



Did you move? **Y** **N**

Provide new address:

Was the move due to a new job? **Y** **N**

If **YES**, did you have moving expenses? Provide totals.
Storage \$ _____ Travel \$ _____
Lodging \$ _____ Meals \$ _____

Of miles from **old home** to **old work** location? _____

Of miles from **old home** to **new work** location? _____

Did you live or work outside the state you call home? **Y** **N**

Are you or your spouse blind? **Y** Name: _____

Are you or your spouse disabled? **Y** Name _____

Could you be claimed as a dependent on another person's tax return? **Y** **N**

Did you make estimated tax payments in 2017? **Y** **N**

List Amounts & Dates:
#1 \$ _____ Date ___/___/___
#2 \$ _____ Date ___/___/___
#3 \$ _____ Date ___/___/___
#4 \$ _____ Date ___/___/___

If you receive a **refund**, do you want direct deposit? **Y**

If **YES**, provide account information:
Bank Name: _____
Checking / Savings (circle one)
Routing # _____
Account # _____

If you **owe** taxes, do you want the payment paid electronically? **Y**

If **YES**, provide account information:
Bank Name: _____
Checking / Savings (circle one)
Routing # _____
Account # _____

Will we be filing a return for a dependent/s? **Y**

If **YES**, provide income statements and **ALL** client forms for your dependent/s.

Did you pay for day care so you could work/go to school? **Y**

If **YES**, provide information below. ***NOTE: If you had more than one provider, please list on last page and check here.** _____

Child's Name: _____
Provider Name: _____
Provider Address & Phone #: _____

SSN or EIN#: _____
Amount Paid: \$ _____

Did you receive W-2 income? **Y** (Need W-2s) Did you receive bank interest income?

Y (Need 1099-INTs)

Did you receive dividend income? **Y** (Need 1099-DIVs)

Did you receive non-employee income? **Y** (Need 1099-MISCs)

Did you sell stocks or have stock options? **Y** (Need 1099-Bs)

Did you receive a distribution from a retirement plan? **Y** (Need 1099-Rs)

Did you transfer or rollover any amount from one retirement plan to another? **Y** (Need 1099-Rs)

Have you already contributed to a retirement account this tax year? **Y** Indicate how much per taxpayer/spouse and what type of retirement account.

Are you a shareholder or a beneficiary from an S-Corp, Partnership or Trust? **Y** (Need K-1s)

Did you receive Social Security Benefits? **Y** (Need 1099-SSAs)

Did you receive Unemployment Compensation? **Y** (Need 1099-Gs)

Did you receive a state tax refund? **Y** (Need 1099-Gs)

Did you receive alimony? **Y** Provide amount \$ _____

Did you have any gambling winnings? **Y** (Need 1099-Gs)

Did you have any debt forgiven? **Y** (Need 1099-Cs)



Did you have any unreported tip income of \$20 or more? **Y**
Provide amount \$ _____

Did you have a withdrawal from an Education Savings or 529 Plan? **Y** (Need 1099-Qs)

Were you a teacher/teacher's aide for grades K-12 and used personal money for school supplies? **Y** Provide amount \$ _____

Did you, your spouse or a dependent incur any tuition expenses that are required to attend a college, university or vocational school? **Y** (Need 1098-Ts)

If **YES**, how much did you spend on books and supplies?
Provide amount \$ _____
Number of years in college? _____

Did you pay interest on a student loan? **Y** (Need 1098-Es)

Did you **PAY** alimony? **Y**
Recipient's Name: _____
Recipient's SSN: _____
Amount Paid \$ _____

Did you contribute to an **HSA (NOT FSA)** account? **Y** (Need 1099-SA)

If **YES**, is the contribution reflected on your W-2 (**Y**____) or did you make it yourself (**Y**____)?

Did you make a withdrawal from an **HSA (NOT FSA)** account? **Y** (Need 1099-SA)

If **YES**, was the entire amount used for qualified medical purposes? **Y**

Does anyone owe you money that has become uncollectible (personal loan you gave)? **Y**

If **YES**, provide: Borrower's Name: _____
Amount \$ _____
Description of the debt: _____

Did you claim the first-time homebuyer credit in 2008, 2009, 2010 or 2011 when you purchased your home? **Y**

If **Yes**, did the home cease to be your main home last year? **Y**

N

Do you have an interest in or signing authority over a **financial bank account in a foreign country**, such as a bank account, brokerage account or investments? ***This includes online gambling accounts* Y**

If **YES**, List highest balance for the year. \$ _____

Do you have any assets in a foreign country? ***Note: All foreign questions have a high penalty (\$10,000) if not disclosed to the IRS. Y**

List each asset and value: _____

Did you have any medical expenses that you incurred? ***Note: Deductible medical expenses must exceed 10% of your adjusted gross income. Y**
Please list amounts below: Doctor costs \$ _____ Health Ins. (not on W-2) \$ _____
Medical Miles driven _____

***MEDICAL EXPENSES CONT'D**

Acupuncture \$ _____
Glasses/Contacts \$ _____
Lab & X-Ray Fees \$ _____
Nursing Home \$ _____
Hospital Costs \$ _____
Long Term Care \$ _____
Prescriptions \$ _____
Chiropractor \$ _____
Dental \$ _____
Hearing Aids \$ _____
Addiction Treatment \$ _____

Did you pay **DMV** license fees (registration/s)? **Y** \$ _____
(total for all vehicles)

Did you pay real estate taxes (property taxes) on your personal residence (**NOT rental/s**)? **Y** \$ _____

Did you pay mortgage interest on your personal residence **Y (NOT rental/s)**? (Need 1098s)

If you paid mortgage interest, did you borrow more than \$1.1 million dollars on your home? **Y** (Need Dec. statement to show loan balance at end of yr)

Did you pay mortgage interest that was **NOT** reported to you on a Form 1098? **Y**

If **YES**, provide; Lender's Name: _____
Tax ID#: _____
Address: _____

Did you purchase, sell or refinance your mortgage on your personal residence (**NOT rental/s**) last year? **Y** (Need closing escrow statement and/or 1099's)



Did you have a foreclosure or short sale on your personal residence **(NOT rental/s)? Y**
(Need 1099-S or 1099-A)

Did you incur a major loss because of damaged or stolen property that was not covered by insurance? **Y** Explain:

Did you have any adoption expenses last year? **Y**
Amount paid \$ _____

Did you have a safe-deposit box last year? **Y** \$ _____

Did you have investments fees? **Y** \$ _____

Did you pay for tax preparation last year? **Y** \$ _____

Did you pay for items to search for a job? **Y** \$ _____

Did you receive court awarded compensation **other than** alimony or child support? **Y**
Amount paid to attorney to fight for these funds \$ _____

Did you pay for expenses for your W-2 job **(NOT self-employed)** and not get reimbursed from your employer? ***Note: The amount will only affect your return if it exceeds 2% of your income.**

Y Please list amounts below:

- Mileage for work errands _____
- Phone/Cell \$ _____
- Licenses \$ _____
- Supplies/Books \$ _____
- Parking/Tolls \$ _____
- Travel/Airfare/Lodging \$ _____
- Meals/Entertainment \$ _____

***JOB EXPENSES CONT'D**

- Education/Training \$ _____
- Professional/Union Dues \$ _____
- Postage/Shipping \$ _____
- Dry Cleaning \$ _____
- Other Expenses \$ _____

Did you contribute cash/check to charity? **Y** List charity names and amounts:
_____ \$ _____
_____ \$ _____
_____ \$ _____

Did you contribute tangible **(non-cash)** items over \$500 to charity? **Y** **(Need receipts)**

Did you donate a vehicle or a boat to charity? **(Need 1099)**

Did you drive your vehicle for charity purposes? **Y**
Miles Driven: _____

Did you, your spouse and all your dependents have health care insurance for the entire calendar year?

Y **(Need 1095-A, B &/or C)**
N If **NO (you or your family**

members had NO or partial coverage for the year), please fill out the Health Insurance Questionnaire and include any 1095-A, B &/or C you may have received.

Did you purchase any qualified residential energy efficient items, such as solar, wind, central air conditioning, furnace &/or water heater? **Y**

List items and amounts:
_____ \$ _____
_____ \$ _____
_____ \$ _____

Did you purchase **(NOT lease)** a plug-in electric vehicle? **Y**
(Need purchase agreement)

Did you hire an individual **(NOT a company)** to do household services for you that exceeded \$2000/yr? **Y**

If **YES**, did you issue a 1099-MISC or W-2? **(Need copy of the 1099-MISC or W-2)**

Did you or your spouse make any gifts to an individual or a trust that totaled more than \$14,000? **Y**

List name and amount:
_____ \$ _____
_____ \$ _____

Do you have any questions or additional information you feel we should see or know? **Y**

***All information supplied on this worksheet is correct & accurate for the use of E-File Tax Services of Nevada, Inc to use for my 2017 tax return. I am aware that I must have proof when needed and I am required to keep ALL supporting documentation for at least 7 years. I hold myself accountable for all numbers supplied to E-File Tax Services of Nevada, Inc.**

Signature Date