

HEALTH SAVINGS ACCOUNTS (HSA):

Do you have a Health Savings Account? Yes _____ No _____

Did you contribute to your HSA? Yes _____ No _____

What is the balance of your HSA as of December 31, 2016? _____

Did you take a distribution from your HSA? Yes _____ No _____

Amount of HSA distribution _____ Amount of Qualified Medical Expenses for the tax year _____

DEPENDANTS

Name	Social Security Number	D.O.B.	Relationship to Taxpayer	Months in the taxpayer home

Was there anyone else you contributed support that resides in the U.S., Canada or Mexico?

Name	Social Security Number	D.O.B.	Relationship to taxpayer	% Supported	Income of Person

CHILD OR DEPENDANT CARE

Did you pay a baby-sitter or a company provided you with childcare last year?

Name of Sitter or Organization	Social Security number or Tax ID number	Address (including City, State and zip code)	Amt Paid	Specify Dependent

NOTE: If your sitter is an adult and works in your home, you are required to file a W-2 for a household employee. If you would like In Your Business Inc. to prepare these forms for you, please contact us ASAP.

ESTIMATED FED TAXES PAID

1st Qtr. (April 1)	2nd Qtr. (June 15)	3rd Qtr. (Sept 15)	4th Qtr. (Jan 15)	Total For the Year

ESTIMATED STATE TAXES PAID

1st Qtr. (April 1)	2nd Qtr. (June 15)	3rd Qtr. (Sept 15)	4th Qtr. (Jan 15)	Total For the Year

INCOME (Income items require attachment of tax form. Please attach COPIES only)

- ☐ Wages, Salaries, Tips (W-2's)
- ☐ Self Employment Income (1099misc)
- ☐ Interest and Dividends from Banks and Financial Institutions (1099 Int, 1099 Div)
- ☐ Retirement and Pension Income (1099R)
- ☐ Capital Gains Distributions (1099B)

The 1099B may contain some of the information requested below. If not, the information below is needed to figure any taxable capital gains or capital losses. Attached separate sheet with information below if room is needed

Description	Purchase Date	Purchase Price	Sale Date	Sale Price	Expense of a sale

INCOME - CONT (Income items require attachment of tax form. Please attach COPIES only)

- ☐ Cancellation of Debt (1099C)
- ☐ Gambling Winnings (W-2G)
- ☐ State Tax Refund (1099 NG)
- ☐ Unemployment Income (1099G)
- ☐ Other Income from an Estate/Trust, S-Corporation or Partnership (K-1)
- ☐ Social Security (1099s)
- ☐ Please attach any documentation for farm income
- ☐ Include all tax forms that have taxpayers and dependents social security numbers listed

Amount (If any) of Alimony paid in 2016? _____ Social Security number of alimony recipient _____

Do you have any income from any other source(s)?

Income Description _____	Amount	_____
Income Description _____	Amount	_____

DEDUCTIONS

MEDICAL DEDUCTIONS

Prescriptions: \$ _____	Transportation and Lodging \$ _____
Doctors: \$ _____	Insurance Premiums \$ _____
Dentist: \$ _____	Prenatal Care \$ _____
Orthodontists: \$ _____	Eyeglasses and exam \$ _____
Practioners: \$ _____	Medical Lodging \$ _____
Specialist: \$ _____	Postnatal \$ _____
Chiropractors: \$ _____	Hearing Aids \$ _____
Clinics: \$ _____	Lab Fees \$ _____
Hospitals: \$ _____	Bandages \$ _____
Crutches \$ _____	Stop Smoking expense \$ _____
Diabetic Expense \$ _____	Electrical Expense \$ _____
Therapy Pool \$ _____	Other _____ \$ _____

TAXES PAID

How much did you pay in state taxes for a year other than 2016 (back taxes paid would be included here)? \$ _____

The amount of sales taxes you paid in 2015 for a large purchase (home/auto/boat) \$ _____

Other taxes paid:

Auto License Fee \$ _____	Auto Sales Tax \$ _____
Real Estate Taxes \$ _____	Property Tax \$ _____
Irrigation Taxes \$ _____	Personal Property Tax \$ _____
Boat Taxes \$ _____	Other Taxes (Specify) \$ _____

INTEREST: Attach all 1098's (copies only)

CONTRIBUTIONS

Cash Contributions to Charitable Organizations (make sure you have written receipts for any single gift over \$250)

Organization _____	Amount	\$ _____
Organization _____	Amount	\$ _____

Non-Cash contributions to Charitable Organizations

Organization _____	Address _____
Description of gift _____	
Value at time of donation \$ _____	Valuation Method _____

The following information pertains to income from self employment , single member LLC's and/or rental income. If you have none of these, you can stop here and sign the bottom of the form.

BUSINESS INCOME / BUSINESS EXPENSE (Self Employment and Single Member LLC's)

Name of Your Business (If different then your name) _____

Address of Business (If different than your home or mailing address) _____

Tax ID Number (if applicable) _____

What is the main business activity? _____

What product or service do you provide? _____

Is this your first year in business? Yes _____ No _____

What state did you incorporate your business in? _____

Business Income/Revenue (Attach copies of 1099 income forms)

1099 Misc. Income \$ _____ 1099 K Income \$ _____

Gross Receipts or Sales : \$ _____ Other Income : \$ _____

Returns and Refunds : \$ _____

Cost of Goods Sold

Inventory: Jan 1: _____ Inventory: Dec 31: _____

Purchases for the year: _____ Personal Purchases: _____

Materials and Supplies _____ Labor Cost: _____

Freight In _____ Other Cost: _____

Expenses

Legal and Professional	_____	Publications	_____
Lease Property	_____	Dues	_____
Employee Benefits	_____	Supplies	_____
Leased Equipment	_____	Travel	_____
Repairs & Maintenance	_____	Telephone	_____
Health Ins Premiums	_____	Internet	_____
Wages / Salaries	_____	Marketing	_____
Taxes & Licenses	_____	Bank Charges	_____
Other Expenses	_____	Entertainment	_____
Office Expense	_____	Utilities	_____
Meals	_____	Training	_____
Commissions	_____	Software	_____
Advertising	_____	Postage and Shipping	_____
Consulting	_____	Equipment *	_____
Delivery	_____	Gifts	_____

If you purchased equipment/tools/software for your business, that cost would need to be depreciated. Please list items below. If additional space is needed, please attached additional sheet with information below.

Description of Equipment Purchased	% used for Business	Date of Purchase	Purchase Price

VEHICLE EXPENSE

Purchase / Conversion Date (Date you started using this vehicle for business)? _____

Year of Auto _____ Make and Model of Auto _____

Percentage used for business? _____ Repairs and Maintenance _____

License / Taxes _____ Insurance _____

Total Mileage for the year _____ Commuting Miles _____

Business Mileage _____ Personal Miles _____

Is this vehicle leased? Yes _____ No _____

Was vehicle available for personal use? Yes _____ No _____

Is another vehicle available for personal use? Yes _____ No _____

Do you have evidence to support the business use? Yes _____ No _____

If yes, is the evidence written? Yes _____ No _____

BUSINESS USE OF YOUR HOME

Did you use a space in your home regularly and exclusively for business (if you used this space as a W-2 workspace please specify)? Yes _____ No _____

Square Footage of your home _____ Square Footage of the room used for business _____

To figure the highest deduction for a home office, you will be asked to provide your yearly rent cost (if any), utility cost repairs and maintenance for the year, and insurance cost.

Maintenance _____ Utilities _____ Rent _____ Insurance _____

INCOME & EXPENSE FROM RENTAL PROPERTY

Address Of Rental(s) _____

Address Of Rental(s) _____

Address Of Rental(s) _____

	Rental #1	Rental #2	Rental #3
What type of property is the Rental (3 bedroom house, condo, warehouse etc.)?	_____	_____	_____
When did you purchase the rental property (Month and Year)	_____	_____	_____
What was the purchase price of the rental?	_____	_____	_____
Date this property became a rental	_____	_____	_____
Rents received from 1099 (attach copy of 1099)	_____	_____	_____
Other Rents received	_____	_____	_____

Rental Expenses

	<u>Rental #1</u>	<u>Rental #2</u>	<u>Rental #3</u>
Association Dues	\$ _____	\$ _____	\$ _____
Cleaning and Maintenance	\$ _____	\$ _____	\$ _____
Lawn Maintenance	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal and Professional Fees	\$ _____	\$ _____	\$ _____
License and Permits	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Electrical and Plumbing	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____

Please list any additional details you feel are needed for the preparation of your tax return.

DECLARATION

I have provided the information on this form to the best of my knowledge and hereby declare it is complete an ready for the preparation of my/our income tax returns.

SIGNATURE

SIGNATURE

DATE

DATE

If you would like your tax refund deposited directly into your bank account, please provide your account information below or a voided check. Also provide a 5 digit number which will serve as your electronic authorization/signature (It can be ANY five digit number).

Account Type: Checking ___ Savings ___	Routing Number	Account Number	Bank Name
---	----------------	----------------	-----------

TAX PAYER PIN (5 digit number) _____ SPOUSE PIN _____