



## 2017 Income Tax Preparation Questionnaire & Organizer

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Preferred Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Work  Home  Other  
 Alternate Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Work  Home  Other  
 E-Mail: \_\_\_\_\_

**\*Please include a copy of you driver's license this year. This is a NEW IRS Requirement**

**\*Please check box on left to indicate new information from last year**

***This document is meant as a guideline for helping you organize your tax information. It is not intended to replace original documentation. We have modified this organizer from prior years to incorporate reporting changes under both the Affordable Care Act and other legislation recently passed by Congress.***

### General Return & Filing Information

	YES	NO
1) Were you notified by the IRS or your State of any changes to a prior year's return? <i>*If Yes, please provide a copy of IRS or State notices.</i>		
2) Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return? <i>*If Yes, please explain or attach documentation.</i>		
3) Is the address listed above a NEW primary residence for 2017? <i>*If Yes, please provide date of move and closing documents related to this move.</i>		
4) Did your marital status change in 2017? (Married, Divorced, Remarried) a) <i>If married or remarried, please provide spouse's DOB, SSN &amp; Full Name.</i> b) <i>If divorced, please provide date and copy of decree.</i> <b>New Information:</b> _____ _____ _____		
5) <b>Dependents:</b> Are there changes in your dependent information from the prior year? (New baby, adoption, child left home, no longer full time student, claimed by other, etc.) <i>*If Yes, please provide the following for the dependent(s) being added/removed:</i> <b>Full Name:</b> _____ <b>Full Name:</b> _____ <b>Full Name:</b> _____ <b>DOB:</b> _____ <b>DOB:</b> _____ <b>DOB:</b> _____ <b>SSN:</b> _____ <b>SSN:</b> _____ <b>SSN:</b> _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <b>Other Changes or information on dependents:</b> _____ _____ _____		

<b><u>If you are unsure please contact our office for additional information</u></b>			
		<b>YES</b>	<b>NO</b>
6)	<b>DAY CARE</b> - Did you pay <u>child care costs</u> for a dependent child under the age of 13? <i>*If Yes, please provide statement from care provider including: name, address, federal ID # &amp; amount paid .</i>		
7)	Did you provide over ½ of the support for another person (who is not your child, i.e. niece/nephew, stepchild)? <i>*If Yes, please provide the following: Full Name DOB _____ SSN _____</i>		
8)	Do you have <b>dependents</b> for which a tax return may need to be filed?		
9)	Any other general information regarding your return filing status? (Additional dependents, new spouse, name change, DOB, SSN, etc.) <i>Additional info: _____</i>		
10)	Did you (or spouse) make Estimated <b>FEDERAL TAX</b> Payments for 2017? <i>*If Yes, please provide the following:</i> Date _____ Amount _____ Date _____ Amount _____ Date _____ Amount _____ Date _____ Amount _____		

**Notes pertaining to General Return & Filing Information:**

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**Health Care Information**

		YES	NO	
11)	If you purchased your insurance through the <u>marketplace</u> please provide form(s) <b>1095A</b> . <b><i>*Contact the marketplace if you did not receive a form and you were insured in 2017.</i></b> <b><i>(FORM 1095A IS REQUIRED TO COMPLETE YOUR RETURN)</i></b>			1095A(s) Qty <input style="width: 50px; height: 25px;" type="text"/>
12)	If your insurance is through your employer or privately purchased (not through the market place) please provide form(s) 1095-B or 1095-C. If you did not receive this form, provide your policy information and the number of months covered for 2017 for all members of your household. <i>Policy# _____ Carrier# _____</i>			1095B(s) Qty <input style="width: 50px; height: 25px;" type="text"/>
	<input type="checkbox"/> I/We had coverage for the entire year			1095C(s) Qty <input style="width: 50px; height: 25px;" type="text"/>
	<input type="checkbox"/> I/We had coverage for _____ months			
	<input type="checkbox"/> I/we had NO health insurance for entire year			
	<input type="checkbox"/> I/we are not required maintain coverage under an exemption? (If yes, please explain below)			
13)	Did you (or spouse) make HSA contributions or receive distributions? <b><i>*Please provide all 1099-SA forms.</i></b>			1099-SA Qty <input style="width: 50px; height: 25px;" type="text"/>

**Client notes pertaining to Health Care Information**

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### Income and Earnings Information (Standard)

		YES	NO	
14)	Did you (or spouse) have <u>Wages</u> as an employee during the year? <i>*Please provide all W-2 forms.</i>			W-2(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
15)	Did you (or spouse) receive <u>interest</u> from a bank account or other financial institution? (include regular, tax exempt and bond interest) <i>*Please provide all 1099-INT forms.</i>			1099-INT(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
16)	Did you (or spouse) receive <u>dividends</u> from investments? <i>*Please provide all 1099-DIV forms.</i>			1099-DIV(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
17)	Did you (or spouse) receive a <u>state or local income tax refund</u> , credit or offset of prior year? <i>*Please provide all 1099-G forms.</i>			1099-G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
18)	Did you (or spouse) receive or pay <u>alimony</u> during the year? <i>*If Yes, please provide:</i> <i>Ex-Spouses Name: _____</i> <i>SSN: _____</i> <i>Amount paid or received: \$ _____</i>			
19)	Did you (or spouse) operate a sole proprietorship, single member LLC or other unincorporated business during the year (Sch C)?			Go to <a href="http://www.atscpas.com">www.atscpas.com</a> for Schedule C Worksheet
20)	Did you (or spouse) <u>sell</u> stocks, securities or mutual funds? <i>*Please provide all 1099-B forms &amp; cost basis info.</i>			1099-DIV(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
21)	Did you (or spouse) receive stock from a plan with your employer? <i>*Please provide 1099-B forms.</i>			1099-B(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
22)	Did you (or spouse) sell or purchase a principal residence, 2 <sup>nd</sup> home, timeshare, cottage, etc.? <i>*If Yes, please provide date and closing documents.</i>			
23)	Did you (or spouse) receive payments from a <u>pension</u> , profit sharing or other employer sponsored plan? <i>*Please provide all 1099-R forms.</i>			1099-R(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
24)	Did you (or spouse) receive payments from an IRA, Roth IRA or other qualified plan? <i>*Please provide all 1099-R forms.</i>			1099-R(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
25)	Did you (or spouse) purchase, sell or have income from a <u>rental property</u> (Sch E)? <i>*If Yes, please provide detailed income and expense summary for each property.</i>			Go to <a href="http://www.atscpas.com">www.atscpas.com</a> for Schedule E Worksheet
26)	Did you (or spouse) receive <u>unemployment</u> benefits? <i>*Please provide all 1099-G forms.</i>			1099-G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
27)	Did you (or spouse) receive <u>social security</u> benefits? <i>*Please provide all 1099-SSA forms.</i>			1099-SSA(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
28)	Did you (or spouse) have any <u>gambling</u> income during the year? <i>*Please provide all W-2G forms.</i>			W-2G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
29)	Did you (or spouse) acquire interests in or have income from partnerships or trusts? <i>*Please provide all K1 Forms 1065 or 1041</i>			K-1(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>

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<b>30)</b>	Did you (or spouse) acquire interests in or have income from S-Corporations? <i>*Please provide all K1 Forms 1120S</i>			K-1(s) Qty. <input style="width: 40px; height: 20px;" type="text"/>
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**Income and Earnings Information (Special)**

		YES	NO
<b>31)</b>	<b>Did you (or spouse) receive income from any of the following situations?</b>		
	<i>a) Gambling winnings <b>not</b> reported on form W-2G?</i>		
	<i>b) Other income reported on <b>1099-Misc</b> Box 3? (<i>*Please provide form</i>)</i>		
	<i>c) Qualified tuition program earnings? (<b>Form 1099-Q</b>)</i>		
	<i>d) Child's <u>investment</u> income in excess of \$2,100.00?</i>		
	<i>e) Jury duty fees?</i>		
	<i>f) Cancelled Debts? <b>Form 1099-C</b> or <b>Form 1099-A</b></i>		
	<i>g) Do you have any foreign bank/financial accounts?</i>		
	<i>h) Other income? (please provide details)</i>		

**Client notes pertaining to Income and Earnings Information (Special)**

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**Adjustments to Income & Earnings**

		YES	NO
<b>32)</b>	<b>Did you (or spouse) make contribution or get distributions from any of the following situations?</b>		
	<i>a) Moving expenses for a job relocation? (distance greater than 50 miles)</i>		
	<i>b) SEP or Simple IRA contributions (not IRA or Roth)</i>		
	<i>c) Self-employed health insurance premiums?</i>		
	<i>d) IRA or Roth IRA contributions? (not SEP or Simple) <b>Form 5498</b></i>		
	<i>e) Student loan interest paid? (If Yes, please provide <b>Form(s) 1098-E</b>)</i>		

**Medical Expenses**

		YES	NO
<b>33)</b>	Did you (or spouse) pay medical expenses <b>out of pocket</b> that were neither reimbursed nor paid from a health savings account?* <i>*Please note expenses must exceed <b>10%</b> of your gross income to be eligible for deduction.</i> <i><b>Please provide a summary schedule of medical expenses not reimbursed or paid from an HSA.</b></i>		

Client Last Name \_\_\_\_\_

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### Taxes – State & Local Income, Property and Personal

	YES	NO
<b>34)</b> Did you (or spouse) make Estimated <b>STATE</b> payments for 2017? <i>If Yes, please provide the following:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div>		
<b>35)</b> Did you (or spouse) pay <u>real estate taxes</u> on any real property which you own? (Primary residence, 2 <sup>nd</sup> Home, family cottage, timeshare, etc.) <i>*If Yes, please provide all tax bills for taxes you paid or were paid on your behalf.</i>		
<b>36)</b> Did you (or spouse) pay any <u>personal property taxes</u> based on the value of the personal property? (i.e. plate fees on autos, boats and other vehicles)		
<b>37)</b> Did you (or spouse) pay any <u>other taxes</u> you feel may be deductible? <i>*If Yes, please provide details.</i>		

#### Client notes pertaining to Taxes - State & Local Income, Property and Personal

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### Interest – Mortgage, PMI & Investment

	YES	NO	
<b>38)</b> Did you (or spouse) make payments on a <u>1<sup>st</sup> or 2<sup>nd</sup> mortgage</u> , refinance or take out a home equity loan? <i>*Please provide all 1098 forms.</i>			1098(s) Qty. <input style="width: 50px; height: 25px;" type="text"/>
<b>39)</b> Did you (or spouse) take out a NEW mortgage or refinance in 2017 on which you may have paid PMI for 2017? <i>*If Yes, please provide all 1098's &amp; closing documents</i>			1098(s) Qty. <input style="width: 50px; height: 25px;" type="text"/>
<b>40)</b> Did you (or spouse) make payments on a mortgage that was <u>not</u> reported to you on form 1098? (land contract or other) <i>*If Yes, please provide name, address and TIN of the land contract holder:</i> <b>Name:</b> _____ <b>Address:</b> _____ <b>TIN/SSN:</b> _____			

### \*\*Higher Education Expenses

<b>41)</b> <b>**Please note: If you are claiming a deduction or tax credit for higher education expenses paid new regulations REQUIRE form 1098-T for all schools for which you are claiming tuition paid. Additionally new due diligence requirements require that in addition to the 1098-T you must provide proof of payment in the form of a statement from the school or cancelled checks and receipts for payments of tuition and qualified expenses (ie books etc.)</b>		
<b>42)</b> Did you pay any <u>Higher Education Expenses</u> that were not covered by scholarships or qualified tuition payment plans? <i>*Please provide all forms 1098-T, 1099Q and relevant records pertaining to the tuition paid</i>		

Client Last Name \_\_\_\_\_

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**Charitable Contributions – Cash & Non-cash**

	YES	NO
43) Did you (or spouse) make <u>CASH contributions</u> to a qualified charity? <i>*If Yes, please provide receipts or bank records of cash donations.</i>		
44) Did you (or spouse) make <u>NON-CASH contributions</u> to a qualified charity? <i>*If Yes, please provide receipt and "in good used condition" letter These amounts may not be "estimated" please provide specific detail of items donated!</i>		
45) Did you (or spouse) donate a vehicle to a qualified charity? <i>*If Yes, please provide statement from charity and form 1098-C.</i>		

**Client notes pertaining to Charitable Contributions – Cash & Non-cash**

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**\*\*Under tax regulations you acknowledge that you have a letter from the organization or a bank record of the donation reflecting the amount and date of the donation and that any non-cash items were in "good used condition" and that your donation receipt reflects that statement.**

**Other Deductions & Misc. Expenses**

	YES	NO
46) Do you (or spouse) have expenses from any of the following situations?*		
<i>a) Business related educational expenses? (not reimbursed)</i>		
<i>b) Job related travel &amp; entertainment expenses? (not reimbursed)</i>		
<i>c) Job related mileage expenses? (not commuting &amp; not reimbursed)</i>		
<i>d) Job related tools, uniforms, supplies, etc.? (not reimbursed)</i>		
<i>e) Investment advisory fees and or tax preparation fees?</i>		
<i>f) Gambling losses to the extent of winnings?</i>		
<i>g) Other expenses you feel may be deductible?</i>		
<i>*Please note expenses must exceed 2% of your gross income to be eligible for deduction</i>		

47) <b>If you are a Renter, please provide (MI Residents Only):</b> Landlord Name & Address _____ Number of months you paid rent for 2017: _____ Total amount of Rent for 2017: \$ _____		
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**Client notes pertaining to Other Deductions & Misc. Expenses**

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Client Last Name \_\_\_\_\_

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Other information you feel we should be aware of for your 2017 tax preparation:

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**For direct deposit of any available refund please attach a voided check or a copy of a check.**

**\*\*Deposits slips are not an acceptable substitute the IRS will reject the direct deposit information.**

*(Note with all the banking changes it is crucial that we have an updated copy each year)*

**If bank information is not provided (written and legible account and routing numbers) we will assume you would like a paper check for any refunds.**

**Please specify: Checking Account  Savings Account**

**Bank Name:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

If you have any further questions please contact your ATS Advisors office:

Headquarters

875 S Main St  
Plymouth, Michigan 48170  
734.454.4100 – Tel  
734.454.1300 – Fax

Down River

7915 Allen Road  
Allen Park, Michigan 48101  
313.388.7180 – Tel  
313.388.3216 – Fax

Livonia (Rea & Shoemaker)

35951 5 Mile Road  
Livonia, MI 48154  
734.462.6161 – Tel  
734.462.6059 – Fax

Northern Michigan

P O Box 627  
Grayling, Michigan 49738  
989.348.4055 – Tel  
989.792.1985 – Tel  
989.348.6451 – Fax

Oakland County

2310 E 11 Mile Rd  
Royal Oak, Michigan 48067  
248.399.7331 – Tel  
248.544.6160 – Tel (EA Schensky)  
989.792.8095 – Fax

Eastside

23000 Greater Mack Ave, Ste 500  
St. Clair Shores, Michigan 48080  
313.371.6600 – Tel  
586.859.7045 – Fax

**\*\* PLEASE REMEMBER TO SIGN THE ENCLOSED ENGAGEMENT LETTER \*\***

**\*\* AS WE CANNOT e-FILE WITHOUT THE SIGNED LETTER ON FILE \*\***

Client Last Name \_\_\_\_\_

ATS 2017 Tax Prep Organizer



www.atscpas.com

Headquarters

875 S Main St  
Plymouth  
Michigan 48170  
734.454.4100

Down River

7915 Allen Rd  
Allen Park  
Michigan 48101  
313.388.7180

Northern Michigan

P O Box 627  
Grayling  
Michigan 49738  
989.348.4055

West Metro

35951 5 Mile Rd  
Livonia  
Michigan 48154  
734.462.6161

Oakland County

2310 E 11 Mile Rd  
Royal Oak  
Michigan 48067  
248.399.7331

Eastside

23000 Gtr Mack Ave  
Ste 500  
St. Clair Shores  
Michigan 48080  
313.371.6600

**Engagement Letter  
2017 Tax Preparation**

As required by regulations and for purposes of clarity, we have included this engagement letter to confirm our understanding of the terms and objectives of the tax return preparation engagement and the nature and limitations of the services we will provide to you.

**Services Provided**

ATS Advisors will prepare the Federal, and any State and City, personal income tax return(s) for you for the calendar year ended December 31, 2017. We will prepare the return based on the records and other information you provide, and as we deem necessary. We will not perform any audit procedures to verify or corroborate the information supplied. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement. As such you are responsible for the accuracy of the information we use to prepare the returns, we are responsible for the accuracy of the preparation of the return. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns.

**Health Care and the Affordable Care Act –**

The individual mandate for health coverage has created an additional reporting requirement for all taxpayers required to file a return. If you purchased your insurance through the marketplace website you MUST have form 1095-A to complete your return.

**Charitable Contributions –**

You acknowledge that you have a letter from the organization or a bank record of the donation reflecting the amount and date of the donation and that any non-cash items were in **“good used condition”** and that your donation receipt reflects that statement.

**Foreign Bank Accounts and Specified Financial Assets –**

You acknowledge that you have fully disclosed the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

**Identity Theft and Additional Due Diligence –**

To combat identity theft and refund fraud the IRS regulations require you to provide additional personal information with regards to your tax filings, including a copy of your driver’s license, information pertaining to credits claimed for college tuition, child tax credits and earned income tax credits.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the

***(Please sign on reverse side)***



year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

**Other Work**

We are happy to assist you with questions relating to your return and simple matters that may arise after filing the return. Our engagement ends upon delivery of the tax return and payment for services. The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

**Payment Terms**

We will bill you our normal and customary fees for the tax preparation services provided. Accordingly, you will save expense if you provide complete, accurate, and organized accounting records. The fee is payable upon completion of the work, and is due before we will provide you with the return. We will notify you immediately of any circumstances we encounter that could significantly affect our normal fees and will not proceed without your consent.

If the tax services and terms outlined above are in accordance with your understanding of our engagement please sign and return the letter with your tax questionnaire and tax information.

Respectfully,



ATS Advisors  
A Certified Public Accounting Firm

**This engagement letter correctly sets forth our understanding of services to be provided:**

_____	_____
Taxpayer Signature	Spouse Signature <i>(if married filing jointly)</i>
_____	_____
Printed Name	Printed Name
Address: _____	
Cell Phone Number: _____	Cell Phone Number: _____
E-Mail Address: _____	E-Mail Address: _____

By signing this engagement letter, you acknowledge and agree that upon the expiration of the minimum Internal Revenue Service statutory requirement, we are free to destroy our records related to this engagement.

**\*\* PLEASE RETURN THE SIGNED ENGAGEMENT LETTER \*\***  
**\*\* WITH YOUR TAX INFORMATION. THANK YOU. \*\***