



Please make sure this questionnaire is saved to your computer before you fill it out.

Davis CPA & Associates, LLCs holds the right to ask for paper documentation of any or all of the information provided.

General Information

TAXPAYER

SPOUSE

Complete the applicable spouse fields if married as of Dec. 31, 2017

Last Name:
 First Name:
 Middle Initial:
 Social Security #:
 Date of Birth:
 Current Employer:
 Occupation in 2017:

Last Name:
 First Name:
 Middle Initial:
 SSN or ITIN:
 Date of Birth:
 Current Employer:
 Occupation in 2017:

Filing Status: Married Filing Joint Married Filing Separate Head of Household Single
(Select one)

Deductions: Standard Itemized
(Select one)

Referred By: *(new clients)*

Contact Information

Primarily, you will be contacted by email.

Email next to primary email address

Email Work:
 Email Personal:
 Email Other:

Telephone:

Work
 Mobile
 Home

Current Address: (street, city, state, zip) From (mm/dd/yy) To (mm/dd/yy)

Mailing Address for IRS correspondence, if different (i.e., PO Box, work address, etc.)

Residency & Employers

Complete if you lived at any other location during 2017:

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Address (street, city, state, zip)	From (mm/dd/yy)	To (mm/dd/yy)
T	0 <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employers during 2017:

Taxpayer (T), Spouse (S)

T/S	Employer:	Occupation	From	To	Where worked (state or country)
T	0 <input type="text"/>	0 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Dependents

(Do not list spouse)			Date of Birth	Relationship to You	Childcare Expenses While You Are At Work*
First Name, Initial, Last Name	SSN or ITIN		(mm/dd/yy)		(incurred & paid in 2017)

Dependent Childcare Expenses Incurred while you [and spouse] were working or looking for work

Care Provider's Name	Care Provider's Address	SSN or EIN	Amount Paid

Check to indicate that you have been claimed as a dependent on **someone else's** tax return this year.

If you have a dependent child for whom you paid **college/university tuition**, please refer to the [education worksheet](#)

Direct Deposit & Electronic Funds Withdrawal

Name of US Bank (must be a US bank)
 Checking Savings
 Routing Number (9-digit number on the bottom left of a check)
 Account Number

OR Voided Check Attached

Electronic Withdrawal of any Tax Balance Due

Please select a withdrawal date.

Note: If no date is selected, you will have to mail in a check for any tax balance due

April 15 The date the tax return is e-filed

Work Related Moving Expenses

- (1) Move must be closely related to a new or changed job location in the U.S.;
- (2) Have moved at least 50 miles farther from your old home than your old job was;
- (3) If employee, you must have worked at the new job for at least 39 weeks, if self employed, at least 78 weeks.

From:
 To:
 \$ Moving of household goods
 \$ Travel expense
 \$ Lodging en route to new home.

From:
 To:
 \$ Moving of household goods
 \$ Travel expense
 \$ Lodging en route to new home.

IRA Contributions

Tax Year 2017, maximum contribution is \$5,500 per person (to age 49), and \$6,500 (age 50 and older).
 A 2017 IRA contribution can be made up to April 17, 2017

	TAXPAYER	SPOUSE
IRA Traditional	\$ <input type="text"/>	\$ <input type="text"/>
or IRA Roth	\$ <input type="text"/>	\$ <input type="text"/>

(Note: please do not list 401K contributions. An IRA is something set up by you personally, not through your work.)



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Mortgage Interest & Property Tax

Amounts for up to two residences (can be in the U.S. or abroad) that you lived in during 2017.
 For rental properties, please list separately on the [Rental](#) worksheet.

	TAXPAYER	SPOUSE	JOINT	Reported on Form 1098
Mortgage Interest	\$ []	\$ []	\$ []	<input type="checkbox"/>
Primary residence	\$ []	\$ []	\$ []	<input type="checkbox"/>
and second home only	\$ []	\$ []	\$ []	<input type="checkbox"/>
	\$ []	\$ []	\$ []	<input type="checkbox"/>
	0	0	0	
Points Paid (if any)	\$ []	\$ []	\$ []	<input type="checkbox"/>
Property Tax (primary residence)	\$ []	\$ []	\$ []	<input type="checkbox"/>
Property Tax (second home)	\$ []	\$ []	\$ []	<input type="checkbox"/>
Property Tax (additional homes)	\$ []	\$ []	\$ []	<input type="checkbox"/>
	0	0	0	

Additional Information: Please check if any of these situations apply to you.

- The total of your mortgage balance(s) was more than \$1,100,000 during 2017 (including primary home plus second home)
- You sold a home during 2017

Charitable Contributions

Must be to a Qualified U.S. Charity

*Charitable contributions must be supported with a donation receipt, letter or bank record (new IRS rule effective 1/1/07)
 Contributions of clothing and household goods must be in good used condition or better.*

	TAXPAYER	SPOUSE	JOINT
Cash, Checks, or Credit Cards	\$ []	\$ []	\$ []
Noncash	\$ []	\$ []	\$ []

***If noncash charity totals more than \$500, please either email or fax us your receipts OR provide the following:**

Name of Charity	Address of Charity	Goods Donated (clothes, etc.)	Date Donated	Used Value

For values, go to: [Salvation Army Donation Value Guide](#)

Note: Donation of stock/securities is a non-cash donation.

Other Deductions/Expenses

Deductions:	TAXPAYER	SPOUSE	JOINT
Total Medical Expense	\$ [0]	\$ [0]	
Prescription	\$ []	\$ []	
Doctor visits	\$ []	\$ []	
Hospitals & Nursing homes	\$ []	\$ []	
Margin Interest	\$ []	\$ []	\$ []



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Personal Property Taxes	\$		\$		\$	
Investment Advisory Fees	\$		\$		\$	
Adoption Expenses	\$		\$		\$	
Job Search Costs	\$		\$		\$	
Safe Deposit Box Fee	\$		\$		\$	
Early Withdrawal Penalties	\$		\$		\$	
IRA Custodial Fee	\$		\$		\$	
Tax Prep Fee paid in 2017 <i>(new clients)</i>	\$		\$		\$	
HSA Contribution for 2017 <i>(contributed by you, not your employer)</i>	\$		\$			

Employee Business Expenses

Please go to the [Employee](#) worksheet to list business expenses related to W2 income that you were not reimbursed for.

Student Loan Interest Paid: TAXPAYER SPOUSE
 \$ \$ *(only interest is deductible, not principal)*

If your adjusted gross income is greater than \$80,000 (single) or \$160,000 (married), you cannot claim the deduction.

Tuition & Scholarships

If you or your spouse were a student during 2017, or you paid for your dependent child's college/university tuition, please complete the [Education](#) worksheet.

Checklist of Forms to Send Davis CPA & Associates LLC

Generally, you do not need to fill out income amounts on the questionnaire as we can get them directly from tax forms that you have received from the payers. **Please scan & email, fax, mail or drop off all such forms.** For some items, additional information will be needed, see below.

Check each you received (or should receive) for 2017. You only need to send the form:

	TAXPAYER	SPOUSE	JOINT	
Wages (Form W-2)	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Employment (Form 1099-MISC) *	<input type="checkbox"/>	<input type="checkbox"/>		*Also complete Self Employment worksheet
Interest (1099-INT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Interest Income Statements
Dividends (1099-DIV)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Dividend income statements
Sales of Securities (Form 1099-B) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Also complete Trades worksheet
Unemployment Compensation (1099-G)	<input type="checkbox"/>	<input type="checkbox"/>		
Tax Overpayment (1099-G)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*State and local tax refunds received during 2017
Partnership/S-Corp/Trust/Estate (Sch. K-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Distributions (1099-R)*	<input type="checkbox"/>	<input type="checkbox"/>		*Pensions and annuities/Retirement plan distribution
Prizes and Awards	<input type="checkbox"/>	<input type="checkbox"/>		
Mortgage Interest (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Loan Interest (1098-E)	<input type="checkbox"/>	<input type="checkbox"/>		
Tuition Expense (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>		
Moving Expense Report	<input type="checkbox"/>	<input type="checkbox"/>		
HSA or Archer MSA (5498-SA or 1099-SA)	<input type="checkbox"/>	<input type="checkbox"/>		
2014 and 2016 Tax Return (New Clients Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Form 1099	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify: <input type="text"/>

For these items, please click on the link to provide additional information:

	TAXPAYER	SPOUSE	JOINT
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Foreign Income and/or Accounts*

*Note: Potential fines have increased for not reporting foreign accounts with combined balances in excess of \$10K.

Tax Credits

Check all that apply:

- | | |
|--|--|
| Elderly Credit <input type="checkbox"/> | Child Tax Credit <input type="checkbox"/> |
| Education Credit <input type="checkbox"/> | Child & Dependant Care <input type="checkbox"/> |
| Retirement Savings Contribution <input type="checkbox"/> | Adoption Credit <input type="checkbox"/> |
| Electronic vehicle <input type="checkbox"/> | Residential Energy Credit <input type="checkbox"/> |
| | Other <input type="checkbox"/> Specify: <input type="text"/> |

State Sales and Use Tax

Total amount of sales tax you owe from out of state purchases: \$

For example, you are an Ohio resident and lived in Akron all year which has, as of September 1st, a 6.75% sales tax rate. In 2017, you purchased, tax free, goods online or out of state totaling about \$1,000 (excluding the shipping and handling charges). You would report \$67.50 of sales tax.



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Estimated Tax Payments

Prepayments of tax that you sent in during the year, usually by check along with a voucher (e.g., Form 1040-ES for federal estimated tax payments). Do not enter taxes withheld here.

TAXPAYER

SPOUSE

FEDERAL PAYMENTS:

Date paid if

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

FEDERAL PAYMENTS:

Date paid if

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

STATE:

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

STATE:

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

Locality:

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

Locality:

QTR	Due Date	later than due date	Amount
1	04/18/17		\$
2	06/15/17		\$
3	09/15/17		\$
4	01/15/18		\$

Special Situations

If any of these apply, please indicate which ones and provide additional information:

- You received a notice in 2017 of a tax adjustment or audit, or settled an audit.
- You gave a gift of more than \$14,000 to any one donee during 2017(in this case, you may need to complete a gift return).
- You paid or received alimony.
- You had income not otherwise indicated on the questionnaire
- You installed energy efficient property run by solar, fuel cell, wind or geothermal in your home.
- You incurred losses from casualty or theft.
- You employed a nanny or other household employee during 2017 to whom you paid more than \$1,600
- You contribute to Ohio's 529 College Savings Program
- You had Gambling and/or lottery winnings in 2017
- You had farm-related expenses (please provide receipts, your records, and any other documents)

If you have other situations or questions, list them here, call, or send an email:

Note: To start a new line, press ALT-ENTER.



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[Empty box for providing documentation]

PLEASE SAVE THIS QUESTIONNAIRE, THEN SEND IT AS AN E-MAIL ATTACHMENT

Thank you for completing the questionnaire. Please send your tax documents by email (.pdf or jpeg), fax to 888.404.7029 (this is an e-fax #), or mail. Paper items received by other means will be scanned and then returned to you with your completed return. If you're a new client, we also need a copy of your 2015 and 2016 tax returns, if filed. Please do not send expense receipts; only provide the totals for each type of expense which you should have already entered on the questionnaire.

Reminder: Your tax return cannot be filed without your signature.

Davis CPA & Associates, LLCs
Certified Public Accounting Firm

3490 Ridgewood Road Suite H, Fairlawn, OH 44333

Tel: 330.665.9405; Fax: 888.404.7029

ken@daviscpaandassociates.com

Home Owners:

If you own your home and you wish to claim depreciation of the office portion, please complete the following (*unless you previously provided this information*):

Adjusted Basis of Property:

\$	<input type="text"/>	Purchase Price of Property
\$	<input type="text"/>	Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$	<input type="text"/>	Capital Improvements made to property before it was made available for rent:
\$	<input type="text" value="0"/>	= TOTAL ADJUSTED BASIS

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Vehicle Expenses

List only vehicle expenses that apply to self-employment (see Employee Expenses tab for W-2 related vehicle use)

Note: If you used more than one vehicle during the year, I will need the expenses listed separately for each vehicle.

Vehicle 1:

Year, make and model

Dates used: From to

Total miles for year (personal & business)

Total business miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business) \$

Parking (business) \$

Vehicle 2:

Year, make and model

Dates used: From to

Total miles for year (personal & business)

Total business miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business) \$

Parking (business) \$

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
 (I will calculate the business percentage)

From	<input type="text" value="1/1/17"/>	to	<input type="text" value="12/31/17"/>
Gas & oil	\$	<input type="text"/>	
Repairs/tires	\$	<input type="text"/>	
Lease payments	\$	<input type="text"/>	
Auto Insurance	\$	<input type="text"/>	
Garage rent	\$	<input type="text"/>	
Auto Club (AAA)	\$	<input type="text"/>	

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
 (I will calculate the business percentage)

From	<input type="text" value="1/1/17"/>	to	<input type="text" value="12/31/17"/>
Gas & oil	\$	<input type="text"/>	
Repairs/tires	\$	<input type="text"/>	
Lease payments	\$	<input type="text"/>	
Auto Insurance	\$	<input type="text"/>	
Garage rent	\$	<input type="text"/>	
Auto Club (AAA)	\$	<input type="text"/>	

Estimated Tax Payments

Please complete on the main section of the questionnaire.

2017 Foreign Income & Accounts

Foreign Income

All tax residents filing Form 1040 are required to report worldwide income.

Please do **not** include any foreign income & foreign tax payments that are reported on Form 1099-DIV

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Income: (wages, interest, etc.)	Name of Payer	Currency (euro, etc.)	Gross Income (foreign currency)	Income Converted to US Dollars*	Gross Tax Paid (foreign currency)	Tax Converted to US Dollars*
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

Foreign Accounts

If you had, in all foreign accounts combined, over \$10,000 at any time during 2017, please provide information below for each account. This is required to be reported to the Treasury Department. **Noncompliance could result in severe penalties.**

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2017	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>
T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2017	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2017	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2017	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2017	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

Information for Foreign Earned Income Exclusion

Please only complete this section if you:

- 1 Are a U.S. citizen or greencard holder
- 2 Were based living and working in a foreign country for any part of the year
- 3 Have entered the foreign income you earned in the section above.

Foreign Address during 2017

From (mm/dd/yy)

To (mm/dd/yy)

TAXPAYER

Principal Foreign Employer during 2017:

Employer's Name:

Employer's US Address (if any):

Employer's Foreign Address:

Type of Company:

- Foreign Entity
- U.S. Company
- Self
- Foreign Affiliate of a U.S. Company
- Other (specify)

Date you moved outside the U.S.:

SPOUSE

Principal Foreign Employer during 2017:

Employer's Name:

Employer's US Address (if any):

Employer's Foreign Address:

Type of Company:

- Foreign Entity
- U.S. Company
- Self
- Foreign Affiliate of a U.S. Company
- Other (specify)

Date you moved outside the U.S.:

Living Quarters Abroad:

- Purchased home
- Rented house or apartment
- Rented room
- Quarters furnished by Employer

If renting, what were your total housing costs for the year (while working abroad)?

**(Include rent, utilities (except phone), insurance, parking, repairs, furniture rental)*

Foreign Currency
Amount

US Dollar
Conversion

2017 Unreimbursed Employee Business Expenses

General - Vehicle - Home Office

Taxpayer:

Spouse:

Occupation

Occupation

Please only list unreimbursed expenses related to W-2 income!

Note: If your combined employee business expenses do not add up to more than 2% of your adjusted gross income, they will not be deductible.

General Expenses

For examples of what can and cannot be deducted, please see the [List of Deductions](#)

	TAXPAYER	SPOUSE
Travel & Lodging (out of town):	\$ <input type="text"/>	\$ <input type="text"/>
Meals & Entertainment*	\$ <input type="text"/>	\$ <input type="text"/>
Business Gifts (limit \$25 a person)	\$ <input type="text"/>	\$ <input type="text"/>
Seminars/Training:	\$ <input type="text"/>	\$ <input type="text"/>
Trade Publications:	\$ <input type="text"/>	\$ <input type="text"/>
Computer Equipment:	\$ <input type="text"/>	\$ <input type="text"/>
Computer Supplies:	\$ <input type="text"/>	\$ <input type="text"/>
Office Supplies:	\$ <input type="text"/>	\$ <input type="text"/>
Telephone (business use):	\$ <input type="text"/>	\$ <input type="text"/>
Internet (business use):	\$ <input type="text"/>	\$ <input type="text"/>
Postage/Courier	\$ <input type="text"/>	\$ <input type="text"/>
Other: Description		
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Vehicle Expenses

Related to W-2 Income

***Commuting is not deductible**, so please do not include it in your business mileage figure. Commuting means your trip from home to office and then from office to home. Other trips for business during the day would count, however.

TAXPAYER

SPOUSE

Year, make and model

Dates used: From to

Total miles for the year

Total business* miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business portion) \$

Parking (business portion) \$

Year, make and model

Dates used: From to

Total miles for the year

Total business* miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business portion) \$

Parking (business portion) \$

You can generally claim either the standard mileage rate or actual expenses, whichever is greater (some exceptions apply).
 If you want me to calculate actual expenses, I need the total for the year of each expense:

From to

List total expenses incurred between the dates above:
 I will calculate percentage applied as business use.

Gas & oil	\$	<input type="text"/>
Repairs/tires	\$	<input type="text"/>
Lease payments	\$	<input type="text"/>
Auto Insurance	\$	<input type="text"/>
Garage rent	\$	<input type="text"/>
Auto Club (AAA)	\$	<input type="text"/>

From to

List total expenses incurred between the dates above:
 I will calculate percentage applied as business use.

Gas & oil	\$	<input type="text"/>
Repairs/tires	\$	<input type="text"/>
Lease payments	\$	<input type="text"/>
Auto Insurance	\$	<input type="text"/>
Garage rent	\$	<input type="text"/>
Auto Club (AAA)	\$	<input type="text"/>

Home Office

Related to W-2 Income

If you primarily work at your employer's office and you do not meet clients at your home, you do not qualify for this deduction.

General Rules:

To qualify, a portion of your home or a separate structure **must be used exclusively on a regular basis:**

- (1) **As the principal place of your business** (this includes a place where you conduct administrative or management activities of the business if there is no other fixed location to conduct them), **or**
- (2) **As a place where you meet clients** in the normal course of business, and
- (3) Your home office is for your employer's convenience.

If you lived at more than one location during the year, or used the home office for more than one employer, please list expenses separately:

Note: Do not fill in an amount for rent if you own your home.

TAXPAYER

Location 1: Address

<input type="text" value="0"/>
Employer: <input type="text"/>
Dates worked: From <input type="text"/> to <input type="text"/>
Percent of time worked from home <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>
Area used exclusively for business (sq. ft.) <input type="text"/>
Rent \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Utilities \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Repairs and maintenance expense \$ <input type="text"/>
Home insurance (total) \$ <input type="text"/>

Location 2: Address

<input type="text"/>
Employer: <input type="text"/>
Dates worked: From <input type="text"/> to <input type="text"/>
Percent of time worked from home <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>
Area used exclusively for business (sq. ft.) <input type="text"/>
Rent \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Utilities \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Repairs and maintenance expense \$ <input type="text"/>
Home insurance (total) \$ <input type="text"/>

SPOUSE

Location 1: Address

<input type="text" value="0"/>
Employer: <input type="text"/>
Dates worked: From <input type="text"/> to <input type="text"/>
Percent of time worked from home <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>
Area used exclusively for business (sq. ft.) <input type="text"/>
Rent \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Utilities \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Repairs and maintenance expense \$ <input type="text"/>
Home insurance (total) \$ <input type="text"/>

Location 2: Address

<input type="text"/>
Employer: <input type="text"/>
Dates worked: From <input type="text"/> to <input type="text"/>
Percent of time worked from home <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>
Area used exclusively for business (sq. ft.) <input type="text"/>
Rent \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Utilities \$ <input type="text"/> X <input type="text"/> months = \$ <input type="text" value="0"/>
Repairs and maintenance expense \$ <input type="text"/>
Home insurance (total) \$ <input type="text"/>

Repairs and maintenance expense \$
Home insurance (total) \$

Repairs and maintenance expense \$
Home insurance (total) \$

Home Owners:

If you own your home and you wish to claim depreciation of the office portion, please complete the following (unless you have provided this in a prior year).

Adjusted Basis of Property:

\$ Purchase Price of Property
\$ Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$ Capital Improvements made to property before it was made available for rent:
\$ = TOTAL ADJUSTED BASIS

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

2017 Rental Property Worksheet

General Information:

Taxpayer: Spouse:

If married, is the house owned jointly? Yes No → If not, who is the owner? Taxpayer Spouse
 Do you [and spouse] own 100% of the property? Yes No → If not, list ownership percentage

Address of property:

Date property was placed in service (made available for rent). This can be in a past year:

Date, if any, property was no longer available for rent:

Is the entire property available for rental use? Yes No → If not, percentage rented out

Rental Income and Expenses

Rental income for the entire tax year: \$

Rental Expenses:

Amount

Advertising	\$		
Travel	\$		
Cleaning & Maintenance	\$		
Commissions	\$		
Insurance	\$	Rental amount (if not fully rented)	
Legal & Professional Fees	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Management Fees	\$		
HOA Fees	\$		
Mortgage Interest	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Real estate taxes	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Repairs	\$		
Supplies	\$		
Water & Sewer	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Garbage Removal	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Utilities	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Garden Maintenance	\$	<input type="text"/> 0%	\$ <input type="text"/> 0

Description

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

List any capital improvements made to the property during the tax year:

These are improvements made to your home that add to its value, prolong its useful life, or adapt it to new uses. (Examples include replacements or additions such as roof, carpet, boiler, rooms, patio, driveway, central air, windows, etc.)

Type of Improvement	Cost	Date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Cost Basis of Property

Only provide if you are a new client or have a new rental property.

Adjusted Basis of Property:

\$ Purchase Price of Property
\$ Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$ Capital Improvements made to property before it was made available for rent:

\$ = TOTAL ADJUSTED BASIS

(Note: If you converted a personal property to a rental property, your basis is the lesser of the fair market value or the adjusted basis of the property).

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Depreciation: *(new clients only)*

\$ Total depreciation claimed in prior years, if known

For more information, see [IRS Publication 527: Residential Rental Property](#)

2017 Higher Education

Degree/Program Study at Eligible Educational Institution during 2017

TAXPAYER Freshman or Sophomore Undergraduate - Other Graduate - MBA Graduate - Other Other*

SPOUSE Freshman or Sophomore Undergraduate - Other Graduate - MBA Graduate - Other Other*

* Other, Specify:

Name of college or university attended:

Tuition & Fees Paid in 2017

	TAXPAYER	SPOUSE
Total amount of tuition & fees	\$ <input type="text"/>	\$ <input type="text"/>
Required books & supplies	\$ <input type="text"/>	\$ <input type="text"/>

The expenses above may qualify for you for the hope credit, lifetime learning credit, or tuition deduction.

Scholarship and Fellowship Income Received in 2017

- \$ **1** Total amount of scholarship/fellowship grants received
- \$ **2** Amt of line 1 received for performing services (e.g., teaching, research, or any other service). This should be reported on a Form W2 or Form 1042-S (income codes 16-19). It is taxable as wages.
- \$ **3** (Amt of scholarship received for which no services were performed.)
- \$ **4** Enter the amount from line 3 that your scholarship or fellowship **required** you to use for anything other than tuition, fees, books & supplies (e.g., room & board, travel, etc.)
- \$ **5**
- \$ **6** Enter the amount from line 5 that was used for tuition, fees & required books, supplies. (This is the tax-free part of your scholarship)
- \$ **7**
- \$ **8** (This is the taxable part of your scholarship)

Did you participate in an employer provided educational assistance program? Yes No

Claiming a credit for your dependent child's tuition

Amount of tuition and fees you paid for your child's college/university education during 2017: \$

Child must be:

- 1 Claimed as a dependent on your tax return
- 2 Between the ages of 18 and 23 during 2017
- 3 A full-time student

Name of child:

College Attended: Freshman or Sophomore Undergraduate - Other Graduate

[Click here to go back to questionnaire](#)

List of Possible Deductions by Category

The list below is not all-inclusive and not all items are deductible all of the time. Many are subject to limitations and many only apply in certain situations or are governed by other rules. Please keep careful records and save your receipts for 3 years in case of audit.

The following are links to each section:

[Business Expenses](#)

[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Business Expenses

Employees:

Includes expenses for your job for which you weren't reimbursed, but you only get the amount in excess of 2% of your AGI (adjusted gross income), and only if you can itemize. For instance, if your AGI is \$100,000, you must have at least \$2,000 in employee business expenses before you will begin to benefit from the deduction.

Self-Employed:

You are allowed to deduct most business expenses in full.

Advertising and Promotion Expenses (Self-employed)

Books and Publications

Books, trade journals, newspapers and publications for your trade or profession

Dues and Fees:

Dues to a professional organization for people in your profession

Union dues, initiation fees, and assessments for benefit payments to unemployed union members.

Regulatory fees for your profession

Dues to chambers of commerce and similar organizations if the membership helps you carry out your job duties.

Licenses paid to state or local governments

Education and Research

Educational expenses related to your present work that maintains or improves your skills.

Research expenses

Equipment and Supplies

Business use of computer.

Employees: Must be for the convenience of your employer and required as a condition of your employment.

Supplies and tools you use in your work

Home Office

Expenses for an office in your home IF part of the home is used regularly and exclusively for your work. Employees: the use of your home office must also be for the convenience of your employer.

Internet

Employees: Must be for the convenience of your employer and required as a condition of your employment.

Job hunting expenses (Employees)

To deduct job hunting expenses, you must be looking for a job in your present line of work (i.e., you're not changing professions or looking for your first job). Expenses include:

Resume preparation (drafting, typing, printing, mailing, faxing)

Employment agency fees

Executive recruiters' fees

Portfolio preparation costs

Career counseling to assist you in improving your position

Legal and accounting fees you pay in connection with employment contract negotiations and preparation

Advertising

Transportation costs to job interviews

Long distance calls to prospective employers

List of Possible Deductions by Category

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The following are links to each section:

[Business Expenses](#)

[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Newspapers you purchase to read the employment ads
Other business publications you purchase to read the employment ads
Half of your meals you pay for that are directly related to your job search
If you take a trip away from home to look for a new job, your expenses for traveling, lodging, meals (50% of the cost), etc. are deductible only if the primary purpose of your trip is to look for a job. To substantiate the purpose of your trip, keep a daily log of your interviews, application efforts, etc.

Meals and Entertainment

Meals and Entertaining costs (only 50% of the cost is deductible). Keep a record of the date, place, amount of expenses, people present, business purpose, and business discussed. Also keep receipts for expenses in excess of \$75.

Telephone Charges

Business use of cellular phone
Cost of long-distance business calls charged to home phone
Separate business telephone (home phone line is not deductible)

Travel and Transportation

Traveling costs incurred while away from home on business
Traveling costs paid in connection with a temporary work assignment
Transportation between your home and a temporary work location if you have no regular place of work but you ordinarily work in the metropolitan area where you live and the temporary work location is outside that area
Transportation between your home and a temporary work location if you have at least one regular workplace for this employment. It doesn't matter how far away the temporary location is in this case.
Transportation from one job to another if you work two places in one day
If you are self-employed and your home is your principal place of business, all business travel is deductible.

Uniforms and Gear

Protective clothing and gear
Uniforms (except if you're full-time active duty in the armed forces)
Dry cleaning costs for your uniforms or protective clothing (not for your everyday clothing, though)
Specialized clothing designed for your job, as long as it's not suitable for everyday wear
Safety equipment, such as hard hats, safety glasses, safety boots, and gloves

Miscellaneous

Gifts, but only up to \$25 per recipient
Passport for business travel
Postage
Office supplies
Printing and copying
Legal and professional services (tax preparation fee)
Medical exams required by your employer
Occupational taxes if they're charged at a flat rate by your city or other local government for the privilege of working in that area
Business liability insurance premiums
Job dismissal insurance premiums
Damages you pay to a former employer for a breach of employment contract
Employee contributions to state disability funds

Self-Employed Only

Interest on business loans
Self-Employed health insurance (partial)

List of Possible Deductions by Category

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The following are links to each section:

[Business Expenses](#)

[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Commissions and fees
Business insurance
Keogh or SEP contributions
Rental of business property
Office rent and utilities
Repairs and maintenance
Business taxes and licenses

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Expenses You Cannot Deduct

People commonly hope to deduct some of the following expenses, but unfortunately they are not deductible.

Non-Deductible Expenses:

Expenses that were reimbursed by your employer.

Apartment Rent, unless qualified to claim away from home expenses for a business trip expected to last one year or less (Temporary Living Expenses), or if a portion is used as a home office (special rules apply to both cases). Also, may be deductible if maintained for the sole purpose of going to school if your education expenses qualify for the business deduction.

Clothing that is adaptable to everyday wear (this includes suits, evening wear, etc.).

Commuting costs (subways and rail fares, and vehicle use including tolls, gasoline, and parking). Exception if qualified as being away from home on business or as part of Temporary Living Expenses.

Dues to country clubs, golf and athletic clubs, and airline and hotel clubs.

Home phone line

Job hunting expenses if you're looking for your first job, or changing professions.

Dry cleaning and laundry (unless you're on a business trip)

Legal fees and closing costs involved in purchasing a property

Fees for taking an exam to qualify you in a profession (e.g., Bar Exam, GRE, etc.)

Immigration visa expenses, such as for obtaining a Green Card or H-1B visa.

Moving expenses that were not associated with your job and were less than 50 miles.

Moving expenses if you are claiming temporary living expenses.

Meals, unless for business meetings, or while away from home on business. Also, allowable as part of Temporary Living Expenses.

Lunch on the job.

Personal expenses, such as grooming and maintenance (gym membership) unless they are directly related to your business (e.g. models, actors).

Any other personal expenses for which there is no provision for a deduction in the Tax Code.

Interest on personal loans.

Support of family members, unless they qualify as your dependents.

Personal vacations.

Cosmetic surgery to improve personal appearance

Contributions made to individuals or foreign charities.

Student loan interest if adjusted gross income is greater than \$75,000 (single) or \$150,000 (married).

Student loan principal.

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Miscellaneous Schedule A Expenses

Real estate expenses:

Mortgage interest

Mortgage prepayment penalties

Penalties of early withdrawals

Points on principal residence financing

Real estate taxes

List of Possible Deductions by Category

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[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Auto registration fees

Charitable contributions (cash and non-cash) made to qualified U.S. charities.

Investment expenses:

Accounting fees (preparation of tax return)

Brokerage fees

Investment fees

Legal fees

Safe deposit box rental

Interest on margin accounts

Taxes

Ad valorem tax

Certain special assessments

Condo or coop maintenance (property tax portion)

Disability insurance tax (some states)

Foreign taxes

Income tax (state and local)

Occupational taxes

Personal property tax

Real property tax

State transfer tax

Withholding taxes

Casualty and theft Losses

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Qualified Medical Expenses

Generally, you can only deduct the excess over 7.5% of Adjusted Gross Income, and then only if you can itemize on Schedule A. This means that if you make \$100,000, you can only deduct the amount of medical expenses you spent over \$7,500. Please also refer to IRS Publication 502: Medical Expenses.

Acupuncture

Air conditioner necessary for relief from allergies or other respiratory problems

Alcoholism treatment

Analysis

Artificial limbs

Artificial teeth

Birth control pills prescribed by a doctor

Braille books and magazines used by a visually-impaired person

A clarinet and lessons to treat the improper alignment of a child's upper and lower teeth

Contact lenses

Cosmetic surgery to improve a deformity

Dental fees and supplies

Diet, special. When prescribed by a doctor, you can deduct the extra cost of purchasing special food to alleviate a specific medical condition.

Doctor or physician expenses

Drug addiction treatment

Elastic hosiery to treat blood circulation problems

Exercise program if recommended by doctor to treat a specific condition

Extra rent/utilities for a larger apartment required in order to provide space for a nurse/attendant

List of Possible Deductions by Category

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Eye surgery, when it is not for cosmetic purposes only

Fertility treatment: Limited to procedures such as *in vitro* fertilization (including temporary storage of eggs or sperm) and surgery, including an operation to reverse prior surgery that prevented the person operated on from having children.

Guide dog

Hospital care

Household help for nursing care services only

Insurance premiums for medical care coverage

Laboratory fees

Lead-based paint removal where a child has or had lead poisoning

Legal fees paid to authorize treatment for mental illness

Lifetime care advance payments

Lodging expenses while away from home to receive medical care in a hospital or medical facility

Long-term care insurance and long term care expenses (with limitations)

Mattresses and boards bought specifically to alleviate an arthritic condition

Medical aids. This includes wheelchairs, hearing aids and batteries, eyeglasses, contact lenses, crutches, braces, and guide dogs (including costs paid for their care).

Medical conference admission costs and travel expenses for a chronically ill person or a parent of a chronically ill child to learn about new medical treatments.

Medicines and prescription drugs

Nursing care.

Nursing home expenses if the there to obtain medical care.

Oxygen and oxygen equipment.

Reclining chair bought on a doctor's advice by a person with a cardiac condition.

Special education tuition of mentally impaired or physically disabled person.

Smoking cessation programs.

Swimming costs, if therapeutic and prescribed by a physician.

Telephone cost, repair and equipment for a hearing-impaired person.

Television equipment to display the audio part of a TV program for hearing-impaired persons.

Transplants of an organ, but not hair transplants.

Transportation costs for obtaining medical care.

Travel expenses for parents visiting their child in a special school for children with drug problems, where the visits are part of the medical treatment.

Weight loss program, if it is recommended by a doctor to treat a specific medical condition or to cure any specific ailment or disease

Whirlpool baths prescribed by a doctor.

Wig for the mental health of a patient who lost his or her hair due to a disease.

X-ray services.

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