



January 2, 2018

To Our Loyal Clients:

It is that time of year again, time to begin assembling information for the preparation of your 2017 income tax returns. Enclosed along with this letter is our normal Client Information Worksheet, Client Checklist and Itemized Deduction Checklist. **Also, enclosed is our engagement letter and our questionnaire for compliance with the individual insurance mandate of the Affordable Care Act BOTH OF WHICH WILL NEED TO BE SIGNED.** You should review the checklists to make sure you did not forget any information. If you or someone you know needs our “Client Tax Package”, you can retrieve this from our website www.boremanbabb.com under resources. We will also have our engagement letter and questionnaire for compliance with the individual mandate of the Affordable Care Act available there as well. Also, as a reminder, we do require payment (cash or check, no credit cards accepted) of our tax preparation fees when you pick up your return from our office.

We HIGHLY recommend that you drop off your tax information at our office as soon as possible once you believe you have received all of your documents. As the end of tax season approaches there will be a point in time that we will not be able to complete any more returns before April 15th. We will certainly let you know at the time you drop off your tax information approximately when you can expect your return to be completed or whether it will need to be put on an automatic extension. If you have not dropped off your tax information but would like us to prepare an automatic extension, then please contact our office by April 7th, 2018.

We are always hopeful that you might tell other people about the great service we provide to our clients. We are confident that your friends and family will find our tax preparation work quick, efficient, and very reasonably priced. Thank you so much for your loyalty and for spreading the word. It is our greatest advertisement. We will always strive to give you the best service possible and we will always be willing to go the extra mile.

We look forward to assisting you in the upcoming year. We trust you have had a wonderful Holiday and a Happy New Year. Thank you for your loyalty and friendship.

Sincerely,

Daniel and Matthew

TAX CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

Taxpayer Name: _____ Spouse's Name: _____
Taxpayer Occupation: _____ Spouse's Occupation: _____
Taxpayer Birthdate: _____ Spouse Birthdate: _____
Taxpayer Work Telephone: _____ Spouse Work Telephone: _____
Taxpayer Cell Phone: _____ Spouse Cell Phone: _____
Home Telephone: _____ E-mail address: _____
Current Address: _____ City: _____ State: _____ Zip: _____
School District: _____ County: _____ Twp/Boro/City: _____

Do you want to remit PA USE TAX on your Pennsylvania return: YES / NO

ELECTRONIC – FILING INFORMATION

Bank Name: _____ Checking account Savings account
Account Number: _____ Routing Number: _____

Note: For electronic filing purposes, the self selected Personal Identification Number (PIN) will be the first *five* digits of the *taxpayer's* social security number unless other PIN is given (can only be 5 digits): _____.

CHECKLIST OF ITEMS TO BRING WITH YOU OR DROP OFF

- ___ 1. All W-2's and 1099's.
- ___ 2. All K-1 forms from S Corporations and Partnerships.
- ___ 3. All 1098's (Mortgage interest statement).
- ___ 4. Any Escrow statements.
- ___ 5. 1099 forms which list stock sales (will also need purchase date and cost).
- ___ 6. 1099 forms which list unemployment compensation, refunds, pension payments, and social security benefits.
- ___ 7. 1099 forms which report IRA transfers.
- ___ 8. 1095 forms which report Health Insurance coverage. **Because insurance companies may be late in issuing these forms we are asking clients that know they have coverage all year for the entire family to not wait for this form but to fill out our ACA Engagement Letter Addendum form to verify your coverage for us.**
- ___ 9. Social security numbers and birthdates for all dependents born in 2017.
- ___ 10. Name and social security number of a former spouse to whom you paid alimony. If you received alimony, we'll need to know the amount for the year.
- ___ 11. If you moved during the year, we will need the dates, addresses and **school districts** that you moved from and to.
- ___ 12. Form 1098-T issued from a school for any tuition expenses.
- ___ 13. Year End statements documenting any 529 plan contributions.
- ___ 14. Record of estimated tax payments.
- ___ 15. Names, addresses and identification numbers of all daycare providers.
- ___ 16. Your 2016 tax return. (For new clients only if you have not already provided it)
- ___ 17. Settlement sheets (HUD-1) for any real estate purchases or sales.
- ___ 18. A list of any purchases or improvements to your home involving energy efficient items (ie: certain rated windows, furnaces, solar, geothermal, etc...)
- ___ 19. List of any foreign bank accounts and balances at the end of the year.
- ___ 20. Any other documents you feel may be needed or have questions on.

ITEMIZED DEDUCTION CHECKLIST (PAID IN 2017)

MEDICAL EXPENSES

Prescription drugs \$ _____
 Health insur. premiums \$ _____
 Medicare premiums \$ _____
 Long-Term Care Ins. \$ _____
 Doctors & dentists \$ _____
 Hospitals/Medical lodging \$ _____
 Med. Mileage (17¢): _____ **miles**
 Lab. & X-ray \$ _____
 Glasses, hearing aid \$ _____
 _____ \$ _____
 _____ \$ _____

TAXES

Real estate tax \$ _____
 Other property tax \$ _____
 Occupation taxes \$ _____
 Personal taxes \$ _____
 _____ \$ _____
 _____ \$ _____

INTEREST

Home mortgage- 1st * \$ _____
 Home mortgage- 2nd * \$ _____
 Student Loan Interest \$ _____
 Investment interest \$ _____
 * If paid to individual list name,
 address, and social security number:

CONTRIBUTIONS

House of worship \$ _____
 Heart/Cancer \$ _____
 Payroll deductions \$ _____
 United Way \$ _____
 Easter seals \$ _____
 Salvation Army (goods) \$ _____
 Goodwill (goods) \$ _____
 Charity miles (14¢/mile) \$ _____
 _____ \$ _____

MISCELLANEOUS

Union due \$ _____
 Tax prep. fees \$ _____
 Job seeking costs \$ _____
 Investment expense \$ _____
 Safe deposit box rental \$ _____

NON-REIMBURSED EMPLOYEE EXPENSES

Professional licenses \$ _____
 Trade/Prof. journals \$ _____
 Educational expenses \$ _____
 Safety equipment \$ _____
 Work tools \$ _____
 Business telephone \$ _____
 Uniform cost \$ _____
 Uniform laundry \$ _____
 Professional societies \$ _____
 Business Miles (53.5¢): _____ **miles**
 Total vehicle mileage _____ **miles**
 Entertainment \$ _____
 _____ \$ _____
 _____ \$ _____

OTHER INFORMATION

Alimony payments \$ _____
 Name _____
 SSN..... _____
 Traditional IRA \ ROTH IRA (circle one) deposits:
 Husband..... \$ _____
 Wife..... \$ _____
 SEP IRA deposits .. \$ _____
 529 Plan Contributions: \$ _____

Daycare expenses:
 Name: _____
 Address: _____

 SSN: _____ Amount paid: _____
 Name: _____
 Address: _____

 SSN: _____ Amount paid: _____

ESTIMATED TAX PAYMENTS MADE

FEDERAL		STATE		LOCAL	
Date	Amount	Date	Amount	Date	Amount
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____