

Pamela Price EA Inc.

*Pamela Price EA & Bill Frischman EA
Enrolled to practice before the Internal Revenue Service*

2017 BASIC TAX WORKSHEET

GENERAL INFORMATION

***PRIMARY EMAIL ADDRESS:** _____

WE WILL USE THIS EMAIL TO SEND YOU YOUR TAX RETURN DOCUMENTS, VIA OUR CLIENT PORTAL, SECUREFILEPRO. IT MUST BE ONE YOU CHECK OFTEN.

*** Primary Phone Number:** _____

STATE I.D./DRIVER'S LICENSE INFORMATION

Due to the prevalence of identity theft, many states now **require** this information in order to file your tax return.

WE NEED THE FOLLOWING INFORMATION FOR BOTH TAXPAYER & SPOUSE:

	TAXPAYER	SPOUSE
TYPE (CIRCLE ONE):	ID / DRIVER'S LICENSE	ID / DRIVER'S LICENSE
NUMBER:		
STATE:		
ISSUE DATE:		
EXPIRATION DATE:		

___ **I have a new address** (Even if you told them at the front desk, write it here):

___ **My marital status has changed this year.**

IF YOU'RE MARRIED FILING A JOINT RETURN, ONLY FILL OUT ONLY ONE OF THESE WORKSHEETS TOGETHER.

___ **I have a new dependent. MUST HAVE SS# TO BE CLAIMED, and NAME MUST MATCH NAME ON SOCIAL SECURITY CARD.**

___ **I made quarterly Estimated Tax Payments.**

Note: Those who pay Estimated Tax Payments **MUST** pull checks to **verify dates and amounts paid** to Federal and State!!!

ITEMS OF INCOME

(Check the items that apply to you)

___ **WAGE INCOME (W-2)** (Bring **all** copies of your W-2s. **Please do not separate your forms!**)

Note: Those who have more than 4 W-2s should bring this to the attention of the front desk **ASAP!**

___ **INTEREST INCOME (1099-INT)** Bring all Form 1099s sent to you.

___ **DIVIDEND INCOME (1099-DIV)** Bring all Form 1099s sent to you.

___ **STATE REFUND FROM 2016 RETURN (1099-G)** (If you received a card for the state refund from last year, bring it.) If you wish, enter the amount here: _____

___ **BUSINESS OR FEE INCOME (1099)** (This is income you received from performing a service, from which no taxes were withheld.) Bring any Form 1099s you receive for this type of income.

****There are separate worksheets for any expenses you may have related to this income; one for Service Business Income and one for General Business Income, which you can also download from our website.**

Enter the total of this income here: _____

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2017 ITEMS OF INCOME - page 2

___ **CAPITAL GAINS** (You would have this if you sold securities, real estate, or equipment.) Bring with you **all papers** concerning both the **purchase and sale** of these properties.

___ **AMOUNT OF ALIMONY RECEIVED:** _____

___ **PENSION INCOME** (Bring W-2 Please)
If you wish, you may enter the total here: _____

___ **LUMP-SUM DISTRIBUTIONS** from **IRAs, pension plans, KEOGHS.** This would include **distributions which were rolled over.** If you leave a job, you would frequently have this.
If you wish, you may enter the total here: _____

___ **INCOME FROM RENTAL PROPERTIES** (*There is a separate worksheet for **Rental Income & Deductions** which is also available on our website.)

___ **OTHER TYPES OF RENTS OR ROYALTIES** Amount: _____

___ **PARTNERSHIP INCOME (Form K-1)** (If you have partnership income, you will need a **K-1** from the partnership. Bring this form with you.)

___ **UNEMPLOYMENT INSURANCE** (Bring **Form 1099G** sent to you by California or any other states from which you received unemployment during the year.) It is **100% taxable.**
If you wish, you may enter the total received here: _____

___ **SOCIAL SECURITY BENEFITS** (Bring the slip with you.) It **may be partially taxable.**
If you wish, you may enter the total here: _____

___ **OTHER INCOME** (Gambling winnings, the Lottery(don't you wish), prizes, tips, or anything else you think **might** be taxable) List below:

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

ADJUSTMENTS TO INCOME

___ **IRA, KEOGH, & SEP CONTRIBUTIONS** (These contributions can still be made for 2017 in most cases. IRA contributions may not be deductible. We can discuss it.)

If you have already contributed, enter amounts here: Self _____
Spouse _____

___ **PENALTY ON EARLY WITHDRAWAL** of savings: _____

___ **ALIMONY PAID** (Bring X's social security number: _____)

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2017 ITEMIZED DEDUCTIONS - Schedule "A"

MEDICAL & DENTAL EXPENSES: (Do not include reimbursed amounts.)

Medicine	_____	Hearing aids, batteries	_____
Insurance premiums	_____	Lab fees, x-rays	_____
Doctors, dentists, etc.	_____	Miles for medical	_____
Hospital & clinics	_____	Parking for medical	_____
Glasses	_____	Other: _____	_____

TAXES YOU PAID:

- **State & local income taxes** (We'll pick up these amounts from your W-2s.)
- **Property taxes paid on your home** (Use the checks you wrote in 2017 to determine this, not the bill.)
Amount: _____
- **Property taxes paid on second home** (Ditto above) **Amount:** _____
- **Total amount paid to DMV on auto(s):** 1st car _____ 2nd car _____

ESTIMATED TAX PAYMENTS:

Note: The majority of our correction notices are due to errors in this area. You **MUST** list these amounts from your canceled checks. Look it up before your appointment to avoid delay.

Quarter	Date Paid	Federal Amount	State Amount
1 st 4/15/2017	_____	_____	_____
2 nd 6/15/2017	_____	_____	_____
3 rd 9/15/2017	_____	_____	_____
4 th 1/15/2018	_____	_____	_____

INTEREST YOU PAID:

- **Home mortgage:** (You will receive slip(s) from your lender(s). If you are confused, just bring them)
Paid to financial institutions: Amount of first: _____
Amount of second: _____

Paid on home equity loans: Amount: _____

Paid to individuals: Amount: _____
Individual's name: _____
Address: _____
SS#: _____
Interest on a second home: _____
- **Investment Interest:**
Margin interest _____ **Interest on land** _____
Int. on 3rd home _____ **Other:** _____

Interest on credit cards, personal loans, or late tax payments, is still not deductible.

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2017 - ITEMIZED DEDUCTIONS - page 2

CHARITABLE CONTRIBUTIONS YOU MADE:

- **Total of your cash (includes checks) contributions:** _____
(Any time you write a check of \$250 or more you must have an acknowledgment of your contribution from the organization.)
- **Contributions *other than* cash:** _____
(Non cash contributions are usually goods donated to organizations such as Goodwill. You value them by what you would sell them for used, not what you paid for them)
- **Out-of-pocket expense for charitable work:** _____
Number of miles you traveled for charitable work: _____

CASUALTY & THEFT LOSSES:

- **These losses must be more than 10% of AGI to qualify.** (Bring any papers you have which would help establish your loss. Insurance estimates, police reports. Insurance reimbursements reduce your loss.)

MOVING EXPENSE (MUST put you **50 miles closer** to your new job): _____

- This deduction has gotten to be quite rare. Most qualified moves are reimbursed by employers, and you will be given a special form to use. Moves across country **may** be deductible, but there is a work requirement that is difficult to meet. If you think you have a deductible move, **bring** all your receipts, and put a check in this box so we'll know to discuss it.

MISCELLANEOUS DEDUCTIONS:

****NOTE**:** *Before you fill this out*, look to see if there is another worksheet applicable to you for similar expenses. **DO NOT also enter below.**

Gambling losses _____	Union dues _____	Tax preparation _____	Investment expns. _____
Safe deposit box _____	Job seeking exp. _____	Continuing Ed _____	Tools _____
Job supplies _____	License renewal _____	Publications _____	Uniform/cleaning _____

- If you have entries above, **and** you used your car for education or business, put a check here: _____

- **CHILD CARE:** Besides the individual amounts paid, we also need

<u>Provider's Name</u>	<u>Social Security or I.D. Number</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **AFFORDABLE CARE ACT & Form 1095-A:**

___ Did you and your family have health care coverage for the **ENTIRE** year through your employer?
If so, stop here.

___ If you are **not covered by work**, did you buy coverage through the Marketplace? If so, you should receive **Form 1095-A** (probably not until mid-February) **YOU MUST PROVIDE US WITH THAT FORM BEFORE WE CAN FILE YOUR RETURN!**

___ If you **did not have health insurance**, did you receive an **Exemption Certificate**? If so, we need the certificate number.

___ If you **did not have coverage and did not apply** for an exemption this year we will need to ask you some more questions when you come in.