** We reserve the right to withdraw from this engagement if information we request from you is not provided to us in a reasonable period of time.

If requested we can provide an organizer for your use. While we don't require it's use, it may serve as a useful "tickler" to remind you of items to provide to us. Nonetheless, provide us with originals or copies of originals of all government tax documents including W-2s, 1099s, 1098s, and property tax statements.

Should we encounter instances of unclear tax requirements, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. We will not provide legal advice. You should seek the advice of a licensed attorney on any legal issues that may arise. **You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.**

The filing deadline for individual tax returns, Partnerships and S-Corps is April 16, 2019 and March 15, 2019 for Corporations. In order to meet this filing deadline, we must receive your information in substantially complete form no later than 15 days prior to the filing deadlines. If an extension of time to file is required, we will use the information available to us at the time to prepare the extension. To prepare a valid, accurate extension, we need as much information as is available. We also need your express approval to file the extension on your behalf. **An extension, however, only provides you with an extension to file, not an extension to pay. Taxes paid after the due date of the return will result in penalties and interest.**

Under federal law and in most states, we are required to electronically file your returns. However, you may opt out of electronically filing without an explanation. If you would rather not e-file please let us know and we will provide you with the government opt-out forms you must sign and return to us.

You are responsible for reporting foreign activities. By signing this letter you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. **Note the penalties for failure to report foreign activities are severe.**

Fees for our services will be at our standard rates for tax matters. Generally, we will bill you after we complete the returns, for forms used and time spent plus out-of-pocket expenses and reasonable costs of collection incurred on your behalf. However, progress billing may be prepared for returns that cannot be completed due to incomplete information from you. Our invoices are due and payable upon presentation. Tax returns will not be filed until fees are paid. In fairness to our clients who pay promptly we may charge a late payment service charge on all accounts unpaid after 45 days from billing at the rate of one and one half percent (1 %) per month of all such delinquent balances.

Your original records, which will be returned to you, comprise the backup and support for your income tax return. Our records and files are our property and not a substitute for your own records. Our firm destroys client files after a retention period of seven (7) years, after which time these items will no longer be available. Also, catastrophic events or physical deterioration may result in our records being unavailable. It is your responsibility to retain your records for possible future use, including possible examination by the taxing authorities. One (1) copy of the completed tax return will be furnished to you. Any subsequent copies hard copy or electronic, can be provided for a fee of $15 per subsequent copy.

Your returns are subject to review by taxing authorities. Any items, which may be resolved against you by the examining agent, are subject to certain rights of appeal. In the event of any tax examination, we will be available, upon request, to represent you within the scope of our designation as Enrolled Agents. Billing for such additional services is at our standard hourly rates for the nature of the services performed.

Our engagement to prepare your returns as listed above will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm this letter correctly summarizes you understanding of the arrangement for this work, please sign and return this letter to our office. You should keep a copy of this fully executed letter for your records. If this firm does not receive from you the original of this letter, in fully executed form, but receives from you a completed copy of the tax organizer, if requested and/or supporting documentation requested therein, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above. If, however, this office receives from you no response to this letter, then this office will not proceed to provide you with any professional services, and will not prepare any tax returns.

We appreciate your confidence in us. Please call if you have any questions.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (951)652-4600.

Sincerely,

Tabitha Cameline EA
PRIME PATH FINANCIAL INC

(Both spouses must sign for preparation of joint returns.)
Accepted By:

_____
Taxpayer

_____
Spouse

_____
Date

Miscellaneous Information

Name: New Client SSN: ***-**-4567

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year?
		If "Yes," explain _____
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?
		Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

☐	☐	Did you have any changes in dependents during the year?
		If "Yes," explain _____
☐	☐	Can another person qualify to claim any of your dependents?
☐	☐	Did you have any childcare expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 19 or a full-time student under age 24 with more than $2100 of unearned income?
		Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

☐	☐	Did any member of your household **NOT** have healthcare coverage for the entire year?
		Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
		If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash any U.S. savings bonds during the year?
☐	☐	Did you receive any other income not provided with this organizer?
		If "Yes," explain _____
☐	☐	Did you start a new business or purchase any rental property during the year?
☐	☐	Did you sell an existing business, rental property, or other property during the year?
☐	☐	Did you purchase any business assets or convert any assets to business use?
		If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
☐	☐	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
☐	☐	Did you buy or sell any stocks, bonds, or other investments during the year?
☐	☐	Did you sell a principal residence during the year?
		If "Yes," provide closing documentation for the purchase and sale of the home
☐	☐	Did you have a principal residence or a piece of real property foreclosed on during the year?
☐	☐	Did you abandon a principal residence or a piece of real property during the year?
☐	☐	Did you refinance your principal home or second home or take out a home equity loan during the year?
		If "Yes," provide all escrow, closing, and other pertinent documentation and information.
☐	☐	Did you receive any principal or interest during this year from property sold in prior years?
☐	☐	Did you rent out your home or use it for business?
☐	☐	Did you sell, exchange, or purchase any real estate during the year?
☐	☐	Did you acquire a new or additional interest in a partnership or S corporation?
☐	☐	Did you have any debts canceled or forgiven this year?
☐	☐	Does anyone owe you money that has become uncollectible?
☐	☐	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
		If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

☐	☐	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
☐	☐	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
☐	☐	Did you receive any state or local income tax refunds from prior years?
☐	☐	Did you make any major purchases (vehicle, boat, etc.) during the year?
☐	☐	Did you pay any real estate property taxes or personal taxes during the year?
☐	☐	Did you pay mortgage interest during the year?

Miscellaneous Information

Name: New Client SSN: ***-**-4567

Itemized Deduction Information (continued)

Yes	No	
☐	☐	Did you make cash donations to charity during the year?
☐	☐	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
☐	☐	Did you donate a boat or vehicle during the year?
		If "Yes," attach Form 1098-C.
☐	☐	Did you have gambling winnings or losses during the year?
☐	☐	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
☐	☐	Did you use your vehicle on the job other than for commuting to work?
☐	☐	Did you work out of town at any time during the year?

Retirement Information

☐	☐	Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
☐	☐	Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
☐	☐	Did you receive any Social Security benefits during the year?

Education Information

☐	☐	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
☐	☐	Did anyone in your household attend a post-secondary school during the year?
☐	☐	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
☐	☐	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

☐	☐	Did you incur a gain or loss due to damaged or stolen property?
		If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
☐	☐	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
☐	☐	Did you make gifts to any one person in excess of $15,000 during the year?
		If "Yes," are you splitting the gift with your spouse? _____
☐	☐	Did you incur moving expenses during the year?
☐	☐	Did you make any energy-efficient improvements to your main home during the year?
☐	☐	Are you a business owner who paid health insurance premiums for your employees during the year?
☐	☐	Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
☐	☐	If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
☐	☐	Did you make any estimated payments toward your 2018 taxes?
☐	☐	Do you want to have any refund or balance due directly deposited or withdrawn?
		If "Yes," provide a canceled checking or savings slip.
☐	☐	Did you receive any notices from the IRS or state taxing authority?
		If "Yes," explain _____
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you own property in a foreign country?
☐	☐	Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

2018 Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer	New Client	***-**-4567		
Spouse				

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Marital Status at end of 2018

- ☐ Married
- ☐ Married filing separately
- ☐ Single
- ☐ Widow(er) If spouse died in 2018 enter the date of death _____

	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ Yes	☐ No	☐ Yes	☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Healthcare Coverage Questionnaire

Name: New Client SSN: ***-**-4567

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES	NO	
☐	☐	Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
☐	☐	Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

YES	NO	
☐	☐	Was your previous insurance policy canceled in 2018?
☐	☐	Was coverage offered by your employer or your spouse's employer?
☐	☐	Are you a member of a federally recognized Indian tribe?
☐	☐	Are you eligible for services through an Indian healthcare provider?
☐	☐	Are you a member of a healthcare sharing ministry?
☐	☐	Did you live in the United States the entire year?
☐	☐	Are you enrolled in TRICARE?
☐	☐	Did you apply for CHIP coverage?
☐	☐	Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name: New Client

SSN: ***-**-4567

Wages & Salaries

Provide all copies of Form W-2

Employer name	2018 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2018 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2018 amount

Income

Name: New Client

SSN: ***-**-4567

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Payer name	2018 ordinary dividends	2018 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Payer name	2018 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name: New Client SSN: ***-**-4567

Other Income

	2018 Taxpayer	2018 Spouse
Scholarships or grants not reported on Form W-2		
State income tax refund (attach Forms 1099-G)		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
Alimony received		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2018		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
ABLE distributions		
Other income:		

Adjustments

	2018 Taxpayer	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Contributions made to a Self-Employed Pension plan (SEP)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name: SSN:		
Name: SSN:		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Contributions made to a myRA		
Interest paid on a student loan		
Other adjustments:		

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2018
Number of miles from old home to old workplace	
Number of miles from old home to new workplace	
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	

Schedule C - Profit or Loss from Business

Name: New Client SSN: ***-**-4567

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2018 ☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2018 ☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2018		2018
Gross receipts or sales		Other income	
Income from Form 1099-MISC			
Returns & allowances			

Expenses

	2018		2018
Advertising		Travel	
Car & truck expenses		Total meals	
Commissions & fees		Utilities	
Contract labor		Wages	
Depletion		Other expenses (list)	
Employee benefit programs			
Insurance (other than health)			
Interest - mortgage			
Interest - other			
Legal & professional services			
Office expenses			
Pension & profit sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			
Repairs & maintenance			
Supplies			
Taxes & licenses			

Cost of Goods Sold

	2018		2018
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: New Client SSN: ***-**-4567

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- ☐ This property is your main home
- ☐ This property was disposed of during 2018
- ☐ This property was owned as a qualified joint venture

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental

☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2018		2018
Rent income		Royalties from oil, gas, mineral, copyright or patent	
Rental income from Form(s) 1099-MISC		Royalties from Form 1099-MISC	

Expenses

	Rental unit expenses	Rental and homeowner expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Depletion		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other expenses		

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: New Client SSN: ***-**-4567

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN

Schedule F - Profit or Loss from Farming

Name: New Client SSN: ***-**-4567

General Information

Principal product _____ Employer ID number _____

☐ This farm was disposed of during 2018

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this farm

☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2018		2018
Sale of livestock / other items		Custom hire income	
Cost of items bought for resale		Beginning inventory for accrual	
Sale of products you raised		Ending inventory for accrual	
Total cooperative distributions		☐ You used unit-livestock-price or farm-price inventory method	
Total agricultural payments		Other income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported			
CCC loans forfeited			
Crop insurance proceeds:			
Amount received in 2018			
☐ You elect to defer to 2019			
Amount deferred from 2017			

Expenses

	2018		2018
Car & truck expenses		Repairs & maintenance	
Chemicals		Seeds & plants purchased	
Conservation expenses		Storage & warehousing	
Custom hire (machine work)		Supplies purchased	
Employee benefit programs		Taxes	
Feed purchased		Utilities	
Fertilizers & lime		Veterinary, breeding, & medicine	
Freight & trucking		Other expenses	
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery, & equipment			
Rent - other (land, animals, etc.)			

Form 4835 - Farm Rental Income and Expenses

Name: New Client SSN: ***-**-4567

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2018

Income

	2018		2018
Income from production of livestock, grains, and other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2018	
Total agricultural payments		☐ You elect to defer to 2019	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2017	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2018		2018
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equip			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Expenses Related to Business

Name: New Client SSN: ***-**-4567

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- ☐ Another vehicle is available for personal use
- ☐ This vehicle is available for use during off-duty hours
- ☐ There is evidence to support your deduction
- ☐ The evidence is written

Number of miles the vehicle was driven during 2018

Business _____ Commuting _____ Total _____

Garage rent		Property tax	
Gas		Repairs	
Insurance		Tires	
Licenses		Tolls	
Oil		Other expenses	
Parking fees			
Lease payments			
Interest			

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name: New Client

SSN: ***-**-4567

Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes . . . . . _____

Medical and dental expenses

- Doctor, dental, etc . . . . . _____
- Prescription medicines . . . . . _____
- Insulin . . . . . _____
- Glasses and contacts . . . . . _____
- Hearing aids . . . . . _____
- Braces . . . . . _____
- Medical equipment & supplies . . . . . _____
- Hospital services . . . . . _____
- Laboratory services . . . . . _____
- Nursing services . . . . . _____
- Other . . . . . _____

Taxes Paid

State and local income taxes . . . . . _____

Sales tax . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes . . . . . _____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Qualified mortgage insurance premiums . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other	☐	☐	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

- Safety equipment, tools, & supplies . . . . . _____
- Uniforms . . . . . _____
- Protective clothing (shoes, hardhats, glasses, etc.) _____
- Dues to professional organizations . . . . . _____
- Books & subscriptions . . . . . _____
- Other . . . . . _____

Tax preparation fees . . . . . _____

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . . _____
- Investment expenses not entered elsewhere . . _____
- Other . . . . . _____

Other Information

Name: New Client SSN: ***-**-4567

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2018

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses		
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code _____

Property description _____

Property location _____

_____

Date property was acquired _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Amount of damage _____

Insurance reimbursement _____

FEMA code _____

Property description _____

Property location _____

_____

Date property was acquired _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Amount of damage _____

Insurance reimbursement _____

Other Information

Name: New Client SSN: ***-**-4567

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Checklist

Name: New Client SSN: ***-**-4567

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

Health Care Coverage (for each member of the household)

[ ] Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
[ ] Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

[ ] Sale of assets or property
[ ] Cancellation of debt
[ ] Other income _____

Payments (provide supporting documentation for payments made for the following items)

[ ] Educator classroom expenses
[ ] Employee business expenses
[ ] Contributions to a Health Savings Account
[ ] Expenses related to work relocation
[ ] Alimony
[ ] Student loan interest
[ ] Tuition and fees for higher education
[ ] Expenses related to child or dependent care
[ ] Contributions to a Retirement Savings Account
[ ] Medical and dental expenses
[ ] Real estate taxes
[ ] Other state and local taxes
[ ] Mortgage interest
[ ] Investment interest
[ ] Cash Contributions
[ ] Noncash Contributions
[ ] Unreimbursed employee expenses
[ ] Investment expenses
[ ] Gambling losses
[ ] Other payments _____

Questionnaire

Name: New Client SSN: ***-**-4567

Questionnaire

Sharing Economy

Yes	No	
[ ]	[ ]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)? If yes, attach Form 1099-MISC and Form 1099-K.
[ ]	[ ]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? If yes, attach Form 1099-K or Form W-2.
[ ]	[ ]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)? If yes, provide documentation.
[ ]	[ ]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)? If yes, attach Form 1099-K.
[ ]	[ ]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)? If yes, provide documentation.

Additional Questions

Yes	No	
[ ]	[ ]	Did you receive income or incur expenses associated with a fantasy sport league? If yes, provide documentation.
[ ]	[ ]	Did you incur gains or losses due to damaged or stolen property?
[ ]	[ ]	Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
[ ]	[ ]	Do you anticipate your income or withholdings to be different for 2019?