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**2017**  
**1040 Checklist**

This Checklist is designed to help you collect and report the information needed to prepare your 2017 income tax return.

You'll note the Miscellaneous Questions worksheet includes a variety of questions that are designed to assist you in completing your tax return. If you answer **Yes** to any of these questions, be sure to provide the applicable details.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- Copy of your 2016 tax return. **(For 1st year clients only.)**
- Original Form(s) W-2.
- Forms W-2G for gambling winnings.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations, estates or trusts.
- Form(s) 1099 or statements reporting dividend, interest, retirement, Social Security, state and/or local refunds, or miscellaneous income.
- Brokerage statements showing investment transactions for stocks, bonds, etc. (Form 1099-B).
- Total amount paid for property taxes, including license tabs on vehicles.
- Total amount of medical expenses (including premiums paid) during 2017. **(Please do not send all of the receipts.)**
- The dollar amount of cash and non-cash contributions made during the year.
- Copies of closing statements regarding the sale or purchase of real property.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E or 1099Q.
- All Forms 1095-A, 1095-B and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest and property taxes (including any Form 1098-C).

This Checklist should make your task easier. It will also help us in the preparation of your tax return by focusing attention on your special needs. Thank you for your cooperation.

## GATEWAY QUESTIONS

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1.) <i>E-Mail address:</i>   |                          |                          |
| <hr style="border: 1px solid black;"/>   |                          |                          |
| <b>Please provide your email address. It improves our service by eliminating phone tag when we have questions or need additional information.</b>  |                          |                          |
| 2.) <b>This year, we will utilize electronic delivery of your tax returns exclusively. If you would still like a paper copy, please check here. You will be billed an additional \$25.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) <b>Please check the following, if needed, and we will email you that information:</b>  |                          |                          |
| <input type="checkbox"/> I do not know my <b>username</b> for the Gateway  |                          |                          |
| <input type="checkbox"/> I do not know my <b>password</b> for the Gateway  |                          |                          |

## PERSONAL QUESTIONS

- |   |                  |           |
|---|------------------|-----------|
| 4.) Will the address on your 2017 Federal return be different from the one shown on your 2016 return? | □                | □         |
| If <b>Yes</b> , enter the new address:  |                  |           |
| Street _____  |                  |           |
| City _____  | State _____      | Zip _____ |
| Phone _____   | Cell Phone _____ |           |
| 5.) Did your marital status change during 2017?   | □                | □         |
| 6.) Did you pay (or receive) alimony during the tax year?   | □                | □         |
| If <b>Yes</b> , to _____ SSN _____  |                  |           |
| Amount _____  |                  |           |

## DEPENDENT QUESTIONS

- |  |                     |   |
|--|---------------------|---|
| 7.) Were there any changes in dependents from the prior year?                |                     |   |
| If <b>Yes</b> , please include name, social security number & date of birth. |                     |   |
| Name _____   | Date of birth _____ |   |
| S.S. # _____   |                     |   |
| 8.) Did you provide over half the support for any person in 2017?            | □                   | □ |
| 9.) Do you have dependents who must file?                                    |                     |   |
| If so, do you want us to prepare the returns?                                | □                   | □ |



## INCOME QUESTIONS CONTINUED

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 20.) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21.) Did you make any withdrawals from an Education Savings or 529 Plan Account? (Form 1099-Q)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22.) Did you sell and/or purchase a principal residence or other real estate in 2017? If <b>Yes</b> , please provide both the buyer's closing statement for when the original home and the new home were purchased as well as the seller's closing statement for the home sold. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23.) Did you receive any disability or unemployment payments this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24.) Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25.) Did you receive any income not included in the checklist?  | <input type="checkbox"/> | <input type="checkbox"/> |

## ITEMIZED DEDUCTIONS

### **Deductions and Medical and Dental Expenses**

When you provide us a listing of your medical expenses, we don't need copies of the receipts. For your personal privacy, please just provide us a summary of the medical expenses you incurred this past year. However, make sure you maintain the information necessary to document the information provided to us in the event of a subsequent audit.

- |  |   |   |
|--|---|---|
| 26.) Did you travel for medical care? # of miles _____               | □ | □ |
| 27.) Did you pay out-of-pocket medical expenses (Co-Pays, Rx, etc.)? | □ | □ |

### **Deductions for Taxes Paid**

#### **Income Taxes Paid**

We should be able to obtain all the information we need with respect to Federal & State income taxes paid from your W-2 & 1099 Forms. **If you paid Federal or State estimates, we need to know the amount paid and date.**

**Real Estate Taxes**

Please provide us with copies of the paid real estate property tax bills.

**Auto License Plates**

People often forget to include information about auto license plate fees paid.

In Michigan, auto license plate fees are allowed as a deduction.

Amount \$ \_\_\_\_\_

**Deductions for Interest Paid**

Include any Form 1098 you received. If you paid land contract interest in 2017, we need the name, address, amount & taxpayer ID of the recipient.

- |   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 28.) Did you take out a home equity loan this year?   | <input type="checkbox"/>                                 | <input type="checkbox"/>                                 |
| 29.) Did you refinance your principal residence or 2 <sup>nd</sup> home this year?<br>Provide us with Form 1098 for mortgage interest.<br>Did you pay points? | <input type="checkbox"/><br><br><input type="checkbox"/> | <input type="checkbox"/><br><br><input type="checkbox"/> |

**Deductions for Charitable Donations**

**People often forget to list all of their charitable donations.**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 30.) Do you have evidence from the charity to substantiate cash donation of \$250 or more?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31.) Did you make any noncash (clothes, furniture, cars, etc.) donations?<br>Do you have evidence from the charity to substantiate noncash donations of \$500 or more? Please provide fair market value (thrift store value). | <input type="checkbox"/> | <input type="checkbox"/> |
| 32.) Did you travel for any charitable purpose?<br># of charitable miles _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.) Do you have any worthless securities or uncollected bad debts?<br>(Bad debts with relatives usually are not deductible)  | <input type="checkbox"/> | <input type="checkbox"/> |

**Educational Deductions and Credits**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 34.) Did you pay any student loan interest or have any educational expenses in 2017? Please provide the statement. (Form 1098-E) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**Educational Deductions and Credits Continued**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 35.) Did you pay any college tuition in 2017? (Include Form 1098-T) | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of student _____   | Amount _____             |                          |
| Name of school _____  | Undergrad or Graduate    |                          |
|   | <i>(circle one)</i>      |                          |

**Miscellaneous Deductions**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 36.) Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37.) If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 38.) Did you have any business related educational expenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.) Did you use an area of your home for business purposes? If so, we need square footage of the space used & total footage of the house. Please also include costs for home owners insurance, utilities, repairs & maintenance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 40.) Do you have records for business related travel and expenses? Information must include amount, time and place, date and description of business gift(s), business purpose, and business relationship of recipient.           | <input type="checkbox"/> | <input type="checkbox"/> |
| 41.) Did you have any expenses related to seeking a new job during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42.) Did you move because of a job change?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43.) Did you travel for any of the following reasons?   | <input type="checkbox"/> | <input type="checkbox"/> |
| # of miles  |                          |                          |
| Business _____  |                          |                          |
| Moving _____  |                          |                          |

**RETIREMENT QUESTIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 44.) Did you or your spouse receive Social Security Benefits in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45.) Did you or your spouse reach age 70-1/2 in 2017?                 | <input type="checkbox"/> | <input type="checkbox"/> |

## RETIREMENT QUESTIONS CONTINUED

- |   | Yes  | No   |
|---|--|--|
| 46.) Have you, or do you plan on contributing to a regular IRA, Roth IRA, SEP, Keogh, or SIMPLE plan for tax year 2017?<br>If <b>Yes</b> , self \$ _____ Reg IRA-Roth IRA-SEP-Keogh-SIMPLE <i>(circle one)</i><br>spouse \$ _____ Reg IRA-Roth IRA-SEP-Keogh-SIMPLE <i>(circle one)</i><br>Date(s) of contribution(s) _____ | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 47.) Are you or your spouse an active participant in an employer provided retirement plan such as pension, profit sharing, 401(k) or stock purchase plan?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 48.) If you are subject to the IRA deduction limitations based on adjusted gross income, do you want to contribute the maximum allowed as a deduction?<br>If <b>Yes</b> , are you planning to make any nondeductible IRA contributions?   | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 49.) Did you receive payments from a pension or profit sharing plan?<br>If <b>Yes</b> , did you use the proceeds to fund college tuition and costs, or were you a first time home buyer?  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 50.) Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 51.) Did you convert any regular IRA's into Roth IRA's?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

## HEALTH CARE QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 52.) Did you have qualifying health coverage, such as employer-sponsored coverage or government-sponsored (i.e. Medicare/Medicaid) for your family? "Your family" for healthcare coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and 1095-C you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 53.) If you had qualifying health care coverage, such as employer-sponsored coverage or government sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for <b>every month</b> of 2017? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If not, please provide months of coverage. | <input type="checkbox"/> | <input type="checkbox"/> |

## HEALTH CARE QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 54.) Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care share ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, please attach the Exemption Certificate Number (ECN) or type of exemption. | <input type="checkbox"/> | <input type="checkbox"/> |
| 55.) Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act for <b>any month</b> in 2017? If yes, please attach any Form(s) 1095-A you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 56.) Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 57.) Did you make contributions to a Health savings account (HSA) or Archer MSA? Please provide Form 5498-SA.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 58.) Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? Please provide Form 1099-SA.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 59.) Did you pay long-term care premiums for yourself or family?<br>Premiums paid: Taxpayer \$ _____ Spouse \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 60.) Did you make any contributions or withdrawals to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received. If you received a withdrawal, please include any Form(s) 1099-QA.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 61.) If you are a business owner, did you pay health insurance premiums for your employees this year?  | <input type="checkbox"/> | <input type="checkbox"/> |

## GENERAL QUESTIONS

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 62.) Were you notified by the Internal Revenue Service of changes to a prior year's return? (If <b>yes</b> , enclose agent's report) | <input type="checkbox"/> | <input type="checkbox"/> |
| 63.) Did you pay any individual as a household employee during 2017?   | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL QUESTIONS CONTINUED**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 64.) Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 65.) Did you make gifts over \$14,000 to an individual or trust or contribute to a prepaid tuition plan? Please provide details.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 66.) Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 67.) Would you like to designate \$3 to the Presidential Election Campaign Fund? Checking "Yes" will not change your tax or reduce your refund.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.) Did you make any out-of-state purchases (by telephone, internet, mail, or in person) on which the seller did not collect sales or use tax? If so, what was the total amount of the purchases? \$_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.) If you are due a Federal or State refund, would you like them directly deposited into your checking or savings account?<br><b>If yes, please provide the following:</b><br><b>Circle account type:    Savings    Checking</b><br><b>Routing # _____ Account # _____</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.) Did you receive an Identity Protection PIN from the IRS? If yes, please include the IRS Letter.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 71.) Did you change any bank accounts that have been used to direct deposit refunds?   | <input type="checkbox"/> | <input type="checkbox"/> |