ATS advisors
A Certified Public Accounting Firm

www.atscpas.com

2018 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 your driver's license this year

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

PLEASE READ IT CAREFULLY.

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? **If **Yes**, please provide a copy of IRS or State notices*		
2)	Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return? **If **Yes**, please explain or attach documentation*		
3)	Is the address listed above a **NEW** primary residence for 2018? **If **Yes**, please provide date of move and closing documents related to this move.*		
4)	Did your marital status change in 2018? (Married, Divorced, Remarried) a) *If married or remarried, please provide spouse's DOB, SSN & Full Name.* b) *If divorced, please provide date and copy of decree.* **New Information:** ______________________________ ______________________________		
5)	**DAY CARE -** Did you pay <u>child care costs</u> for a dependent child under the age of 13? **If **Yes**, please provide statement from care provider including: name, address, federal ID # & amount paid .*		
6)	Did you provide over ½ of the support for another person (who is not your child, i.e. niece/nephew, stepchild)? **If **Yes**, please provide the following:* **Full Name**______________________ **DOB**______________ **SSN**______________		
7)	Do you have **dependents** for which a tax return may need to be filed?		
8)	Any other general information regarding your return filing status? *(Additional dependents, new spouse, name change, DOB, SSN, etc.)* **Additional information:** ______________________________		
9)	Did you (or spouse) make Estimated <u>**FEDERAL TAX**</u> Payments for 2018? **If **Yes**, please provide the following:* **Date** ____________ **Amount $**____________ **Date** ____________ **Amount $**____________ **Date** ____________ **Amount $**____________ **Date** ____________ **Amount $**____________		

Notes pertaining to General Return & Filing Information:

Health Care Information

		YES	NO		QTY
10)	If you purchased your insurance through the marketplace please provide form(s) **1095A.** ****Contact the marketplace if you did not receive a form and you were insured in 2018.*** ***(FORM 1095A IS REQUIRED TO COMPLETE YOUR RETURN)***			*1095A(s)*	
11)	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 2018 for all members of your household. *Policy#* ________________________ *Carrier#*______________________			*1095B(s)*	
	☐ *I/We had coverage for the entire year*			*1095C(s)*	
	☐ *I/We had coverage for* _____ *months*				
	☐ I/we had NO health insurance for entire year				
	☐ I/we are not required maintain coverage under an exemption? (If yes, please explain below)				
12)	Did you (or spouse) make HSA contributions or receive distributions? ****Please provide all 1099-SA forms***			*1099-SA*	

Client notes pertaining to Health Care Information

Income and Earnings Information (Standard)

		YES	NO		QTY
13)	Did you (or spouse) have Wages as an employee during the year? ****Please provide all W-2 forms***			*W-2(s)*	
14)	Did you (or spouse) receive interest from a bank account or other financial institution? *(include regular, tax exempt and bond interest)* ****Please provide all 1099-INT forms***			*1099-INT(s)*	
15)	Did you (or spouse) receive dividends from investments? ****Please provide all 1099-DIV forms***			*1099-DIV(s)*	
16)	Did you (or spouse) receive a state or local income tax refund, credit or offset of prior year? ****Please provide all 1099-G forms***			*1099-G(s)*	
17)	Did you (or spouse) receive or pay alimony during the year? **If **Yes**, please provide:* ***Ex-Spouses Name:*** ______________________________ ***SSN:*** ______________________________ ***Amount paid or received: $***______________________				

		YES	NO		QTY
18)	Did you (or spouse) operate a sole proprietorship, single member LLC or other unincorporated business during the year (Sch C)? ***If Yes, please provide detailed income and expense summary for each business.***			Download available @ atscpas.com	
19)	Did you (or spouse) sell stocks, securities or mutual funds? ***Please provide all 1099-B forms & cost basis info.***			*1099-B(s)*	
20)	Did you (or spouse) receive stock from a plan with your employer? ***Please provide 1099-B forms***			*1099-B(s)*	
21)	Did you (or spouse) sell or purchase a principal residence, 2nd home, timeshare, cottage, etc.? **If* ***Yes****, please provide date and closing documents.*				
22)	Did you (or spouse) receive payments from a pension, profit sharing or other employer sponsored plan? ***Please provide all 1099-R forms***			*1099-R(s)*	
23)	Did you (or spouse) receive payments from an IRA, Roth IRA or other qualified plan? ***Please provide all 1099-R forms***			*1099-R(s)*	
24)	Did you (or spouse) purchase, sell or have income from a rental property (Sch E)? ***If Yes, please provide detailed income and expense summary for each property.***			Download available @ atscpas.com	
25)	Did you (or spouse) receive unemployment benefits? ***Please provide all 1099-G forms***			*1099-G(s)*	
26)	Did you (or spouse) receive social security benefits? ***Please provide all 1099-SSA forms***			*1099-SSA(s)*	
27)	Did you (or spouse) have any gambling income during the year? ***Please provide all W-2G forms***			*W-2G(s)*	
28)	Did you (or spouse) acquire interests in or have income from partnerships or trusts? ***Please provide all K1 Forms 1065 or 1041***			*K-1(s)*	
29)	Did you (or spouse) acquire interests in or have income from S-Corporations? ***Please provide all K1 Forms 1120S***			*K-1(s)*	

Income and Earnings Information (Special)

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

Client notes pertaining to Income and Earnings Information (Special)

____

____

Adjustments to Income & Earnings

		YES	NO
31)	**Did you (or spouse) make contribution or get distributions from any of the following situations?**		
	a) *SEP or Simple IRA contributions (not IRA or Roth)*		
	b) *Self-employed health insurance premiums?*		
	c) *IRA or Roth IRA contributions? (not SEP or Simple)* **Form 5498**		
	d) *Student loan interest paid? (If **Yes**, please provide* **Form(s) 1098-E)**		

Medical Expenses

		YES	NO
32)	Did you (or spouse) pay medical expenses **out of pocket** that were neither reimbursed nor paid from a health savings account?* **Please note expenses must exceed **7.5%** of your adjusted gross income to be eligible for deduction.* ***Please provide a summary schedule of medical expenses not reimbursed or paid from an HSA.*** Download available @ atscpas.com		

Taxes – State & Local Income, Property and Personal

		YES	NO
33)	Did you (or spouse) make Estimated **STATE** payments for 2018? *If **Yes**, please provide the following:* **Date** ______________ **Amount $**__________________ **Date** ______________ **Amount $**__________________ **Date** ______________ **Amount $**__________________ **Date** ______________ **Amount $**__________________		
34)	Did you (or spouse) pay real estate taxes on any real property which you own? (Primary residence, 2nd Home, family cottage, timeshare, etc.) ****If Yes, please provide all tax bills for taxes you paid or were paid on your behalf***		
35)	Did you (or spouse) pay any personal property taxes based on the value of the personal property? (i.e. plate fees on autos, boats and other vehicles)		
36)	Did you (or spouse) pay any other taxes you feel may be deductible? ****If Yes, please provide details***		

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

____

____

Interest – Mortgage & Investment

		YES	NO		QTY
37)	Did you (or spouse) make payments on a 1st or 2nd mortgage, refinance or take out a home equity loan? **Home equity loans must be used for the purchase or improvements of the property**. ****Please provide all 1098 forms***			*1098(s)*	
38)	**RESERVED FOR FUTURE USE**				

		YES	NO	QTY
39)	Did you (or spouse) make payments on a mortgage that was not reported to you on form 1098? (land contract or other) **If **Yes**, please provide name, address and TIN of the land contract holder:* **Name:**___________ **Address:**___________ **TIN/SSN:**___________			

Higher Education Expenses

		YES	NO
40)	*****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 (i.e. books etc.)*		
41)	Did you pay any Higher Education Expenses that were not covered by scholarships or qualified tuition payment plans? ****Please provide all forms 1098-T, 1099Q and relevant records pertaining to the tuition paid***		

Charitable Contributions – Cash & Non-cash

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

Charity contributions worksheets are available at atscpas.com

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

____

____

****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
45)	Do you (or spouse) have expenses from any of the following situations?		
	a) *Gambling losses to the extent of winnings?*		
	b) *Other expenses you feel may be deductible?*		
46)	**If you are a Renter,** please provide **(MI Residents Only)***:* *Landlord Name & Address*___________ *Number of months you paid rent for 2018:*_____ *Total amount of Rent for 2018: $*_________		

Client notes pertaining to Other Deductions & Misc. Expenses

____

____

Other information you feel we should be aware of for your 2018 tax preparation

____

____

Direct Deposit of any refund(s)

		YES	NO
47)	Do you want your refund(s) direct deposited into your bank account?		
	If yes, **attach a voided check or copy of a check** *Deposit slips will not be accepted as they have a different routing number than checks.* *Due to constant banking changes this information is required every year ATS Advisors will not include prior year banking information If no banking information is provided you will receive a paper check*		
	Please specify: **Checking Account □** **Savings Account □** **Bank Name:**______________________ **Routing #:**______________________ **Account #:**______________________		

**** PLEASE REMEMBER TO SIGN AND INCLUDE THE ENGAGEMENT LETTER ****
**** AS WE CANNOT e-FILE WITHOUT THE SIGNED LETTER ON FILE ****

If you have any 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

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

Northern Michigan
1155 I-75 Business Loop
P O Box 627
Grayling, Michigan 49738
989.348.4055 – Tel
989.348.6451 – Fax

Oakland County
2310 E 11 Mile Rd
Royal Oak, Michigan 48067
248.399.7331 – Tel
989.792.8095 – Fax