

# 2017 SKALLY'S TAX SERVICE, INC.

Phone: 651-298-1188

Fax: 651-228-1952

Website: [www.skallystaxservice.com](http://www.skallystaxservice.com)

Email: [skallys@skallystaxservice.com](mailto:skallys@skallystaxservice.com)

**New Clients:** Provide copies of your last 2 years tax returns, social security cards for you, spouse and dependents, and picture ID for you and your spouse

	Taxpayer	Spouse
<b>Social Security Number</b>		
<b>First Name &amp; Middle Initial</b>		
<b>Last Name</b>		
<b>Date of Birth</b>		
<b>Email Address</b>		
<b>Phone Number</b>		
<b>Address</b>		
<b>City</b>		
<b>State and Zip Code</b>		

## DEPENDENT INFORMATION

Name	Date of birth	Soc. Sec. number	Relationship	Months lived in your home	College student?	Disabled?

If there are any changes to dependents we need their social security cards

## PROVIDE THE FOLLOWING:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>W2 Forms</b> – from all employers</li> <li><input type="checkbox"/> <b>1099G</b> – for any unemployment benefits received by you</li> <li><input type="checkbox"/> <b>W2G or 1099s – GAMBLING INCOME</b></li> <li><input type="checkbox"/> <b>1099R FORMS for RETIREMENT INCOME</b> – pension, IRA, 401K, Simple, Sep, Annuities, etc.</li> <li><input type="checkbox"/> <b>SSA / RRB FORMS</b> – for Social Security OR Railroad Retirement benefits you received during 2017</li> <li><input type="checkbox"/> <b>1099 FORMS</b> - interest, dividends, stock/property sales</li> <li><input type="checkbox"/> <b>1099 FORMS</b> - for cancellation of debt or foreclosure</li> <li><input type="checkbox"/> <b>1099SA FORMS</b> – for distributions from Health Savings Accounts</li> <li><input type="checkbox"/> <b>1098 FORMS</b> – mortgage interest payments</li> <li><input type="checkbox"/> <b>1098-E FORMS</b> - student loan interest</li> <li><input type="checkbox"/> <b>1098-T</b> – Tuition Statement and tuition payment details for postsecondary education (see COLLEGE EDUCATION EXPENSES)</li> <li><input type="checkbox"/> <b>1095 FORMS</b> – health insurance information from the Marketplace, employers or insurance companies</li> <li><input type="checkbox"/> <b>K-1 FORMS</b> - from Partnerships, LLCs, Estates, Trusts and Sub-S Corporations</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CRP FORMS</b> – Certificate of Rent Paid forms from landlords</li> <li><input type="checkbox"/> <b>2018 PROPERTY TAX STATEMENTS</b> – you will receive one from the county in March 2018. Send us a copy when you receive it. <u>Do not send proposed statements – we cannot use them.</u></li> <li><input type="checkbox"/> <b>NONTAXABLE INCOME</b> – amount of Workers Comp, Veterans Benefits, Welfare Benefits, Scholarships, Grants or any other income not shown on your tax return</li> <li><input type="checkbox"/> <b>2017 YEAR END PAY STUBS</b></li> <li><input type="checkbox"/> <b>CLOSING / HUD / SETTLEMENT STATEMENTS</b> - for purchases, sales or refinance of real estate</li> <li><input type="checkbox"/> <b>MOVING EXPENSES</b> – for moves 50 miles or more to a new job location – provide expenses paid for transportation, storage, travel, lodging</li> <li><input type="checkbox"/> <b>ADOPTION DURING 2017</b> – expenses paid during 2017 and any employer provided benefit amount</li> <li><input type="checkbox"/> <b>AMOUNT OF ALIMONY RECEIVED or PAID</b> – we need the recipient's name and social security number</li> <li><input type="checkbox"/> <b>GOVERNMENT CORRESPONDENCE</b> – bring any notices from IRS or State that you received during the year. If you, your spouse or dependent received an Identity Protection PIN (IP PIN) from the IRS bring the IRS letter</li> </ul> |
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## ANSWER THE FOLLOWING:

- Can anyone else claim you as a dependent?**
- Does anyone live in your household who is not your spouse or dependent?**
- Did you have any foreign income or foreign bank or investment accounts?**

# ITEMIZED DEDUCTIONS

**MEDICAL/DENTAL EXPENSES** – Don't include amounts paid with pre-tax dollars, flex spending accounts, health reimbursement accounts or any amount reimbursed by insurance.

*Medical expenses must exceed 10% of income before you will benefit from the deduction*

Doctors, Dentists, Chiropractors, Psychiatrists, Therapists	
Hospitals, Clinics, Anesthesiology, Lab Fees	
Nursing Home Care / Assisted Living	
Ambulance Fees	
Alcohol/Drug/Smoking Treatment	
Hearing Aids, Batteries, Repairs, Support Hose, Shoes, Prescribed Attire.	
Eye Glasses, Contact Lenses, Exams	
Lodging (Limited to \$50/day Per Person)	
Parking, Bus Fare, Taxicabs	

## HEALTH INSURANCE PREMIUMS

Health Insurance Premiums	
Dental Insurance	
Medicare Insurance paid out of pocket (not the premium deducted from Social Security payments)	

## LONG TERM CARE INSURANCE

	Taxpayer	Spouse
Premiums		
Name of Provider:		
Policy Number		

## PRESCRIPTION DRUGS AND INSULIN

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## MEDICAL MILES DRIVEN

To doctors, hospitals, drug stores, etc.	
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## TAXES

Real Estate Taxes Paid: Home	
2 <sup>nd</sup> Home	
Other	
Right of Way & Storm Sewer Fees if paid separately	
Minnesota Property Tax Refund Received	(            )
Car/Truck License Tab Renewal Fees	
For vehicle purchases – bring the bill of sale	

**INTEREST PAID** - Bring 1098 forms issued by banks, mortgage companies, and closing statements for any new purchase, sale or refinance

Name of Bank or Mortgage Company	Amount Paid
Mortgage Insurance Premiums Paid on Home Purchase or Refinance in 2017	
Interest Paid to Individuals on Contract for Deeds or Mortgages	Amount Paid
Name:	Soc. Sec. #
Address:	
Margin Account Interest – (Bring Brokerage Account Year End Statement)	

**CONTRIBUTIONS** - You must have bank records or written acknowledgement for all donations

Churches and Synagogues	
AA / Alanon / Alateen	
Alumni Funds / Arts & Science	
Boy Scouts / Girl Scouts	
Cancer Fund / Heart / MS / MD	
Public Radio / TV	
United Way / Red Cross / Food Shelf	
Various Others	
Out Of Pocket Volunteer Expenses e.g. Coaching Uniform, Hotel Expense, Air Fare, Meals	
Number of Miles Driven for Volunteer Work e.g. Coaches, Scout Leaders, Choir Members, AA Members, Volunteer Board Members	

**NON-CASH DONATIONS** – You Must Provide the Following:

Organization	Date Donated	Items Donated	Estimated Cost	Fair Market Value

Search the Web for "fair market value of donated goods" to get suggested values  
You must have a receipt from the organization where you made the donation

**MISCELLANEOUS DEDUCTIONS** (These expenses must exceed 2% of income before you get any benefit)

**See Page 4 for Employee Business Expenses Due To Entertainment, Travel, & Automobiles**

Union Dues/Working Dues	
Tax Preparation Fees	
Safe Deposit Box Rental	
Professional Dues / Licenses	
Tools/ Job Supplies/Safety Equipment	
Uniforms – Cost / Professional Cleaning	
Telephone Costs <u>Directly</u> Related to Work ( 2 <sup>nd</sup> phone, special features, long distance charges)	
Job Related Education – Tuition, Fees, Books, Supplies, Workshops, Seminars	
Job Related Books, Publications	
Malpractice Insurance	
Job Seeking Expense – Resume, Postage, Etc.	
Job Seeking Miles	
Investment Publications	
Costs Related to Investments - Phone, Fax, Postage	
IRA / SEP / Keogh Fees (Paid Separately)	
Investment, Custodial, Trust Admin. Fees	
Broker Fees for Managed Accounts – (If the Account is an IRA the fees are only deductible if paid from funds outside the IRA)	
Gambling Losses (Enter only if you have gambling income)	

**CASUALTY / THEFT LOSSES** – must exceed 10% of total income after insurance reimbursement - If you sustained such a loss call your preparer about what to bring to your interview.

# ESTIMATED TAX PAYMENTS

## FEDERAL

## STATE

	DUE DATE	DATE PAID	CHECK NUMBER	AMOUNT PAID	DATE PAID	CHECK NUMBER	AMOUNT PAID
4 <sup>th</sup> Qtr. Paid in 2017 for 2016 to the State	1 - 17 - 2017						
1 <sup>st</sup> Qtr. 2017	4 - 18 - 2017						
2 <sup>nd</sup> Qtr. 2017	6 - 15 - 2017						
3 <sup>rd</sup> Qtr. 2017	9 - 15 - 2017						
4 <sup>th</sup> Qtr. 2017*	1 - 16 - 2018						

\*Be sure to list the 4<sup>th</sup> quarter payment for both Federal and State whether you paid it in 2017 or 2018

## CHILD AND DEPENDENT CARE EXPENSES - Even if you paid your dependent care expenses through a payroll deduction plan you must provide the following information

	YES	NO
Were dependent care services performed in your home? If yes, you may be required to file W2s on behalf of your provider. Call for more information.		
Were you reimbursed for childcare expense through an employer-sponsored plan? If yes, indicate the amount of the reimbursement if it isn't listed on your W2		
Amount of Employer provided dependent care benefits that were forfeited in 2017		
Show child care expenses for children under age 13. If a child reached age 13 during the year show the expense paid before the child's birthday.		

Name(s) Of Individual/Organization Who Provided Care	Address	Social Security Or Employer ID Number	Amount Paid

If more space is needed, attach a statement. You cannot take credit for amounts paid to your dependents.

## ENERGY CREDITS- Check [www.energystar.gov](http://www.energystar.gov) to be sure your expenses qualify

Enter total amount of costs for:

Insulation*		Advanced Main Air Fan	
Exterior Windows/Skylights*		Solar Electric Property	
Metal/Qualified Asphalt Roofs*		Solar Water Heating Property	
Exterior Doors*		Small Wind Energy Property	
Gas, Propane, Oil Furnace		Geothermal Heat Pump	
Hot Water Boiler		Qualified Fuel Cell Property	

\*INCLUDE ONLY MATERIALS COST

NEW CLIENTS – we need to know amount of energy credit taken in 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015 & 2016 - please bring tax returns for the years any energy credit was taken

