



2017 Income Tax Data-Itemizer

13402 North Scottsdale Road Suite #A-100 Scottsdale, Arizona 85254-4055
(602) 870-0100 www.sourceoneaccounting.com Fax (602) 293-3988

IDENTITY VERIFICATION WORKSHEET

In an effort to protect your identity, the IRS now requires verification of your identity and, if married, the identity of your spouse. The documents you provide to verify your identity will be used by the IRS and verified to other third party information at the time your tax return is filed and prior to the processing of your income tax return.

Documents Used to Verify Primary Taxpayer Identity: (select one)

- Driver's License (complete detail below)
- State issued identification card (complete detail below)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement
- Taxpayer** - No Driver's License or State ID

Documents Used to Verify Primary Spouse Identity (if you file joint return): (select one)

- Driver's License (complete detail below)
- State issued identification card (complete detail below)
- Spouse** - No Driver's License or State ID

Driver's License Detail

Taxpayer:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____

Spouse:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____

State Identification Card Detail

Taxpayer:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire

Spouse:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire



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HOW THE AFFORDABLE CARE ACT IMPACTS YOUR TAXES

You may notice some changes in your tax return related to the Affordable Care Act (ACA). All Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty.

Please check the appropriate box to indicate your health insurance status for 2017.

I enrolled in a health plan through my employer, private insurance, Medicare or Medicaid. You are all set if you have minimum essential coverage that includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

I purchased a health plan through a Health Insurance Marketplace also known as a health exchange. Did you receive a government subsidy in the form of a tax credit to purchase health insurance through the online Health Insurance Marketplace? (Yes) (No) (Circle One)

Please provide Form 1095-A if you purchased health insurance through the Health Insurance Marketplace.

I don't have health insurance. Under the ACA, individuals who do not have health insurance for more than two consecutive months in 2017, must pay a tax penalty. If you are getting an exemption through the Health Insurance Marketplace, please provide the exemption certificate number. # _____

If you don't have health insurance and don't qualify for an exemption, you will have to pay a penalty when your tax return is filed. For tax year 2017, the annual one-time penalty will be \$695 per adult, \$347.50 per child under 18, with a family maximum of \$2,085 for the year OR 2.5% of your total income, whichever is Greater. The tax penalty is assessed on your 2017 tax return.

(Yes) (No) (Circle One) For the **entire year**, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?

Please indicate the months of health insurance coverage for each family member listed on your 2017 tax return: **C = Covered**

NAME ALL YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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Signature _____

Print Name _____

Date _____



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Client Code _____
Taxpayer's Name _____
Social Security # _____
Date of Birth _____ / _____ / _____
Occupation _____
Cell _____
E-Mail _____
Blind / Disabled? (Yes) (No)

Tax Year _____
Spouse's Name _____
Social Security # _____
Date of Birth _____ / _____ / _____
Occupation _____
Cell _____
E-Mail _____
Blind / Disabled? (Yes) (No)

Contribute \$3 to Presidential Election Campaign Fund?
Taxpayer (Yes) (No) Spouse (Yes) (No)

Address _____
City _____ State _____
Zip Code _____

Home Phone _____
Work Phone _____
Fax _____

Preferred Contact (Circle One) (Home) (Work) (Cell) (E-Mail) (Fax)

Check Here if you wish to continue to receive this Income Tax Data-Itemizer each year.
Please note that this form is available on our website: www.sourceoneaccounting.com ("Resources" tab).

DOCUMENTS YOU NEED TO BRING TO YOUR TAX APPOINTMENT

- _____ W2 Forms
- _____ 1099-INT Forms
- _____ 1099-DIV Forms
- _____ 1099-MISC Forms
- _____ Other 1099 Forms
- _____ 1095 Forms (A, B, and/or C)
- _____ Closing Statements on Sale or Purchase of Real Estate (including refinancing)
- _____ Schedule K-1 Forms (Income/Loss from Partnerships, Estates, Trusts, or S-Corps)
- _____ Copies of Other Compensation, Moving Expense Reimbursement or Pension Income
- _____ 1098 Mortgage Interest Statements
- _____ Real Estate Tax Bills
- _____ Last Payroll Stub of the Year
- _____ Last Year's Tax Returns (if new client)
- _____ Voided Blank Check (for direct deposit)
- _____ Items You Have Questions About

FILING STATUS

_____ Single _____ Head of Household
_____ Married Filing Joint Return _____ Qualifying Widow(er)
_____ Married Filing Separate Returns Year Spouse Died _____

DEPENDENT CHILDREN

| Name | Social Security # | Date of Birth | Relationship |
|-------|-------------------|--------------------|--------------|
| _____ | _____ | ____ / ____ / ____ | _____ |
| _____ | _____ | ____ / ____ / ____ | _____ |
| _____ | _____ | ____ / ____ / ____ | _____ |

OTHER DEPENDENTS

| | |
|-------------------------------------|-------------------------------------|
| Name _____ | Name _____ |
| Social Security # _____ | Social Security # _____ |
| Date of Birth _____ / _____ / _____ | Date of Birth _____ / _____ / _____ |
| Relationship _____ | Relationship _____ |
| Income _____ | Income _____ |
| Support by You _____ | Support by You _____ |
| Support by Others _____ | Support by Others _____ |
| Months in Your Home _____ | Months in Your Home _____ |

INTEREST & DIVIDEND INCOME

Please indicate (T)axpayer, (S)pouse or (J)oint for each item.

| T/S/J | Payer | \$ | T/S/J | Payer | \$ |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |



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OTHER INCOME

If you have Other Income, Please bring all supporting documentation. Examples:

| | |
|--------------------------------|--------------------------------|
| Child Care _____ | Farming _____ |
| Jury Duty _____ | Self Employment _____ |
| Strike Benefits _____ | Partnerships & S-Corps _____ |
| Social Security _____ | Scholarships/Fellowships _____ |
| Alimony Received _____ | Pensions & Annuities _____ |
| Unreported Tip Income _____ | Estates & Trusts _____ |
| Non-Taxable Interest _____ | Royalties _____ |
| State Income Tax Refunds _____ | Gambling Income & Prizes _____ |
| Unemployment Benefits _____ | Cancellation of Debt _____ |
| Workers' Compensation _____ | Other _____ |

SALE OF STOCK OR OTHER PROPERTY

Please bring all supporting documentation.

| Stock or Property Description | Purchase Date | Purchase Price | Sale Date | Sale Price |
|-------------------------------|---------------|----------------|-----------|------------|
| _____ | / / | _____ | / / | _____ |
| _____ | / / | _____ | / / | _____ |
| _____ | / / | _____ | / / | _____ |

RENTAL PROPERTY INCOME & EXPENSE

Please bring all supporting documentation.

| | |
|------------------------------|------------------------------|
| Property #1 Address _____ | Property #2 Address _____ |
| Date Became Rental _____ / / | Date Became Rental _____ / / |
| Property Cost Basis _____ | Property Cost Basis _____ |
| Total Rents Received _____ | Total Rents Received _____ |
| Expenses: | Expenses: |
| Taxes _____ | Taxes _____ |
| Utilities _____ | Utilities _____ |
| Mortgage Interest _____ | Mortgage Interest _____ |
| Insurance _____ | Insurance _____ |
| Auto Mileage _____ | Auto Mileage _____ |
| Repairs _____ | Repairs _____ |
| Supplies _____ | Supplies _____ |
| Other _____ | Other _____ |

CHILD & DEPENDENT CARE EXPENSES

Please bring all supporting documentation.

Number of children/dependents cared for during the year _____
 Total expenses paid for child/dependent care _____

| Provider Name | Provider Address | Provider Tax ID# | Amount Paid |
|---------------|------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |

If the payments above were to an individual and you paid \$50 or more in a calendar quarter, were the services performed in your home? (Yes) (No) _____

Total amount of **employer-provided** dependent care benefits _____
 Qualified expenses paid during the year _____



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CONTRIBUTIONS TO A RETIREMENT PLAN

Please bring all supporting documentation.

| | Taxpayer | Spouse | Date | Amount |
|-------------------------------------|----------|--------|-------|--------|
| IRAs Traditional - Roth - Education | _____ | _____ | _____ | _____ |
| SEPs or SIMPLEs | _____ | _____ | _____ | _____ |

DISTRIBUTIONS FROM A RETIREMENT PLAN

Please bring all supporting documentation.

| | Taxpayer | Spouse | Date | Amount |
|---------------|----------|--------|-------|--------|
| Distributions | _____ | _____ | _____ | _____ |

EDUCATION CREDITS / EXPENSE DEDUCTION

| | | |
|---|-----------------------------------|-----------------|
| Student Name _____ | Full Time _____ | Part Time _____ |
| Student's Grade Year in College _____ | Books, Supplies & Equipment _____ | Date Paid _____ |
| Qualified Expenses: Tuition _____ Date Paid _____ | Required Fees _____ | Date Paid _____ |

MEDICAL EXPENSES

- Insurance Pay Deduction (after tax) _____
 - Insurance & Medicare _____
 - Doctors _____
 - Dentists _____
 - Hospitals _____
 - Ambulance _____
 - Laboratory Fees _____
 - Prescriptions _____
 - Eyeglasses, Contacts _____
 - Hearing Aids & Batteries _____
 - Nursing/Long Term Care Facility _____
 - Medical Auto Mileage _____
 - Other Medical Travel Expenses _____
 - Self Employed Health Insurance _____
 - Medical Reimbursement _____
 - Health Savings Acct Contributions _____
 - Health Savings Acct Distributions _____
 - Other Medical Expenses _____
- (please detail)

TAXES PAID

- Federal Estimate Taxes:
- | | |
|--------------------------------|------------------------|
| Applied from Prior Year Return | \$ _____ |
| 1st Qtr | Date Paid / / \$ _____ |
| 2nd Qtr | Date Paid / / \$ _____ |
| 3rd Qtr | Date Paid / / \$ _____ |
| 4th Qtr | Date Paid / / \$ _____ |
- State of _____ Estimate Taxes:
- | | |
|--------------------------------|------------------------|
| Applied from Prior Year Return | \$ _____ |
| 1st Qtr | Date Paid / / \$ _____ |
| 2nd Qtr | Date Paid / / \$ _____ |
| 3rd Qtr | Date Paid / / \$ _____ |
| 4th Qtr | Date Paid / / \$ _____ |
- State Taxes Paid for Previous Year _____
- Real Estate Taxes _____
- Vehicle Registration(s) _____
- Sales Taxes Paid on _____
- Motor Vehicle, Boat, RV, etc. _____
- (major purchases)

INTEREST EXPENSES

- Please bring all supporting documentation.
- Home Mortgage Interest Paid _____
 - Additional Mortgage Interest Paid _____
 - Mortgage Interest Paid to an Individual _____
 - Name _____ Address _____
 - SS# _____
 - Investment Interest _____
 - ALL** Student Loan Interest Paid _____

CONTRIBUTIONS

- Churches* _____
- Other Cash Contributions* _____
- *(If greater than \$250, provide written record)**
- Charitable Auto Mileage _____
- Property Donated** _____
- Other Non-Cash Contributions** _____
- ** (If more than \$500, please itemize)**

CASUALTY & THEFT LOSSES

- Description of Property _____
- Date Loss Occurred _____ / _____ / _____
- Cost of Property Lost _____
- Fair Market Value of Property _____
- Insurance Reimbursement Rec'd _____
- If Applicable, Please Bring Police Report _____

ARIZONA PUBLIC / PRIVATE SCHOOL TAX CREDIT

Please bring all supporting documentation.
 Would you like to hear more about this? Yes ___ No ___

MOVING EXPENSES

- Travel & Lodging - (Not Meals) _____
- Moving Household Goods/Items _____
- Reimbursement (if any) _____



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AUTOMOBILE EXPENSES (BUSINESS USE ONLY)

Please bring all supporting documentation.

Vehicle Description _____
 Date Placed in Service _____ / _____ / _____
 Total Miles _____
 Business Miles _____
 Gas, Oil & Insurance _____
 Interest on Loan _____
 Lease Payments _____
 Tolls & Local Transportation _____
 Other _____

UNREIMBURSED EMPLOYEE EXPENSES

Work Uniforms & Laundry _____
 Work Supplies _____
 Professional Licenses _____
 Books & Journals _____
 Continuing Education _____
 Union Dues _____
 Equipment/Tools Req'd for Work _____
 Unreimbursed Teaching Expenses _____
 Other _____

Unreimbursed Expenses for Armed Forces Guard/Reservists

Traveling More Than 100 Miles for Overnight Duty (travel, meals, lodging) _____

MISCELLANEOUS

Job Seeking Expenses _____
 Accounting Fees (incl. tax prep fees) _____
 Investment & Tax Advice _____
 Safe Deposit Box Rental _____
 Gambling Losses (not to exceed winnings) _____
 Impairment Related Work Expenses _____
 Alimony Paid _____
 Purchase of Hybrid/Electric Vehicle _____
 Qualified Solar Home Improvements _____
 Repayment of First-Time Homebuyer Credit _____
 Other _____

GENERAL QUESTIONS

Did Your Marital Status Change Last Year?
 (Yes) (No)
 Are You Being Claimed as a Dependent of Another Person?
 (Yes) (No)
 May the IRS discuss your return with Source One Accounting & Tax Services, P.C.? (Yes) (No)

All of the information contained on this Income Tax Data-Itemizer is true and complete. (Please Sign Below)

_____ (taxpayer) _____ (spouse)

OTHER INFORMATION

Please Provide Any Other Information Related to Your Taxes Not Reported Elsewhere on This Income Tax Data-Itemizer

ELECTRONIC FILING INFORMATION

Free E-File

All Tax Returns will be Filed Electronically Unless Otherwise Requested.

Free E-File

Do You Wish to Opt Out of Electronic Filing? (Yes) (No)

(No additional fees will be charged)

FINAL PREPARATION NOTES

If a Refund is Expected, Please Indicate How You Would Like to Receive Your Refund:

_____ Apply to Estimate Taxes for Next Year's Return
 _____ Paper Check to be Received by Mail
 _____ Direct Deposit (Up to 3 different accounts. Please provide a blank "voided check(s)")

If Additional Taxes are Due with Your Return, Would You Like to Receive:

_____ Estimate Tax Calculations and Vouchers for Next Year's Return
 _____ Installment Agreement Request(s) (IRS imposes a setup fee)

Please Rate this Income Tax Data-Itemizer and its Usefulness to You in Gathering Your Tax Information.

5 BEST 4 3 2 1 WORST

Thank You! Your Opinions Mean a Great Deal to Us!