

Valley Accounting & Tax

7300 147th Street Suite 100 | Apple Valley, Minnesota 55124
 PHONE: 952.432.3140 | FAX: 952.432.7786
 www.avaat.net

Name _____	_____	_____
Last	First (Taxpayer)	First (Spouse)
Social Security Number _____	Taxpayer	Spouse
Date of Birth _____	Taxpayer	Spouse
Address _____	Home Telephone _____	
_____	Business Phone _____	Taxpayer
_____ County		Spouse
Cell Phone(s) _____	Taxpayer	Spouse
Email address(es) _____	Taxpayer	Spouse
Occupation _____	Taxpayer	Spouse

Dependents:

Name	Date of Birth	Full-time Student	Social Security # (Required for Return)	Gross Income	# of Months Lived In Your Home in 2017
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			

GENERAL INFORMATION

	<u>Taxpayer</u>	<u>Spouse</u>
1. Over 65	Yes / No	Yes / No
2. Blind	Yes / No	Yes / No
3. Do you wish to earmark some of your taxes to:		
The presidential election campaign fund	Yes / No	Yes / No
The Minnesota elections campaign fund	Yes / No	Yes / No
	DFL / IR / General / Other	DFL / IR / General / Other
4. Do you wish to contribute to the Minnesota nongame wildlife fund:	Yes / No	Yes / No
If yes, enter amount of contribution	\$ _____	\$ _____
5. If you were unmarried, did you maintain a household for another person during the year?		Yes / No
6. Retirement Plans:		
Did you receive a distribution from a profit-sharing plan, or Individual retirement arrangement (including Traditional IRA, Roth IRA, and Education Savings Account)?	Yes / No	Yes / No
Did you convert from a Traditional IRA to a Roth IRA?	Yes / No	Yes / No
Did you contribute to a Traditional IRA, Roth IRA, or Education Savings Account?	Yes / No	Yes / No

7. Please check any of these activities you were involved in, and submit the designated forms or other support schedules:

<input type="checkbox"/> W-2s (attach forms)	<input type="checkbox"/> Alimony paid \$ _____
<input type="checkbox"/> Rental Property (see page 6)	<input type="checkbox"/> Recipient's Name _____
<input type="checkbox"/> Business or profession	<input type="checkbox"/> Recipient's S.S. # _____
<input type="checkbox"/> Partnerships (attach K-1s)	<input type="checkbox"/> Alimony received \$ _____
<input type="checkbox"/> Subchapter S Corp. (attach K-1s)	<input type="checkbox"/> College tuition/books paid \$ _____
<input type="checkbox"/> Farm income	<input type="checkbox"/> Name of University _____
	<input type="checkbox"/> Student's Name _____
<input type="checkbox"/> Pension (Form 1099P or W-2P)	<input type="checkbox"/> IRS audit of prior year
<input type="checkbox"/> Annuities (Form 1099)	<input type="checkbox"/> Trusts (attach K-1s)
<input type="checkbox"/> Unemployment comp. (Form 1099)	<input type="checkbox"/> Estates (attach K-1s)
<input type="checkbox"/> Royalties (Form 1099)	<input type="checkbox"/> Directors fees
<input type="checkbox"/> IRA Distributions (Form 1099R)	<input type="checkbox"/> Stock options
<input type="checkbox"/> Social Security benefits:	<input type="checkbox"/> Worthless stock
<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse died in 2016 or 2017
\$ _____ \$ _____ (Form SSA 1099)	<input type="checkbox"/> Date of death _____
<input type="checkbox"/> Tax-exempt interest from Federal, Minnesota	<input type="checkbox"/> Divorced or legally separated in 2017
and out-of-state	<input type="checkbox"/> Provide date _____
<input type="checkbox"/> Contributions to HSA: amount company contributed \$ _____	<input type="checkbox"/> amount you contributed \$ _____

8. If you would like your refund to be directly deposited into your bank account please complete the following:

Bank Name _____	Type of Account (please circle one): Checking or Savings
Routing number _____	Account number _____

INCOME TAX REFUNDS RECEIVED

	DATE RECEIVED	AMOUNT OF REFUND	INTEREST	FOR WHAT YEAR
Federal				
State				

W-2s | *Please enclose all Form W-2s

COMPANY NAME	WAGES PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD

INTEREST INCOME | *Seller-financed Mortgages (See #6 Below)

PAYOR	JOINT	TAXPAYER	SPOUSE	TAX-EXEMPT
				YES / NO
				YES / NO
				YES / NO
				YES / NO

- Notes:
- (1) Please enclose all Form 1099s showing interest and dividends for the year.
 - (2) Include interest credited to your savings accounts during the year or as of December 31st.
 - (3) If any bonds were purchased or sold during the year, accrued interest may be reflected on the broker's confirmation statement.
 - (4) Submit information on any foreign tax paid or withheld on interest
 - (5) List and designate forfeited interest penalty for premature withdrawal of savings.
 - (6) If you received interest from a seller-financed mortgage please list the buyer's name, address and social security number.

CHILD CARE CREDIT

Name of Qualifying Dependent(s):	Relationship to Taxpayer:	Name of Payee:	Payee's Address:	Payee's Soc. Sec or Employer ID#:	Amount Paid:
1.					\$
2.					\$
3.					\$
4.					\$

EMPLOYER PAID DEPENDENT CARE BENEFITS (i.e. Cafeteria Plan) \$ _____

ITEMIZED DEDUCTIONS

1. Did you have health insurance for you and ALL of your dependents claimed on this return during 2017?
(circle one) YES NO
2. If yes, was coverage through: (circle one) A.) Medicare B.) Employer coverage C.) Self coverage
3. If you had self-coverage, did you go through the exchange? (circle one) YES NO

MEDICAL AND DENTAL

PRESCRIPTIONS, INSULIN, ETC.	\$	NAME OF DOCTORS/DENTISTS	AMOUNT PAID
INSURANCE PREMIUMS	\$		\$
MEDICARE PREMIUMS	\$		
EYEGASSES/CONTACTS	\$		
LODGING	\$	NAME OF HOSPITALS/CLINICS	
OTHER: HEARING AIDS, DENTURES, ETC.	\$		\$
TOTAL REIMBURSEMENTS		MEDICAL MILES DRIVEN	

TAXES

Real Estate:

MINNESOTA PROPERTY	PROPERTY TAX REFUND RECEIVED	NON-MINNESOTA PROPERTY
\$	\$	\$

*Please enclose a copy of your principal and seasonal residential property tax statements

AUTO LICENSE TABS	AMOUNT PAID	TAX PAID ON 2016 RETURN	TAX	INTEREST
CAR #1	\$	FEDERAL TAX	\$	\$
CAR #2	\$	MINNESOTA TAX		
CAR #3	\$	OTHER STATE(S) TAX		

FEDERAL ESTIMATED TAXES PAID	DUE ON	DATE PAID	STATE ESTIMATED TAXES PAID	DUE ON	DATE PAID
\$	4/15/17		\$	4/15/17	
\$	6/15/17		\$	6/15/17	
\$	9/15/17		\$	9/15/17	
\$	1/15/18		\$	1/15/18	

INTEREST

HOME MORTGAGE INTEREST			
NAME OF LENDER(S)	INTEREST PAID	POINTS PAID IN 2017 ON:	
1.	\$	ORIGINAL HOME MORTGAGE	\$
2.	\$	REFINANCING OF HOME MORTGAGE	\$
3.	\$	DATE & LENGTH OF REFINANCING:	__ / __ / __ YRS
4.	\$	HOME EQUITY LOANS	
5.	\$		
INDIVIDUAL FINANCER	\$	DATE OF LOAN	__ / __ / __
NAME, ADDRESS AND SOC. SEC. NUMBER OF INDIVIDUAL		AMOUNT OF LOAN	\$
		INTEREST PAID ON LOAN	\$
		*LOAN USED FOR: (Remodel, home improvements, vehicle, tuition, etc.)	

EDUCATION LOANS		INVESTMENT INTEREST	
DATE OF LOAN	__ / __ / __		
DURATION OF LOAN		MARGIN INTEREST-STOCKS, ETC.	\$
INTEREST PAID IN 2017	\$	OTHER INVESTMENT INTEREST	\$

CONTRIBUTIONS

CASH DONATIONS:

Name of charitable organization	Amount of cash donation	Do you have a receipt or canceled check?
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO
	\$	YES / NO

Charitable Miles Driven in 2017 _____

NON-CASH DONATIONS: (i.e. Goodwill, ARC, Courage Center, Lupus, etc.)

Organization	Description of Donation	How Was Item Acquired	Date Acquired	Date Donated	Cost/Other Basis	Fair Market Value When Donated	How Was Fair Market Value Determined

CASUALTY AND THEFT LOSSES (In excess of 10% of income)

DESCRIPTION:		COST OR BASIS	
DATE PURCHASED:		FAIR MARKET VALUE:	\$
REIMBURSEMENTS EXPECTED OR RECEIVED:	\$	BEFORE LOSS	\$
		AFTER LOSS	\$
		LOSS:	\$

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues:	\$	Investment Expenses:	\$
Tax Service Fee:		Job Education:	
Safe Deposit Box Rent:		Job Hunting Expenses:	
Business Publications:		Other:	
Tuition, Transportation, Books, Etc. (Grades K-12):		Adoption Expenses for Qualified Child with Special Needs:	

RENTAL PROPERTY

	Property #1	Property #2	Property #3
Rental Property Address:	1.	2.	3.
Description of Property:			
INCOME:			
Rents Received	\$	\$	\$
EXPENSES:			
Advertising	\$	\$	\$
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal/Professional Fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes - Property			
Taxes - Other			
Utilities			
Wages/Salaries			
Other:			

**Enclose closing settlement statements for acquisitions and dispositions of property and equipment.

ESTIMATED TAX FOR NEXT YEAR

Indicate estimate of next year's withholding if different from this year. \$ _____

Current year's tax (Will protect against underpayment penalty.) \$ _____

Next year's estimated taxable income \$ _____

Estimate next year's: Gross Income \$ _____ Deductions \$ _____

_____ No estimates desired Withholding tax \$ _____

HEALTH INSURANCE COVERAGE:

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE BEGINNING JANUARY 1, 2017

The IRS requires that you report certain information related to your health care coverage on your 2017 tax return. Please read the following statements carefully - more than one might apply to your "tax family:"

1. If you had health coverage with a government Marketplace (Exchange) during 2017, please provide Form 1095-A, issued by the Marketplace. (In some family situations you may have more than one 1095-A.)
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return for 2017, please provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan, please provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange), please provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you (or any individual included in your "tax family") did **NOT** have insurance coverage for any month of 2017..

Please circle any months a member of your "tax family" was **NOT** insured:

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec