

RIVES CPA PLLC

P O BOX 1341

Coppell, TX 75019

WRAY@NEEDACPA.COM

Phone: (214)613-3876 | Fax: (469)375-3958

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.

Send this packet and all supporting documents, including W-2 and 1099 statements, to our office via the web portal, email or US postal delivery. We appreciate your trust in our business. Contact our office at WRAY@NEEDACPA.COM if you have any questions or need additional information.

Sincerely,

RIVES CPA PLLC

P O Box 1341 Coppell, TX 75019

<https://needacpa.securefilepro.com>

wray@NeedaCPA.com

RIVES CPA PLLC

P O BOX 1341

Coppell, TX 75019

WRAY@NEEDACPA.COM

Phone: (214)613-3876 | Fax: (469)375-3958

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 WRAY@NEEDACPA.COM.

Sincerely,

RIVES CPA PLLC

RIVES CPA PLLC

P O BOX 1341
Coppell, TX 75019
WRAY@NEEDACPA.COM
Phone: (214)613-3876 | Fax: (469)375-3958

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.

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. Contact 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 our 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.

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
WRAY@NEEDACPA.COM.

Miscellaneous Information

Name: !

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:

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		*****		
Spouse				
Street address, city, state, and ZIP				
P O BO				
	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

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:

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

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

- 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

Retirement

Provide all copies of Form 1099-R

Payer name	2017 distribution

Form 1099-Misc Income

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

Payer name	2017 amount

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

Interest Income

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

Payer name	2017 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: ***-**-****

Other Income

Table with 3 columns: Description, 2017 Taxpayer, 2017 Spouse. Rows include Scholarships or grants not reported on form W-2, State income tax refund, Alimony received, Unemployment compensation, Social Security Benefits, Railroad Retirement Benefits, Gambling winnings, Alaska Permanent Fund, and Other income.

Adjustments

Table with 3 columns: Description, 2017 Taxpayer, 2017 Spouse. Rows include Educator expenses, Contributions made to a Health Savings Account (HSA), Contributions made to a Self-Employed Pension plan (SEP), Payments made for Self-Employed Health Insurance, Alimony paid, 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, and Other adjustments.

Job-related Moving Expenses

Table with 2 columns: Description, 2017. Rows include 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, and checkbox for '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

Table with 3 columns: Description, 2017, 2017. Rows include: Income from production of livestock, grains, and other crops; Total cooperative distributions; Total agricultural payments; Commodity Credit Corporation (CCC) loans; Crop insurance proceeds.

Expenses

Table with 3 columns: Description, 2017, 2017. Rows include: Car & truck expenses; Chemicals; Conservation expenses; Custom hire (machine work); Employee benefit programs; Feed purchased; Fertilizers & lime; 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; Seeds & plants purchased; Storage & warehousing; Supplies purchased; Taxes; Utilities; Veterinary, breeding, & medicine; Other expenses.

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

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

Employee Business Expense Not Reimbursed by Your Employer

	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 & entertainment	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |

Casualties and Thefts

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	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