

CHECKLIST - Cont'd

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur employee expenses on your job? Complete Section P.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have child or dependent care to enable you to work or attend school full time? Complete Section Q.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have income or loss from pensions, annuities, social security, estates, partnerships or any other sources? Please have statements available and complete Section G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? Amount paid: \$ _____ To Whom: _____ SS#: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay estimated tax? See Section D.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay additional State tax last April 15? Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a pension or profit sharing plan?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell real estate last year? Bring Settlement Sheets for purchase and sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college tuition for yourself, spouse or dependents? Complete Section S.
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any energy-saving improvements to your home? Complete Section U.
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home? Bring loan papers.
<input type="checkbox"/>	<input type="checkbox"/>	Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? This neither increases nor decreases your tax.
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse permanently and totally disabled?

D ESTIMATED TAXES PAID & CREDITS				
	Date Paid	Federal	State	Local
Prior Yr. 4 th Qtr.				
Prior Yr. Credit				
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				

E DIVIDENDS RECEIVED	
Source (Please have statements available)	Amount

F INTEREST INCOME	
Source (Please have statements available)	Amount
U.S. Government Interest	
Other Non-Taxable Interest	
Seller Financed Mortgage	
Payer's Name: _____	
Payer's SS Number: _____	

G OTHER INCOME	
List All Sources Including Those That Are Not Taxable	
Source (Please have statements available)	Amount
State Income Tax Refunds Received	
Alimony Received	
Unemployment Compensation	
Worker's Compensation or SDI	
Social Security (Filer)	
Social Security (Spouse)	
Tips Received	
Partnerships (Bring Forms K-1)	
S Corporation (Bring Form K-1)	
Pensions	
Self-Employment (Schedule C or use Section N)	
Scholarships or Fellowships	
Jury Duty	
Other:	

H MEDICAL EXPENSES	
Hospital & Medical/Dental Insurance Premiums	
Medicare Insurance Premiums (w/h from Soc. Sec.)	
Prescription Drugs (only)	
Other Medicines (for specific illnesses)	
Physician, Dentist, etc.	
Hospital	
Travel for Medical Purposes _____ miles	
Parking Fees for Medical Reasons	
Taxi: _____ Bus: _____ Plane: _____	
Ambulance	
Medical Equipment and Prosthetic Devices	
Lab & X-ray (not included with doctor & hospital)	
Glasses	
Hearing Aids & Batteries	
Special Therapy	
Insurance Reimbursement (only for amounts listed above)	

I INTEREST PAID	
Home Mortgage Interest: _____	Term of Loan _____
	Date of Loan _____
	Points Paid to Acquire Loan _____
If mortgage paid to individual, give:	
Name: _____	
Address: _____	
SS No.: _____	
Did you purchase a new home in 2016?	
Date of Purchase: _____ (Please Attach Settlement Sheet.)	

J TAXES	
Real Estate Taxes - Residence	
Real Estate Taxes - Other	
Personal Property Tax (Boat, Plane, etc.)	

K CONTRIBUTIONS	
Church: _____	Payroll Deduction: _____
Other: _____	
Expenses in connection with a charitable organization, explain: _____	
Travel for Charitable Work: Miles _____	
Did you donate any property to an organization? Value of goods donated: _____	

L RENTAL INCOME & EXPENSES				
Property	Address			
1				
2				
3				
Property:	1	2	3	
Income				
Advertising				
Auto Travel (Miles)				
Cleaning				
Commissions & Salaries				
Gardening & Landscape				
Insurance				
Interest (1)				
Interest (2)				
Licenses				
Condo or Management Fees				
Repairs: Carpentry, Hardware				
Electrical				
Paint & Decoration				
Plumbing				
Roofing				
Misc. Repairs				
Supplies				
Taxes				
Telephone (Toll Calls Only)				
Utilities				
Other				
Other				
List cost of property as well as replacement items and major repairs or improvements in Section O				

M MISCELLANEOUS			
	Filer	Spouse	
Union Dues and Professional Dues			
Tools, Supplies and Safety Equipment			
Work Related Licenses, Fees, etc.			
Uniforms: Purchase _____ Cleaning _____			
Business Journals, Books, etc.			
Business Insurance (not life, medical or disability)			
Unreimbursed Business Travel:			
Travel to Professional Meetings.....	Mi.	Mi.	
Travel between 1 st & 2 nd Job	Mi.	Mi.	
Telephone (Business Toll Calls only)			
Employment Related Schooling or Seminars:			
Tuition/Fee _____ Books/Supplies: _____			
Parking _____ Miles from Job to School _____			
Job Seeking Expenses (in same field):			
Travel _____ (Mi.) Employment Fees _____			
Resume _____ Toll Calls _____ Air Fare _____			
Food/Lodging _____ Employment Fees _____			
Safe Deposit Box			
Last Year's Tax Preparation Fee			
Political Contribution			
Investment Expenses, IRA & HR-10 Fees, etc.			
Casualty & Theft (over \$100 each loss):			
Fair market value b/4 _____ after _____ casualty			
Insurance Reimbursement _____			
Police Report # (if any) _____			
Attorney Fees (to protect taxable income)			
Job required physical exam (do not include in Section H)			
Other:			
Note: Other unreimbursed business expenses are listed in Section R.			

N SELF EMPLOYED BUSINESS INCOME AND EXPENSES					
	Filer	Spouse		Filer	Spouse
Gross Income					
Returns & Refunds					
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	Filer	Spouse	Expense	Filer	Spouse
Advertising			Postage		
Bank Charges			Property Taxes		
Commissions			Business Meals		
Dues			Rent		
Entertainment			Repairs		
Freight			Sales Taxes		
Insurance			Seminars & Trng.		
Interest			Supplies		
Janitorial			Telephone		
Legal & Acctg.			Utilities		
Licenses			Vehicle		
Maintenance			Wages		
Payroll Taxes			Other _____		

O BUILDINGS, VEHICLES, EQUIPMENT ETC., PURCHASED OR LEASED FOR BUSINESS		
Description	Date Purch./Leased	Cost

P EMPLOYEE TRAVEL & BUSINESS EXPENSES		
	Filer	Spouse
Total Miles Auto Driven, Personal & Business		
Total Business Miles Driven (see Note 1)		
Parking Fees & Tools		
AUTOMOBILE EXPENSES (If using actual expenses):		
Original Cost		
Date Purchased		
Gasoline, Oil, Lubrication		
Repairs		
Tires, Batteries, etc.		
Insurance		
License & Taxes		
Interest		
Other		
Lease Payments		
OTHER TRAVEL EXPENSES (see Note 2)		
Air Fare		
Auto Rental		
Local Transportation		
Lodging & Tips		
Meals & Tips		
Other		
OTHER EXPENSES		
Office Rent		
Telephone		
Stationery, Supplies		
Printing		
Entertainment (see Note 2)		
Dues/Subscriptions		
Gifts (see Note 2)		
Other:		

P EMPLOYEE TRAVEL & BUSINESS EXPENSES (Cont'd)		
Reimbursement received from employer for above expenses NOT included in W2 wages		
Is auto owned or leased?		
Do you have evidence to support the business claimed above?		
Is the evidence written?		
HOME OFFICE EXPENSES If qualified (see Note 3 below)		
Square Footage of Office		
Total Square Footage of Home		
Utilities		
Insurance		
Interest 1		
Interest 2		
Maintenance		
Real Estate Taxes		
Casualty Losses		
Other		
<p>(1) Based on log or other records.</p> <p>(2) Deductions of this nature must be documented as follows: Name, Business Relationship, Date and Time, Place and Amount. Gifts are generally limited to \$25.00 per person. You may not deduct these expenses unless documented.</p> <p>(3) To qualify for the "Office in the Home", that portion of the home must be used EXCLUSIVELY and ON A REGULAR BASIS as (a) Your principal place of business or, (b) A place of business that is used by patients, clients, or customers in meeting or dealing with you in the normal course of business.</p>		

Q CHILD & DEPENDENT CARE	
Name of Child or Dependent:	
Paid To (Name & Address Required)	Amount Paid
Name	
Address	
Tax Payer ID Number	
Name	
Address	
Tax Payer ID Number	

R SECURITIES & PROPERTY SOLD				
Description	Date Acquired	Date Sold	Selling Price	Original Cost

S EDUCATION CREDIT
Did you pay college tuition for yourself, spouse or dependents? Please attach Form 1098-T.
Amount paid for tuition, related fees and required course materials: \$ _____
Who were expenses incurred for? _____
Year in school: _____

T 529 PLAN
Did you receive a distribution from a 529 plan? _____
Did you contribute to a 529 plan? _____
Amount contributed: _____
Name & social security number of person for whom contributions were made: _____

U ENERGY CREDIT
Did you make any energy-saving improvements to your home? What improvements were made? _____
Cost of improvements: \$ _____
Labor costs: \$ _____
Have you taken an energy credit in the past? _____
If so, when & amount of credit claimed: _____

V IRA
Did you convert your Traditional IRA to a Roth IRA? Yes _____ No _____
Did you contribute any monies to a Traditional IRA? Amount contributed: Yours: _____ Spouse: _____
Did you contribute any monies to a Roth IRA? Amount contributed: Yours: _____ Spouse: _____
Are you or your spouse covered by another retirement plan? Yes _____ No _____
Did you rollover any funds from one plan to another? Yes _____ No _____
Did you receive any distributions or early withdrawals from any plan? Yes _____ No _____

W USE TAX
When Pennsylvania sales tax is not charged by a seller (usually out of state businesses or internet vendors) on a taxable item or service delivered into or used in PA, the consumer is required by law to report and remit use tax to the Department of Revenue.
Please list any purchases (along with amounts) you made on taxable goods or services where sales tax was not collected by the vendor: _____ _____

X QUALIFYING HEALTH CARE COVERAGE
Did you have healthcare coverage for you, your spouse, and any dependents for the entire year? Yes No If Yes, include all Forms 1095-A, 1095-B, and 1095-C.
Did you apply for an exemption through the Marketplace? Yes No If Yes, provide the Exemption Certificate Number: _____
Are any of your dependents required to file a tax return? If so, please provide a copy of the return.

<p>Please have the following information available at the time of your appointment:</p> <ul style="list-style-type: none"> • A copy of last year's tax return (if you are a new client) • All income statements (W-2s, 1099's, etc.) • Business and rental income and expenses • Settlement Sheets for property bought, sold or refinanced
