

**Definity Accounting and Consulting PLLC**

**Taxpayer Data Sheet**

Today's Date: \_\_\_\_\_  
Time: (optional) \_\_\_\_\_

This data sheet is intended to assist you in gathering income tax information.

**Personal Information**

	First Name & MI	Last Name	Social Security Number	Date of Birth
<b>Taxpayer</b>			— —	
<b>Spouse</b>			— —	

Address/City/Zip: \_\_\_\_\_ Change in marital Status in 2017? / Any Alimony? \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Taxpayer Driver LIC #: \_\_\_\_\_ Exp: \_\_\_\_\_ Spouse Driver LIC #: \_\_\_\_\_ Exp: \_\_\_\_\_

Marital Status:  Single  Married Filing Jointly  Married Filing Separately  Head of Household  Qualify Widow(er)

Can anyone else claim you or your spouse on their tax return?  Yes  No Do you Owe Student Loans  Yes  No

Do you Owe Child Support  Yes  No Do you Owe IRS/Receive notice  Yes  No

**Please list all of your Dependents (Note: Do not list Yourself and your Spouse below)**

Name (List youngest first) List By Name(First, MI and Last Name)	Date of Birth	Social Security Number	Relationship	Months Lived in home
Did you provide > half of support of anyone else? ___		Any dependent child w/ income >\$1900 from investment? (Y) (N)	Any adoption expense?	

**Child /Dependent Care Expenses (Note: This information is required for each provider)**

Dependent Cared For: \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_

Provider's Address: \_\_\_\_\_ \$ Paid to Provider for ea child: \_\_\_\_\_

**Check All Income Sources That Apply**

- W-2 (Attach)  1099 Form @,(misc), (div), (int) (oth)  Alimony Received  Any other income
- Tip Income  Pension/ Retirement Income SSA  Social Security/Railroad Retirement/IRA Distribution
- Lottery/Gambling Winnings  Unemployment \$ \_\_\_\_\_  Self-Employment Income(If Applicable Please Ask for Schedule-C Form)

**List Any Estimated tax paid in 2017: Qtr1 \_\_\_\_\_ Qtr2 \_\_\_\_\_ Qtr3 \_\_\_\_\_ Qtr4 \_\_\_\_\_ (Attach as needed)**

**State & Local Tax Information**

**Renter**

**Home Owner**

Landlord Name: \_\_\_\_\_ Property Tax Paid in 2017: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Taxable Value of Homestead: \_\_\_\_\_

Number of Months Rented: \_\_\_\_\_ Home Mortgage interest: \_\_\_\_\_

Home Heating Amount: \$ \_\_\_\_\_ Prior Year AGI \_\_\_\_\_

**Did you contribute any amounts to Traditional IRAs or MyRAs? \_\_Y/N Any contributions to 529 Plans, MESP, MET, MI 529? \_\_Y/N**

**How would you like your Refund**

- Bank Product. 11-21 bus. days  IRS Efile (Direct Debit takes 11-21 bus. Days)
- Check Refund  Direct Debit, indicate bank name \_\_\_\_\_ and fill below)

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ (Indicate Checking or Saving) Circle One

X \_\_\_\_\_  
**Taxpayer's Signature**

X \_\_\_\_\_  
**Spouse's Signature**

# Itemized Deductions

## Medical And Dental (Please indicate separately if you have an HSA)

Doctors .....	_____	Dentists .....	_____
Other Medical Professionals .....	_____	Prescription Drugs .....	_____
Surgical Drugs .....	_____	Operations .....	_____
Hospital & Emergency .....	_____	Lab & X-Ray .....	_____
Dental .....	_____	Dentures & Braces .....	_____
Glasses & Contact Lenses .....	_____	Medical Equipments .....	_____
Self Health Ins Premiums (non employer)	_____	Long-term care insurance premiums	_____
Miles driven for medical & dental .....	_____	Hearing aids, hearing aid repairs & batteries	_____

## Contributions (Attach listing of charities and amounts donated to each. Attach 1098C for vehicle donation)

Church/Temple/Mosque/United way/Other. ....	_____	Non-Cash Contributions .....	_____
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## Taxes

Real Estate Tax .....	_____	Personal Property Tax .....	_____
State Income Tax .....	_____	Other Taxes & Auto Registration.....	_____

## Interest Paid

Paid to Financial Institution (1098) .....	_____	Paid to Individual .....	_____
Name: _____		Social Security # : _____	
Address: _____		Investment Interest Paid .....	_____

## Casualty Or Theft Loss (circle N/A here if not applicable)

Type of Property .....	_____	Describe Loss:_____	
Cost or Basis of Property .....	_____	Insurance Reimbursement .....	_____
Fair Market value Before loss .....	_____	Fair Market value After Loss .....	_____

## Employee Unreimbursed Expenses and Misc. Deductions (Attach if Req.) Eg: Lic, Cert, Cont Ed, Work Travel

Union & Other Professional Dues .....	_____	Unreimbursed miles (non-commute).....	_____
Uniform & Protective Clothing & Upkeep ...	_____	Tool, Equipment & Supplies .....	_____
Safely Deposit Box Rent .....	_____	Employment/Job Seeking Fees .....	_____
Investment Expense .....	_____	Training & Travel Expense.....	_____

## Education Expenses

Student Loan Interest (1098E).....	_____	Did you use Series EE or US Savings Bond.	_____
Post-secondary, Tuition & fees for college:	_____	Total Amount of Expense.. ..	_____

## Other Related Information (Please Circle the Right Answer)

Did you sell any stocks/Bonds? (attach forms 1099-B, 1099-S) .....	Yes	No
Were you and all members of household claimed in this return have health insurance coverage for every month in 2017?	Yes	No
Did you sell a personal Residence or other Real Estate?.....	Yes	No
Did you or your spouse receive income from any source not listed elsewhere in this Form? .....	Yes	No
Did you or your spouse start a new business in the past year or do you anticipate starting one in the current or next year? ..	Yes	No
Did you or your spouse pay premiums or receive benefits from long term care insurance? .....	Yes	No
Did you or your spouse receive educational benefit payments from your employer? .....	Yes	No
Did you purchase a motor vehicle or boat in 2017 (attach receipt showing sales tax)?.....	Yes	No
Did you or your spouse become disabled during the year? .....	Yes	No
Did you or your spouse have earned income and living expenses while working outside of the United States? .....	Yes	No
Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions? .....	Yes	No
Did you file for bankruptcy or receive 1099C or have cancelled/ forgiven debt from lender?.....	Yes	No
Did you have other life events (such as moving, purchasing a new home, divorce, or death of family member?.....	Yes	No
Did you take any class to acquire or improve job skills? .....	Yes	No

Any rental income? Please indicate no. of days of rental use(\_\_\_\_) vs personal use (\_\_\_\_). Amount of rent received(\_\_\_\_).Any expenses?  
Attach details if needed. (Request template if needed to assist you).

I have reviewed the information in this Form and to the best of my knowledge it is accurate, correct and complete.

**X** \_\_\_\_\_  
**Taxpayer's Initials**

**X** \_\_\_\_\_  
**Spouse's Initials**

# Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

## Tax Return Preparation

- We will prepare your 2017 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- The tax return preparation fee does not include bookkeeping.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2017 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

## Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.

## Signatures:

By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. By signing, you also acknowledge receipt of our Privacy Policy. For a joint return, both taxpayers must sign.

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*Taxpayer*

*Spouse*

*Date*

**Privacy Policy:** The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Please contact us with any questions regarding our privacy policy.