



## Tax Preparation Checklist

Before we can begin to prepare your income tax return, please go through the following checklist. Mark off the areas that apply to you, and make sure you provide us that information.

### PERSONAL INFORMATION: *(New clients, please provide two years of tax returns)*

#### Taxpayer info:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Spouse Info:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Dependent Info:

(List only dependents that you want to **claim** this year)

Dependant name: \_\_\_\_\_ SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

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Please provide a copy of a valid driver's license or state ID card for both the Taxpayer and Spouse.

Please circle how you would like your completed tax returns sent back to you:

- Client Portal
- Priority Mail (\$10 fee)
- Pick Up
- FedEx (\$25 fee)

Voided check or bank account and routing number

- Returning Clients:* If your bank account is the same as last year, please provide the last 4 digits of the account number and bank name: \_\_\_\_\_

Check box if you would like your tax refund **direct deposited** in to your bank account

Check box if you would like your tax liability (amount you owe) **auto withdrawn** from your bank account

Do you want your PFSGI fee deducted from your refund (Additional fee of \$100)

Would you like your PFSGI fee auto withdrawn from your checking account (No fee)

### Any Major Life Changes in 2018

- Got married
- Got divorced
- Had a baby
- Retired
- Bought a house
- No changes
- Sold a house

## SOURCES OF INCOME

### Employed

- W-2 forms for you and your spouse

### Unemployed

- Unemployment benefits received

### Self-Employed

- Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
- Profit and Loss statement
- Business-use asset information (cost, date placed in service, etc.) for depreciation
- Do you have an office in home? **Yes** or **No**

### Rental Income

- Please complete the Rental P&L found at [www.pfsgi.com](http://www.pfsgi.com)
- Did you buy any new rental assets in 2018 (What was the cost and date placed in service)

### Retirement Income

- Pension/IRA/annuity income (1099-R)
- Social security/RRB income (1099-SSA, RRB-1099)

### Savings & Investments or Dividends

- Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
- Year end brokerage statements (1099-B)
- Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)

### Other Income & Losses

- Gambling income (Provide all W-2G's or records showing income)
- Gambling losses: \$ \_\_\_\_\_
- Jury duty income
- Trusts (K-1's)
- Any 1099s and/or K-1's received
- Record of alimony paid/received with Ex-spouse's name and SSN
- Cancellation of debt (1099 A and/or C forms)

## TYPES OF DEDUCTIONS

### Home Ownership

- Forms 1098 or other mortgage interest statements
- Real estate and personal property tax records
- Receipts for energy-saving home improvements
- Do you have a 2<sup>nd</sup> mortgage or equity line? **Yes** or **No**
  - o **If yes:** Was it used to build, buy or improve your primary residence? **Yes** or **No**

### Charitable Donations

- Cash amounts donated to houses of worship, schools, other charitable organizations: \$ \_\_\_\_\_
- Total non-cash charitable donations: \$ \_\_\_\_\_
- Miles driven for charitable purposes: \_\_\_\_\_ Miles

### Childcare Expense

- Child care costs: provider's name, address, tax ID and amount paid
- Do you have **dependent care benefits (W2 box 10)**

### Educational Expenses

- Forms 1098-T from educational institutions
  - o I have documentation to support all educational expenses.
- Summary of educational expenses (Books, lab fees, computer expense, etc...)
- Records of any scholarships or fellowships you received
- Form 1098-E if you paid student loan interest
- Form 1099-Q for qualified education programs/ Funds used from 529 accounts

### Medical Expenses

- Amounts paid out of pocket for healthcare insurance: \$ \_\_\_\_\_
- Amounts paid out of pocket for all other medical expenses such as eye glasses, doctors, dentists, hospitals, etc: \$ \_\_\_\_\_

### Health Insurance

- Were you and everyone claimed on your tax return covered all 12 months of 2018 with health insurance?**
  - o **Yes**
  - o **No**
- Form 1095-A if you and/or one of your dependents enrolled in an insurance plan through the Marketplace (Exchange)
- Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e . an employer, insurance company, government health plan such as Medicare, Medicaid, CHIP, TRICARE, VA, etc.)

### Retirement & Other Savings

- Form 5498-SA showing HSA contributions
- Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
- IRA contribution
  - o Roth or Traditional: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
  - o Contribution Amount: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**OTHER INFORMATION**

- Note: Job Expenses (otherwise known as employee business expenses) are no longer deductible
- Federal estimated tax payments paid:
  - o Apr. 2018 - \$\_\_\_\_\_ June 2018 - \$\_\_\_\_\_ Sept. 2018 - \$\_\_\_\_\_ Jan. 2019 - \$\_\_\_\_\_
- State estimated tax payments paid:
  - o Apr. 2018 - \$\_\_\_\_\_ June 2018 - \$\_\_\_\_\_ Sept. 2018 - \$\_\_\_\_\_ Jan. 2019 - \$\_\_\_\_\_
- \*All tax related documents have been submitted to PFSGI\***

Comments:

**Engagement Agreement**

Thank you for selecting Pro Financial Services Group, Inc to assist you with your 2018 tax matters.

This engagement agreement provides the terms and conditions, as well as the nature and extent of the income tax services we will provide and confirms your agreement to all terms as outlined.

Pro Financial will prepare your 2018 federal and state income tax returns from information that you have provided. We will not audit or verify the data you submit to us, although we may ask for clarification of some items. You will assume responsibility for the accuracy of all data and the maintenance of said records. It is also your responsibility to provide all necessary information, in a timely manner so we can complete your income tax returns as soon as possible.

The fees for the services to be rendered will be based upon our standard form rates. We will bill at our current hourly rate for additional services as required, which may include extra conferences, bookkeeping, responding to legal matters and any other necessary work. We do reserve the right, in some matters to request a retainer fee to be paid in advance.

Our invoices are due and payable upon completion of your income tax returns. If you cancel or discontinue our services and we have already performed work on your tax return, you agree to pay us for such work performed based upon our current hourly rates. As additional consideration for us to provide you tax services, you agree that the extent of our liability for damages to you for any actions will not exceed the total amount paid by you for our services.

If your returns are audited by any taxing authorities, we will be available to represent you at an additional fee. If any interest or penalties are assessed, they will be your responsibility. Any additional services, including, complying with subpoena requests, will be billed at our current hourly rate of \$125 per half hour. The hourly rate for any services required between February 1st through April 15th is \$225 per half hour.

The taxpayer's signature below indicates that the engagement terms as described above are understood and acceptable. We wish to express our appreciation for this opportunity to work with you.

By signing below, I authorize Pro Financial Services Group, Inc. to complete my/our tax returns.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Payment is due upon completion of service**