

CYNTAX, LLC

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2017 INCOME TAX INFORMATION

Taxpayer's Full Name _____ Spouse's Full Name _____
Soc. Sec. No. _____ Date of Birth _____ Soc. Sec. No. _____ Date of Birth _____
Occupation _____ Driver's License No. _____ Occupation _____ Driver's License No. _____
Driver's License Issue Date: _____ Expiration Date: _____ Driver's License Issue Date: _____ Expiration Date: _____
Home Address _____
Home Phone _____ Cell Phone _____ Cell Phone (Spouse) _____
Email address _____ Email address (Spouse) _____

DEPENDENTS

Full Name	Social Security Number*	Date of Birth	Relationship

*Please bring Social Security cards for verification if we do not have a copy.

IMPORTANT ITEMS TO BRING

- W-2s from all employers
- Social Security Benefits Statement (SSA-1099)
- Unemployment Compensation (1099-G)
- Form 1095 – Proof of Health Insurance
- Forms 1099: 1099-MISC (Miscellaneous Income); 1099-INT (Interest); 1099-DIV (Dividends); 1099-B (Sale of stocks/securities); 1099-R (Pensions & Annuities/Retirement Plan Withdrawals); 1099-C or 1099-A (Debt Forgiveness); 1099-K (Credit card/3rd party payments)
- Form K-1 from Estates/Trusts, Partnerships or S Corporations
- Form W-2G for Gambling Winnings
- Mortgage Interest Statement (If you bought/sold/refinanced a home in 2017, please provide a copy of the settlement statement)
- Real estate/property taxes paid
- Car Tag Receipts
- Proof of charitable contributions
- Form 1098-T for tuition + statement showing dates paid
- Student loan interest information
- Stock or property sold? Bring historical cost basis
- Purchase price/cost basis for any stock declared worthless
- Medical Savings Account/Health Savings Account info

If you are a new client, please bring a copy of last year's tax return.

QUICK QUESTIONNAIRE

(Check any which apply and bring all data)

During 2017, did you:

- _____ Have a change in marital status due to marriage/divorce? Any change in number of dependents?
- _____ Have qualifying health insurance for everyone in your household? Was it purchased online through the Marketplace? (Bring Form 1095)
- _____ Receive Social Security benefits or Unemployment Compensation? (Bring SSA-1099 for Social Security; 1099-G for Unemployment)
- _____ Make any estimated tax payments? Please provide payment details on the next page.
- _____ Transfer or rollover any 401(k) or IRA accounts? If so, bring 1099-R.
- _____ Contribute (or do you plan to contribute) to an IRA or Roth IRA? Provide details.
- _____ Make a donation to charity from a traditional IRA?
- _____ Incur any education expenses for yourself, your spouse, or dependent? Receive education benefits through a prepaid tuition program (PACT or Alabama 529 Plan)? Pay student loan interest? Contribute to the Alabama College Counts 529 Plan?
- _____ Pay for child/dependent care? If so, we need the name, address, social security number/EIN of your child care provider, plus the total amount you paid during 2017. Did you receive any employer-provided dependent care assistance benefits?
- _____ Have unreimbursed work-related expenses? (Union dues, professional association dues, uniforms, job search, etc.)
- _____ Receive any income from a pension, profit-sharing, 401(k), Retirement, Keogh, IRA, Roth, or tax sheltered annuity plan? (Bring 1099-R)
- _____ Have any out-of-pocket expenses incurred as a volunteer? (This includes mileage, uniforms, and supplies).
- _____ Pay (or receive) alimony? (If you paid alimony, please provide the name, SSN, and address of the person receiving payments).
- _____ Purchase a new home? Sell or refinance an existing home? Please provide a copy of the settlement statement.
- _____ Have a casualty or theft loss? If so, attach an itemized list, insurance information and police report.
- _____ Purchase a hybrid/electric vehicle in 2017?
- _____ Sell or cash in stocks, bonds, U.S. savings bonds, or property? If so, bring form 1099-B. Any stocks declared worthless? Need basis.
- _____ Earn any Municipal Bond interest?
- _____ Start a business or purchase a rental property?
- _____ Have income (or loss) on K-1 from any Partnership, LLC, S Corp, Estate or Trust? (Bring K-1)
- _____ Have foreign income or pay foreign taxes? Have foreign investment/bank accounts valued at over \$10,000 at any time during 2017?
- _____ Make any internet purchases from out-of-state retailers on which no sales tax was paid? If so, what was the total amount of those purchases?

2017 ESTIMATED TAX PAYMENTS

<u>Federal Payments</u>			<u>State Payments</u>		
Date Due	Amount Paid	Date Sent	Date Due	Amount Paid	Date Sent
4/18/17			4/18/17		
6/15/17			6/15/17		
9/15/17			9/15/17		
1/16/18			1/16/18		

SCHEDULE A – ITEMIZED DEDUCTIONS

<u>UNREIMBURSED MEDICAL EXPENSES</u>	<u>TAXES PAID</u>
Prescription Drugs. \$ _____	Real Estate Taxes. \$ _____
Medical Insurance Premiums. \$ _____	Personal Property Taxes. \$ _____
Long-Term Care Ins. Premiums. \$ _____	State/Local Income Taxes. \$ _____
Medicare Premiums. \$ _____	Sales Tax paid on Car/Boat/RV. \$ _____
Doctors \$ _____	Car Tag (Ad Valorem Tax). \$ _____
Dentists \$ _____	
Clinic/Lab Tests. \$ _____	<u>CHARITABLE CONTRIBUTIONS</u>
Eyeglasses/Contact Lenses. \$ _____	Cash/Check Contributions. \$ _____
Hearing Aids/Batteries. \$ _____	
Orthopedic Shoes/Braces. \$ _____	Non-Cash Contributions. \$ _____
Medical Lodging. \$ _____	
Miles for Medical Treatment:	
_____ miles @.17 per mile \$ _____	Miles for Charity:
	_____ miles @.14 per mile. \$ _____
<u>INTEREST EXPENSE</u>	<u>MISCELLANEOUS DEDUCTIONS</u>
Home Mortgage Interest Paid to	Unreimbursed Business Expenses. \$ _____
Financial Institutions. \$ _____	Union/Professional Dues. \$ _____
Home Equity Interest. \$ _____	Safe Deposit Box. \$ _____
Home Mortgage Interest Paid to Individual. \$ _____	Tax Return Preparation Fee. \$ _____
Name/Address _____	Business Publications. \$ _____
_____	Business Phone Calls/Cell Phone Usage. \$ _____
Social Security No. _____	Tools, Supplies, Equipment. \$ _____
Deductible Points Paid. \$ _____	Job Search Expenses. \$ _____
Investment Interest. \$ _____	Gambling Losses. \$ _____

SCHEDULE C – BUSINESS INCOME

Business Name _____ **ID Number** _____

<p><u>Gross Income:</u> Gross Income. \$ _____ Less: Returns & Allowances. \$ _____</p> <p><u>Cost of Sales:</u> Beginning Inventory. \$ _____ Purchases. \$ _____ Cost of Labor. \$ _____ Materials & Supplies \$ _____ Freight In \$ _____ Other _____ \$ _____ Ending Inventory. \$ _____</p> <p><u>Deductions/Expenses:</u> Advertising. \$ _____ Car & Truck Expenses. \$ _____ Business Miles: _____ miles @.535 per mile. \$ _____ Bank Fees. \$ _____ Collection Expenses. \$ _____ Contract Labor. \$ _____</p>	<p><u>Deductions/Expenses (continued)</u> Employee Benefit Plan. \$ _____ Insurance. \$ _____ Interest (Mortgage). \$ _____ Interest (Other). \$ _____ Janitorial/Cleaning. \$ _____ Legal/Accounting Fees. \$ _____ Meals & Entertainment. \$ _____ Office Expenses. \$ _____ Postage. \$ _____ Professional Development \$ _____ Professional Dues/Subscriptions. \$ _____ Rent or Lease. \$ _____ Repairs/Maintenance \$ _____ Salaries \$ _____ Supplies \$ _____ Taxes & Licenses. \$ _____ Telephone \$ _____ Travel (Hotel/Airfare). \$ _____ Utilities \$ _____ Home Office (100% Business Use): House Sq. Ft. _____ Office Area Sq. Ft. _____</p>
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MAJOR PURCHASES – SCHEDULE C

DESCRIPTION	DATE PURCHASED	COST	TRADE-IN (IF ANY)

SCHEDULE E – RENTAL PROPERTY/ROYALTIES

Property Description: _____

Gross Rental Income:\$ _____

Number of days rented in 2017: _____

Number of days used personally: _____

Expenses:

Advertising\$ _____

Management Fees\$ _____

Auto/Travel Expense\$ _____

Mortgage Interest\$ _____

Mileage:

Other Interest\$ _____

_____ miles @.535 per mile\$ _____

Professional Fees\$ _____

Cleaning/Maintenance\$ _____

Repairs\$ _____

Commissions\$ _____

Supplies\$ _____

Insurance\$ _____

Taxes\$ _____

Utilities\$ _____

MAJOR PURCHASES – SCHEDULE E

DESCRIPTION	DATE PURCHASED	COST	TRADE-IN (IF ANY)