

RC Blackwell's Tax Service

900 LAFAYETTE STREET STE 201-7
Santa Clara, CA 95050
rcblackwell@gmail.com
Phone: (408)910-9649 | Fax: (408)564-5828

January 15, 2018

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 2017 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 (408)910-9649 if you have any questions or need additional information.

Sincerely,

Roslyn Blackwell
RC Blackwell's Tax Service

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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 (408)910-9649.

Sincerely,

Roslyn Blackwell
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January 15, 2018

New Client

Subject: Preparation of Your 2017 Tax Returns

New Client:

Thank you for choosing RC Blackwell's Tax Service to assist you with your 2017 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 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, 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.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our 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 that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (408)910-9649.

Sincerely,

Roslyn Blackwell
RC Blackwell's Tax Service

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

Accepted By:

Taxpayer

Spouse

Date

Miscellaneous Information

Name: New Client

SSN: ***-**-****

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 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 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 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 foreclose or abandon a principal residence or 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?

Miscellaneous Information

Name: New Client

SSN: ***-**-****

Itemized Deduction Information (continued)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling losses 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 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 any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- 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 2016 taxes to your 2017 estimated taxes?
- If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
- Did you make any estimated payments toward your 2017 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?

Preparer Notes

Miscellaneous Notes

2017 Tax Organizer Personal and Dependent Information

Personal Information

| | | | | |
|---|------------|----------------------|----------------------|-------------------------------------|
| Name | | SSN | Date of birth | Healthcare coverage ALL year |
| Taxpayer | New Client | | ***-**-**** | |
| Spouse | | | | |
| Street address, city, state, and ZIP | | | | |
| Occupation | | Daytime phone | Evening phone | Cell phone |
| Taxpayer | | | | |
| Spouse | | | | |
| Taxpayer email | | | | |
| Spouse email | | | | |

Marital status at the end of 2017

- Married
 Married filing separately
 Single
 Widow(er) If spouse passed away in 2017 enter the date of death _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

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

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student | Healthcare coverage ALL year |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|------------------------------|
| | | | | | | | |
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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 2016 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Appointment Information & Notes

Your 2017 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name: New Client

SSN: ***-**-****

Healthcare Information

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

- Was your previous insurance policy cancelled in 2017?
- 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: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2017 federal wages |
|---------------|--------------------|
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Retirement

Provide all copies of Form 1099-R

| Payer name | 2017 distribution |
|------------|-------------------|
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Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

| Payer name | 2017 amount |
|------------|-------------|
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Income

Name: New Client

SSN: ***-**-****

Dividend Income

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

| Payer name | 2017 ordinary dividends | 2017 qualified dividends |
|------------|-------------------------------|--------------------------------|
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Interest Income

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

| Payer name | 2017 interest |
|------------|------------------|
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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: ***-**-****

Other Income

| | 2017 Taxpayer | 2017 Spouse |
|--|------------------|----------------|
| Scholarships or grants not reported on form W-2 | _____ | _____ |
| State income tax refund (attach Forms 1099-G) | _____ | _____ |
| Alimony received | _____ | _____ |
| Unemployment compensation (attach Forms 1099-G) | _____ | _____ |
| Unemployment compensation repaid in 2017 | _____ | _____ |
| Social Security Benefits (attach Forms 1099-SSA) | _____ | _____ |
| Railroad Retirement Benefits (attach Forms 1099-RRB) | _____ | _____ |
| Gambling winnings (attach Forms W2-G) | _____ | _____ |
| Alaska Permanent Fund | _____ | _____ |
| Other income: _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Adjustments

| | 2017 Taxpayer | 2017 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

| | 2017 |
|---|-------|
| Number of miles from old home to old workplace | _____ |
| Number of miles from old home to new workplace | _____ |
| Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) | _____ |
| <input type="checkbox"/> This was a military move | |

Schedule C - Profit or Loss from Business

Name: New Client

SSN: ***-**-****

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

This business started or was acquired during 2017

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 2017

Yes No

You filed Form(s) 1099 for the individual(s)

Income

| | 2017 | 2017 |
|--------------------------------------|-------|------------------------------|
| Gross receipts or sales | _____ | Other income _____ |
| Income from Form 1099-MISC | _____ | _____ |
| Returns & allowances | _____ | _____ |

Expenses

| | 2017 | 2017 |
|--|-------|---|
| Advertising | _____ | Travel _____ |
| Car & truck expenses | _____ | Total meals & entertainment _____ |
| Commissions & fees | _____ | Utilities _____ |
| Contract labor | _____ | Wages _____ |
| Depletion | _____ | Other expenses (list) _____ |
| Employee benefit programs | _____ | _____ |
| Insurance (other than health) | _____ | _____ |
| Mortgage interest | _____ | _____ |
| Other interest | _____ | _____ |
| 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

| | 2017 | 2017 |
|--|-------|---|
| Inventory at beginning of year | _____ | Materials & supplies _____ |
| Purchases | _____ | Other costs _____ |
| Cost of personal use items | _____ | Inventory at end of year _____ |
| Cost of labor | _____ | <input type="checkbox"/> There was a change in inventory method |

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

Name: New Client

SSN: ***-**-****

General Property Information

Property description _____
Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties 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 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2017 Yes No You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

Income

| | 2017 | 2017 |
|--|-------|---|
| 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 <u>and</u> homeowner expenses | |
|-------------------------------------|----------------------|--------------------------------------|--|
| Advertising | _____ | _____ | If this Schedule E is for 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. |
| Auto & travel | _____ | _____ | |
| Cleaning & maintenance | _____ | _____ | |
| Commissions | _____ | _____ | |
| Depletion | _____ | _____ | |
| Insurance | _____ | _____ | |
| Legal & professional fees | _____ | _____ | |
| Management fees | _____ | _____ | |
| Interest - mortgage | _____ | _____ | |
| Interest - other | _____ | _____ | |
| Repairs | _____ | _____ | 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. |
| Supplies | _____ | _____ | |
| Taxes | _____ | _____ | |
| Utilities | _____ | _____ | |
| Other expenses | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

Schedule F - Profit or Loss from Farming

Name: New Client

SSN: ***-**-****

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2017 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

This farm received government subsidy in 2017 Yes No You filed Form(s) 1099 for the individual(s)

Income

| | 2017 | 2017 |
|---|-------|---|
| Sale of livestock / other items | _____ | Beginning inventory for accrual _____ |
| Cost of items bought for resale | _____ | Ending inventory for accrual _____ |
| Sale of products you raised | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method |
| Total cooperative distributions | _____ | Other income _____ |
| Total agricultural payments | _____ | |
| Commodity Credit Corporation (CCC) loans: | | |
| CCC loans reported | _____ | _____ |
| CCC loans forfeited | _____ | _____ |
| Crop insurance proceeds: | | |
| Amount received in 2017 | _____ | _____ |
| <input type="checkbox"/> You elect to defer to 2018 | | |
| Amount deferred from 2016 | _____ | _____ |
| Custom hire income | _____ | _____ |

Expenses

| | 2017 | 2017 |
|---|-------|--|
| 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, & equipment | _____ | |
| Rent - other (land, animals, etc.) | _____ | |
| Repairs & maintenance | _____ | |

Form 4835 - Farm Rental Income and Expenses

Name: New Client

SSN: ***-**-****

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2017 This farm received applicable subsidy during 2017

Income

| | 2017 | 2017 |
|--|-------|------------------------------|
| Income from production of livestock, grains, and other crops | _____ | Other income _____ |
| Total cooperative distributions | _____ | _____ |
| Total agricultural payments | _____ | _____ |
| Commodity Credit Corporation (CCC) loans: | | |
| CCC loans reported | _____ | _____ |
| CCC loans forfeited | _____ | _____ |
| Crop insurance proceeds: | | |
| Amount received in 2017 | _____ | _____ |
| <input type="checkbox"/> You elect to defer to 2018 | | |
| Amount deferred from 2016 | _____ | _____ |

Expenses

| | 2017 | 2017 |
|--|-------|--|
| 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: ***-**-****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2017

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 | _____ | _____ | 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. |
| Real estate taxes | _____ | _____ | |
| Excess mortgage interest | _____ | _____ | |
| Insurance | _____ | _____ | |
| Rent | _____ | _____ | |
| Repairs & maintenance | _____ | _____ | |
| Utilities | _____ | _____ | |
| Other expenses | _____ | _____ | |

Schedule A - Itemized Deductions

Name: New Client

SSN: ***-**-****

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)
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
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

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 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

Other Information

Name: New Client

SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expense Not Reimbursed by Your Employer

Table with 3 columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Rural mail carrier expenses, Parking fees, tolls, local transportation, Meals & entertainment, Overnight business travel expenses, and Other business expenses.

- Checkboxes for: You used your personal vehicle for your job during 2017, You are a reservist, 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 member of the clergy.

Casualties and Thefts

Table with 2 columns for property details: Property description, Property location, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

Other Information

Name: New Client

SSN: ***-**-****

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 |
|-----------------|--------|-----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |