



2017 INCOME TAX SCHEDULE

Instructions: This form is designed to be a useful tool for you to gather information for us to prepare your returns. It is not all inclusive, so please attach any additional information. You do not have to use this form, but at a minimum, please complete the GENERAL INFORMATION section below. Also, include all tax documents such as W-2s, 1099s, Social Security forms, health insurance forms 1095-A, B and C, 1098 forms, etc. Please include ALL pages from a broker's annual tax reporting 1099 package. **PLEASE NOTE—certain 2017 Form 1099s from banks and brokers are not required to be mailed until Feb 15, 2018.**

	<u>Taxpayer</u>	<u>Spouse</u>
Name	_____	_____
Soc Sec #	_____	_____
Occupation	_____	_____
Birth date	_____	_____
Address	_____	
Telephone	Work _____ Home _____	Cell _____
Email address	_____	

Do you want to donate to the Presidential election: Yes _____ No _____

GENERAL INFORMATION

<u>Dependents</u>					
<u>Full Name</u>	<u>Birth date</u>	<u>Soc Sec #</u>	<u>Relationship</u>	<u># Months in in Home</u>	<u>Income</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

____ YES ____ NO I authorize the taxing authorities to discuss my returns, attachments, and related matters with the Preparer.

Electronic Filing Information—ALL returns will be electronically filed

Please provide a voided check (or a copy of a check) if you check "YES" to either of the following:

Direct deposit of refund(s) _____ NO _____ YES
 Draft balance of taxes owed _____ NO _____ YES If YES, date to draft bank account _____
 You will receive an email acknowledgement from our tax software vendor (CCH) that your returns have been accepted.

REQUIRED: Insurance/Healthcare Coverage

____ YES ____ NO Did you maintain "minimum essential health coverage" for all individuals for January-December 2017?

- If "NO":**
- _____ Check here if you did not have coverage and will pay the penalty
 - _____ Check here if you have documentation to prove exemption. Please provide copies of that documentation.
 - _____ Check here to request additional information to determine if an exemption applies

If you purchased health insurance through the Marketplace, you will receive a Form 1095-A. If you had health coverage or an employer offered coverage, you will receive Form 1095-B and/or 1095-C by March 1. **Please provide those forms to us.**

I certify to the best of my knowledge that all information provided to Martin Smith & Company is true and correct.

Signature _____

Medical expenses

(Include ONLY out-of-pocket and after-tax amounts)

Prescription Drugs \$ _____
 Medicare premiums (Form 1099-SSA) \$ _____
 Medical/dental insurance premiums \$ _____
 Long-term care insurance: Taxpayer \$ _____
 Spouse \$ _____
 Long-term care expenses \$ _____
 Doctors, dentists, etc. \$ _____
 Hospitals \$ _____
 Lab fees \$ _____
 Eyeglasses and contacts \$ _____
 Other: _____ \$ _____
 Mileage: Jan-Dec 2017 _____ miles

Taxes

State income tax-balance paid prior yr \$ _____
 Real estate tax on personal residence \$ _____
 Personal property taxes (autos, boats) \$ _____
 Sales tax - boats, homes, aircraft \$ _____
 Sales tax - vehicles \$ _____

Mortgage interest (Attach forms 1098)

Paid to Bank (Attach forms 1098) \$ _____
 Paid to an individual:
 Soc Sec # _____
 Name _____ \$ _____
 Address _____

Charitable contributions

Cash, checks, credit cards:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Mileage: Jan-Dec 2017 _____

Non-cash contributions:

NOTE: Donated items **must** be of "good" or better quality. Please be sure that the following information is documented on each donation receipt:

- (1) Organization name and address
- (2) Date donated
- (3) Fair market value (deduction amount)
- (4) General description of items
- (5) Estimate of original cost

Total of all non-cash donations \$ _____

For vehicles, **attach Form 1098-C**

Adoption expenses \$ _____
 Date adoption finalized _____
 Alimony paid \$ _____
 Name _____
 Soc Sec # _____
 Early withdrawal penalty \$ _____
 Required education for work \$ _____
 Employment fees \$ _____
 Investment expenses \$ _____
 Child care expenses \$ _____
 Provider's name _____
 Address: _____
 City, ST _____
 EIN/SS# _____
 Job hunting expenses \$ _____
 Moving expenses \$ _____
 Tax return preparation \$ _____
 Professional dues/subscriptions \$ _____
 Tools/equipment for work \$ _____
 Uniform expense \$ _____
 Union dues \$ _____
 Teacher (K-12) (classroom expenses) \$ _____
 College tuition and fees (**Form 1098-T**) \$ _____

Traditional IRA:

Taxpayer \$ _____
 Spouse \$ _____

Roth IRA:

Taxpayer \$ _____
 Spouse \$ _____

SC college prepayment

investment program \$ _____

Casualty loss:

Provide requested information

Other deductions:

_____ \$ _____
 _____ \$ _____

Health Savings Accounts (HSA) contributions:

Coverage: ___ Self-only ___ Family
 Employer contributions \$ _____
 Your contributions (after-tax only) \$ _____
 Value of HSA at 12/31/17 \$ _____

Months cover by a high-deductible health plan _____

Please include Forms 1098-SA and 5498-SA (These forms will contain the above information)

BUSINESS , RENTAL and HOME OFFICE

Description of Rental Property/Business/Farm or Home office				
INCOME	\$ _____	\$ _____	\$ _____	\$ _____
EXPENSES				
Advertising	_____	_____	_____	_____
Interest expense	_____	_____	_____	_____
Legal & accounting	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance (excluding life and health)	_____	_____	_____	_____
Management fees	_____	_____	_____	_____
Office expense	_____	_____	_____	_____
Rent: Equipment	_____	_____	_____	_____
Office	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Property tax/licenses	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Meals & entertainment	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vehicle expense ONLY:				
• Prop tax	_____	_____	_____	_____
• Tolls, rentals	_____	_____	_____	_____
• Repairs, Insur, etc.	_____	_____	_____	_____
• Interest on veh loans	_____	_____	_____	_____
• Mileage:				
Business miles	_____ miles	_____ miles	_____ miles	_____ miles
Personal miles	_____ miles	_____ miles	_____ miles	_____ miles
Total miles	_____ miles	_____ miles	_____ miles	_____ miles

OTHER INCOME	Alimony received	\$ _____	Other income:	
	Installment sales collections:		_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	Jury duty	\$ _____	_____	\$ _____

SC Sales/Use Tax	Sales/Use tax (SC returns only)	
	Total purchases from mail orders, internet, TV shopping networks, etc.	\$ _____
	Total sales tax paid to SC and other states on the above purchases	\$ _____

ESTIMATED TAX PAYMENTS

Federal estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

State estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER INFORMATION

NOTE: If you have a foreign bank, investment or retirement account, please let us know.

Please provide any other additional information here:

If you are self-employed, own rental property, or operate a farm you MUST answer the following:

Yes **No** Did you make any payments that would require you to file Form(s) 1099?
 Yes **No** If "Yes" to the above question, did you or will you file all required Form(s) 1099?

1099 Filing Requirements – Form 1099-MISC is required to be issued if **ALL** of the following are true:

1. You paid non-corporate service providers \$600 or more during 2017 **AND**
2. The payments are for business (not personal) **AND**
3. You are self-employed (Schedule C), own rental property (Schedule E), or operate a farm (Schedule F)

Examples of the above payments include: professional fees paid to an attorney or an accountant; payments to independent contractors for janitorial services, information technology consulting, web design, and repairs; and rent paid to a landlord (just to name a few).

Either visit the IRS website or call our office for assistance in completing these forms. The penalties for not filing these forms can range from \$30-\$250 per form.

INFORMATIONAL DATA

Standard mileage rates (cents per mile):

	<u>2017</u>	<u>2018</u>
Business	53.5	54.5
Moving	17.0	18.0
Medical	17.0	18.0
Charitable	14.0	14.0

Retirement contribution limits (subject to other provisions):

	<u>2017</u>	<u>2018</u>
Roth/Traditional IRA	5,500	5,500
IRA catch-up contributions	1,000	1,000
SIMPLE plans	12,500	12,500
SIMPLE catch-up contrib.	3,000	3,000

(Catch-up provisions are for individuals age 50 and above)

Reminders:

- If you have children who will be filing tax returns, please be sure they do not claim themselves if they are not eligible to do so. **If the parents are eligible to claim their child, then the child generally can not claim themselves.**
- For electronic filing purposes, please provide us a copy of a check, not a deposit slip, even if your bank account has not changed since last year.
- **PLEASE REMEMBER** to include all IRS documents with the tax information that you submit to our office. This includes forms W-2, 1099s, 1098 (mortgage interest paid), 1098-T (College tuition and fees paid), and health insurance forms 1095-A, 1095-B and 1095-C.