SMITH ASSOCIATES ACCOUNTING

JEAN BRANNEN CPA, LLC

15518 S. Joliet Road • Plainfield, IL 60544 • Phone 815-436-2727 • Fax 815-436-7171

January 3, 2018

Dear Fellow Taxpayer:

The closing of 2017 brings the hope of a prosperous new year, a new grandson, and the passage of the Tax Reform and Jobs Act of 2017. The new tax law mainly pertains to 2018 and future years so it is beyond the scope of this letter.

To assist you, we have included a tax questionnaire. Filling it out is helpful and can prevent delays. The questionnaire is not all-inclusive. Please bring all additional forms you receive. To avoid direct deposit errors, please supply a voided check showing current bank information. If you have any changes, questions, concerns, or would like to discuss tax issues, please make an appointment. As in the past, Barb Scudder is also available by appointment.

As was the case for the past three years, we will need to know if you and all your dependents had health insurance for 2017. If you or your dependents purchased insurance through the Marketplace, we will need Form 1095-A that will be provided to you at year end. You may have to log into your account to obtain the form. Filing without this information will only cause delays and/or notices.

Please also confirm with your working children, who you are entitled to claim as a dependent, that they are not claiming themselves when they file. This has been an issue every year and having that discussion with them in advance may save from filing amended returns in the future. Also, anyone qualifying for a college tuition credit will need Form 1098-T and also a list of payments made to the school. Please note: Qualified education expenses paid by a dependent whom you claim an exemption, or by a third party for that dependent, are considered paid by you.

Lastly, if you make estimated tax payments, please give us a complete schedule showing amount and date paid.

We have appreciated your business in the past and hope to see you again this season. We are also very thankful for your referrals.

Sincerely yours,

Jean Brannen

Jean Brannen, CPA

Office hours for tax season appointments and drop offs:
Monday-Thursday 9-6pm ■ Friday 9-4pm ■ Saturday 9-3pm
Evening appointments also available

SMITH ASSOCIATES ACCOUNTING (815) 436-2727

2017 INCOME TAX QUESTIONNAIRE

Taxpayer____

Name Occupation Birthdate Full Year Healthcare Coverage Yes/No

Spouse____

Name Occupation Birthdate Full Year Healthcare Coverage Yes/No

Address____

______________________________________**Phone**______________________

E-Mail Address______________________________Copy of return emailed Yes / No

For Direct Deposit/Debit:

Bank Name_________________________Routing and Account # - Supply cancelled check

Names of Your Dependent Children Who Lived With You:

Name Birthdate S.S.# Full Year Healthcare Coverage Yes/No

Exemption for Others That Lived With You:

Name_______________ Relationship____________ Full Year Healthcare Coverage Yes/No

Months Lived In Your Home_____ Did Dependent Have Income Over $4050? ____Yes ____No

Healthcare Coverage via Marketplace: __ Yes __ No **Bring In Form 1095A, 1095B** and/or **1095C**

Interest Income (Bring 1099 Forms):

Dividend Income (Bring 1099 Forms):

Other Income (Bring 1099 Forms):

Unemployment ______________________ State Tax Refund ______________________

Alimony Received ____________________ Pensions ___________________________

Social Security _________________________

Partnerships, Sub S Corporations, and Trusts (Bring K-1 Forms)

Retirement Distribution (Bring All Forms) ____

Other Income Received ____

Gambling Winnings _____________________Gambling Losses______________________

Sale of Stocks and Other Assets (Bring 1099 Forms)

Date Sold – Date Purchased – Sales Price – Purchase Price/Basis

Indicate Amounts and Dates Paid on Estimated Taxes

(Cancelled checks would be appreciated)

		Federal	State
First Quarter	(4-17-17)	____________	____________
Second Quarter	(6-15-17)	____________	____________
Third Quarter	(9-15-17)	____________	____________
Fourth Quarter	(1-15-18)	____________	____________

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2017 INCOME TAX QUESTIONNAIRE

Adjustments to Income:

HSA, SEP or SIMPLE Contributions ______________________________
Alimony Paid ______________________________
TRADITIONAL IRA or ROTH IRA Contributions ______________________________
Self-Employed Health Insurance ______________________________
Student Loan Interest Paid ______________________________

Deductions:

Medical: (Subject to 7.5% of AGI)
Prescriptions ______________________
Doctors & Dentists ______________________
Hospitals & Nursing Homes ______________________
Health Ins Prems (not Medicare)______________________
Medicare Insurance paid______________________
Medical Mileage ______________________
Long-term Health Ins. ______________________
Other ______________________

Charitable Contributions:
Cash ______________________
____
Checks ______________________
____

Goods or Services (Over $500 must be listed)
____
Charitable Mileage______________________

<u>Taxes Paid:</u>
Real Estate ______________________
State Income Tax ______________________
Other ______________________
Sales tax paid on auto, boat or other special item
Please bring in paperwork.

<u>Interest Paid</u> (Bring Forms)**:**
Home Mortgage______________________
Home Equity ______________________
Other Mortgages/Points______________________
Mortgage (PMI) Insurance______________________
(Only for POST 2006 Contracts)

<u>Miscellaneous</u> (Subject to 2% of Adj Gross Income):
Union Dues ______________________
Professional Dues ______________________
Protective Covering ______________________
____
Uniform Maint. ______________________

Tax Prep Fee ______________________
Safety Dep. Box ______________________
Job Hunting ______________________
IRA Fees (Pd out of pocket) ______________________
Uniform Cost ______________________

Unreimbursed Employee Business Expenses ______________________________
____

Child Care Credit:
Child's Name(s) ______________________Amount Paid______________________
______________________ ______________________
Babysitter's Name – Social Security # - Address ______________________________
____

Education Tax Credit – Tuition Paid to Secondary Institution in 2017 – (Bring 1098T Form)
Illinois Education Credit – Tuition Paid for Students K-12 grades in 2017 ______________________
Contributions to Bright Start College Savings Pool, College Illinois Prepaid Tuition Program or Bright Directions College Savings Program______________________________
Energy Credits Available

Standard Deductions for 2017: Married Filing Jointly - $12,700 Head of Household - $9,350
Married Filing Separate - $6,350 Single - $6,350
Dependent Children - $1,050 or their earned income, whichever is more, not to exceed $6,350