

2017 Tax Year

Please fill out and include with your Tax Documents

Name of Taxpayer: _____ Date of Birth _____

Name of Spouse: _____ Date of Birth _____

Important: We now use email as a primary way of communicating with our clients.

Email Address _____

Tax Refund Direct Deposit

Note: If you leave this section blank, your refund will come by US Mail

Bank Account Type _____ Bank Routing # _____ Bank Account # _____
(savings, checking...)

Dependents

Note: If everything is the same as last year write 'SAME'

Important: If you had a dependent last year that will no longer be a dependent this year, please write 'REMOVE' and then the person's name. We will then assume that all other dependents stay the same unless you provide further instructions.

Name	Date of Birth	Soc. Sec #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address or Telephone Number Change

Please use the following list to make sure you gather all Tax Related INCOME Information that you have received. It is important to bring or drop off the original forms that you have received from the list below.

- | | | |
|----------------------------------------------------|-----------|--------------------------------------------------------|
| <input type="checkbox"/> Interest Income | 1099-INT | -Usually interest earned on general bank accounts |
| <input type="checkbox"/> Dividend Income | 1099-DIV | -Usually dividends earned on stocks, annuities.... |
| <input type="checkbox"/> Wage report | W2 | -Year end statement of earnings from your job |
| <input type="checkbox"/> Subcontract Wages | 1099-MISC | -Year end statement of subcontract wages from your job |
| <input type="checkbox"/> Pension Report | 1099R | -Year end statement of Pension Earnings |
| <input type="checkbox"/> 401k or IRA withdrawal | 1099R | -Distributions taken from Retirement Accounts |
| <input type="checkbox"/> Social Security Statement | SSA-1099 | -Year end statement of Social Security earnings |
| <input type="checkbox"/> Unemployment Income | 1099-G | -Year end statement of unemployment earnings collected |
| <input type="checkbox"/> 2016 State Refund Amount | 1099-G | -Last year's State Refund amount |
| <input type="checkbox"/> Gambling Winnings | W2-G | -Lottery winnings, casino winnings... |
| <input type="checkbox"/> MA Health Notice | 1099-HC | -Annual statement indicating Health Coverage |
| <input type="checkbox"/> Alimony Received | | |
| <input type="checkbox"/> Other income | | |

Deductions

Medical and Dental expenses Including Prescriptions and co-pays.....	See Attached Worksheet
Real Estate Taxes on Principle Residence.....	\$ _____
Real Estate Taxes on additional homes or land.....	\$ _____
Automobile/Boat Sales Taxes paid in 2017	\$ _____
State Auto Registration Fees (total of all vehicles).....	\$ _____
State Auto Excise Tax (total of all vehicles).....	\$ _____
Home Mortgage Interest Paid (Form 1098).....	\$ _____
Home Equity or 2 nd Mortgage Interest Paid (Form 1098).....	\$ _____
Points paid on New Mortgage Transactions, if any.....	\$ _____
Points paid on Refinancing Activities, if any.....	\$ _____
Qualified Private Mortgage Insurance Payments (PMI).....	\$ _____
Contributions paid by Cash, Check or Credit Card.....	\$ _____
Non-Cash Contributions (Donated furniture, Donated Car, Clothing).....	\$ _____
Union and Professional Dues.....	\$ _____
Subscriptions to Professional Journals.....	\$ _____
Uniforms you paid for and maintenance of uniforms required on the job.....	\$ _____
Safety Equipment/Small Tools needed on Job (Hard Hat, Safety Glasses....etc).....	\$ _____
Qualified Educator/Teacher Expenses.....	\$ _____
Gambling Losses to extent of Gambling Winnings.....	\$ _____
Investment Advisory Fees.....	\$ _____
Tax Preparation Fees for 2016 Taxes.....	\$ _____
Safe Deposit Box Fees.....	\$ _____
Student Loan Interest.....	\$ _____
Rent paid for your apartment as a primary residence.....	\$ _____

Estimated Tax Payments

IRS 1) _____ 2) _____ 3) _____ 4) _____ MA 1) _____ 2) _____ 3) _____ 4) _____

2017 Medical Expenses Worksheet

Qualified Medical Expense List and Information

Qualified Medical Expenses are any expense that you paid for medical care or treatment that was not paid through your employer's health plan. For example: The premium that was taken out of your paycheck to pay for your health plan cannot be used as a deduction, but a supplementary insurance policy payment that you send directly to the insurance company can. Below is a list of the most common categories of allowable deductions. We have compiled this list to make it easier for you to organize your medical expenses.

STOP! – READ BELOW BEFORE COMPILING EXPENSES

The government only allows amounts over and above 10% of your income. See the two examples below to find out if medical costs will *actually* help you on your tax return before you begin adding your expenses:

Example 1

A married couple earns 110,000 between their two jobs. Their deductible medical expenses total \$7,000 for 2017. The government multiplies the income by the percentage to come up with a 'floor' figure: $\$110,000 \times 10\% = \$11,000$. They will allow anything over this and since this couple only has \$7,000, nothing will be allowed under this category as a deduction.

Example 2

A Single Woman earns \$60,000 and this is her total income. Her deductible medical expenses total \$6,500 for 2017. The government multiplies the income by the percentage to come up with the 'floor' figure: $\$60,000 \times 10\% = \$6,000$. They will allow anything over this figure and since she has \$6,500 in expenses, the government will allow the \$500 that is over that floor amount as a deduction to be counted with the rest of the itemized deductions in the return.

Medical Items

YOU MAY SIMPLY ENTER A TOTAL AMOUNT AT THE BOTTOM. We do NOT NEED these expenses broken down. This part of the worksheet is to help YOU so that you do not miss any deductions. On the actual tax return form the IRS requires us to enter one total amount with no breakdown.

Out of Pocket Cost for Prescription Medications.....	\$ _____
Private Insurance Premiums such as Blue Cross NOT paid thru an employer.....	\$ _____
Medicare – All Parts.....	\$ _____
Primary Taxpayer's Total Long Term Care Premiums.....	\$ _____
Spouse's Total Long Term Care Premiums.....	\$ _____
Fees for Doctor, Dentist and Specialty Care Visits.....	\$ _____
Fees paid to Hospital's or Clinics.....	\$ _____
Lab and X-Ray Fees.....	\$ _____
Long Term Care Costs over and above the Insurance Premium.....	\$ _____
Eye Glasses and Contact Lenses/Supplies.....	\$ _____
Medical Equipment and Supplies.....	\$ _____
TOTAL EXPENSES.....	\$ _____

Medical Miles – These are expenses for miles driven for medical purposes..... _____