



**PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS**

**INCOME**

- W2s
- 1099s: 1099-R (Retirement Distributions)  
 1099-INT (Interest Income)  
 1099-DIV (Dividend and Capital Gain Income)  
 1099-B (Stock Proceeds) - Please check to see if all sales have corresponding cost info  
 1099-MISC (Self Employment Income - ALSO FILL OUT BUSINESS INCOME/EXPENSE WORKSHEET)  
 1099-K (If you accept credit cards or Paypal from customers your credit card company will issue this)

- SSA (Social Security Income)
- 99G (Unemployment Received)
- K-1 (income from a partnership, s-corporation, estate, or trust)
- Alimony Received
- 1099-A and 1099-C (Debt Cancellation and Property Foreclosures)
- Rental Income – FILL OUT RENTAL WORKSHEET

Did you have > \$10,000 in foreign assets at any time during 2016?

- Yes     No

**DEDUCTIONS/CREDITS**

- 1098-T (Tuition Statement for College Education)
- Charitable Donations - Receipts are needed for all Charitable Donation Deductions Now
- Form 1098 Mortgage Interest Paid
- 1098-E Student Loan Interest Paid
- 1095-A, B, C Health Insurance Marketplace Statement

**OTHER IMPORTANT ITEMS**

- Settlement Statements for any Sale, Purchase or Refinance of properties
- Signed Engagement Letter and Filled out Worksheets (keep scrolling to find those!)
- Political Contribution Credit
- Copy of last year's taxes (only needed if a new client)
- For Corporations: Don't forget to bring Year End Balances on all Accounts and Loans. If you have Quickbooks or other accounting software, you can email this ahead of appointment

**ESTIMATED TAX PAYMENTS: DATE, PAYEE, AMOUNT**

DATE	FEDERAL	STATE	OTHER



<b>Date</b>		
<b>Taxpayer Name</b>	<b>Spouse's Name</b>	
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

Preparation of Your 2017 Tax Returns

Thank you for choosing Math LLC to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements by signing below.

We will prepare your 2017 federal and requested state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax return. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the forms required plus out-of-pocket expenses. Invoices are due and payable upon presentation. We will require payment prior to the completion of electronic filing of your tax return. We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax return will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal of your tax return (if e-filing). Review all tax return documents carefully before signing them.

If you receive a letter from the IRS, or other tax agency regarding a tax return that we prepared for you, we will do our best to help you resolve the issue. In the event of an extensive audit, we are able to represent you and hourly rates may apply.

If completing tax return at our office, we will be using the Practitioner PIN method of signing returns with a self-selected PIN number that acts as your electronic signature. Signing below verifies that you understand that you will be signing by this electronic and tree-saving method and will not physically sign the actual tax return. We will also provide a copy of your tax return via electronic methods or a paper copy depending on the method requested.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us with your tax info. We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Emily Kingan, Jenna Goldin, Amanda Wiles, Brian Frank, and Debbie Doyle-Clavon of Math LLC  
(Both spouses must sign for preparation of joint returns)

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

Date \_\_\_\_\_

Accepted By \_\_\_\_\_ Date \_\_\_\_\_



## TAX PREPARATION WORKSHEET

### PERSONAL DATA

<b>Taxpayer Name</b>	<b>Spouse's Name</b>
<b>SSN</b>	<b>SSN</b>
<b>DOB</b>	<b>DOB</b>
<b>Phone</b>	<b>Phone</b>
<b>Email</b>	<b>Email</b>
<b>Occupation</b>	<b>Occupation</b>
<b>Address</b>	
<b>City</b>	<b>State</b>
	<b>Zip</b>

### DEPENDENTS\*\*

DEPENDENT ONE	DEPENDENT TWO	DEPENDENT THREE
Name	Name	Name
SSN	SSN	SSN
DOB	DOB	DOB
Relationship	Relationship	Relationship
Daycare Expense	Daycare Expense	Daycare Expense
Daycare Name	Daycare Name	Daycare Name
Daycare SSN/Fed ID#	Daycare SSN/Fed ID#	Daycare SSN/Fed ID#
Daycare Address	Daycare Address	Daycare Address

### DEDUCTIONS

<b>Student Loan Interest:</b>	<b>IRA Contributions:</b> <input type="checkbox"/> IRA <input type="checkbox"/> ROTH <input type="checkbox"/> SEP	<b>Moving Expenses :***</b>
<b>College Tuition/Fees:</b>	<b>Investment Exp:</b>	<b>Employee Expenses:</b> (list on next page)
<b>Mortgage Interest:</b>	<b>Property Tax:</b>	<b>Mortgage Insurance:</b>
<b>Medical Expenses:</b>	<b>Health Insurance:</b> paid by employer	<b>Political Contribution:</b>
<b>Charity by Cash/Check:</b>	<b>Non-Cash Charity* :</b>	<b>Tax Prep Fees:</b>
<b>Alimony Paid:</b>	<b>HSA Contributions:</b>	<b>Union Dues:</b>

\*Please Bring Itemized Donation Receipts if Non-Cash Donations exceed \$500. For help valuing your donations, please look at [itsdeductible.com](http://itsdeductible.com)

\*\* May be your child, or other person living with you whom you support. If you support a parent, they do not need to live with you.

\*\*\* Only Applicable if you move more than 50 miles because of a job.

### DIRECT DEPOSIT INFORMATION

NAME OF BANK \_\_\_\_\_

9 DIGIT RTN# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

\*I have verified that the routing and account numbers listed above are where I want my Federal and State refunds directly deposited.

CUSTOMER SIGNATURE \_\_\_\_\_

### ADDITIONAL INFORMATION



# SELF-EMPLOYMENT INFORMATION SHEET

FOR CONTRACTORS, SMALL BUSINESS OWNERS, PARTNERS, OR EMPLOYEES WITH UNREIMBURSED EXPENSES:

NAME:

SSN/EIN:

BUSINESS NAME & ADDRESS:

## INCOME

TOTAL INCOME (BEFORE EXPENSES, DO NOT INCLUDE W-2 INCOME):

## COST OF GOODS SOLD

\*IF YOU HAVE INVENTORY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

INVENTORY ON JANUARY 1ST:

TOTAL PURCHASES:

OTHER COSTS DIRECTLY RELATED TO INVENTORY(i.e.packaging)

INVENTORY ON DECEMBER 31ST:

## EXPENSES

HOW MUCH DID YOU SPEND ON THE FOLLOWING?:

ADVERTISING (i.e. business cards, website, print ads, gifts)

COMMISSIONS & FEES(i.e. paypal fees, bank fees, etc)

CONTRACT LABOR (i.e. paying someone to help you)

DID YOU ISSUE ANY 1099S? Y/N

INSURANCE (Non-health i.e. liability, worker's comp, bonds)

DUES AND SUBSCRIPTIONS

BUSINESS INTEREST (i.e. business credit card, business loan)

LEGAL & PROFESSIONAL SERVICES (i.e. tax prep, lawyer fees, etc)

OFFICE EXPENSES (i.e. paper, pens, printing, etc.)

RENT OR LEASE (equipment, machinery, vehicles, etc.)

RENT(office outside home)

REPAIRS & MAINTENANCE (i.e. computer, plumbing, etc.)

SUPPLIES (items that have less than 1 year life)

TAXES & LICENSES (i.e. real estate, employer paid payroll taxes, permits, etc.)

WAGES (paid to employees, gross wages less payroll taxes)

LOCAL MEALS & ENTERTAINMENT (total):

UTILITIES (i.e. gas, electric, trash)

INTERNET

COST FOR YEAR:

BUSINESS-USE %:

CELL PHONE

COST FOR YEAR:

BUSINESS-USE %:

RESEARCH AND DEVELOPMENT:

OTHER EXPENSES:

EQUIPMENT AND TRAVEL ON BACK



### TRAVEL

DATES	LOCATION	MEALS	AIRFARE	LODGING	BUS/CAB	OTHER EXPENSES (baggage, etc)
		\$	\$	\$	\$	\$

### EQUIPMENT

(ITEMS OVER \$300 THAT WILL LAST MORE THAN A YEAR INCLUDING FURNITURE, COMPUTER, TOOLS ETC)

ITEM	DATE OF PURCHASE	COST	BUSINESS USE %

(IF 1st YEAR IN BUSINESS, INCLUDE VALUE OF ITEMS CONVERTED FROM PERSONAL TO BUSINESS USE)

### BUSINESS USE OF HOME

<b>DATE HOME OFFICE WAS PLACED IN SERVICE</b>	
<b>TOTAL SQUARE FOOTAGE OF HOME</b>	<b>SQUARE FOOTAGE USED SOLELY FOR BUSINESS</b>
<b>EXPENSES</b>	<b>TOTAL AMOUNT FOR HOUSEHOLD</b>
<b>INSURANCE</b>	
<b>RENT</b>	
<b>REPAIRS AND MAINTENANCE</b>	
<b>UTILITIES (GAS, ELECTRIC, TRASH, WATER)</b>	
<b>OTHER EXPENSES</b>	
<b>OTHER EXPENSES RELATED DIRECTLY TO HOME OFFICE (i.e. painting the home office)    AMOUNT AND TYPE OF EXPENSE</b>	



## AUTO EXPENSE INFORMATION SHEET

(USE ONE SHEET PER VEHICLE)

Fill out either the mileage or actual expense section, or both, and we can decide which is better.

NAME: \_\_\_\_\_

**TYPE OF VEHICLE:** \_\_\_\_\_

**DATE PLACED IN SERVICE** \_\_\_\_\_

**DO YOU HAVE ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?** \_\_\_\_\_

**WAS YOUR VEHICLE AVAILABLE FOR USE DURING OFF-DUTY HOURS?** \_\_\_\_\_

**DO YOU HAVE EVIDENCE TO SUPPORT YOUR DEDUCTION?** \_\_\_\_\_

**IF "YES," IS THE EVIDENCE WRITTEN?** \_\_\_\_\_

### MILES & EXPENSES

**COMMUTING MILES** (going back and forth to work): \_\_\_\_\_

**BUSINESS MILES** (meeting clients, picking up supplies, overnight business trips): \_\_\_\_\_

**OTHER MILES** (personal use, everything else): \_\_\_\_\_

**PARKING** \_\_\_\_\_

**TOLLS** \_\_\_\_\_

**INTEREST** \_\_\_\_\_

### FOR ACTUAL EXPENSES ONLY

**GARAGE RENT** \_\_\_\_\_

**GAS** (total for year) \_\_\_\_\_

**INSURANCE** \_\_\_\_\_

**LICENSES** \_\_\_\_\_

**OIL** (total for year) \_\_\_\_\_

**LEASE PAYMENTS** \_\_\_\_\_

**PROPERTY OR EXCISE TAX** (for Oregon this is on a new vehicle) \_\_\_\_\_

**TIRES** \_\_\_\_\_

**REPAIRS** \_\_\_\_\_

**OTHER EXPENSES** \_\_\_\_\_



## RENTAL INFORMATION

(USE ONE SHEET/RENTAL PROPERTY)

**NAME:**

**PROPERTY ADDRESS:**

DID YOU LIVE IN THE HOUSE THAT YOU RENTED?

IF YES, WHAT PERCENTAGE OF THE HOUSE DID YOU RENT?

### INCOME

**TOTAL RENTAL INCOME**

### EXPENSES

\*IF THE PROPERTY IS EXCLUSIVELY A RENTAL, THEN THE EXPENSES ARE DIRECT. HOWEVER, IF THE RENTAL IS ALSO USED FOR PERSONAL-USE, THEN THE EXPENSES ARE INDIRECT.\*

	DIRECT	INDIRECT
<b>ADVERTISING</b> (CRAIGSLIST, SIGNS, ETC)		
<b>AUTO</b> (MILES DRIVEN FOR SUPPLIES, REPAIRS, ETC)		
<b>TRAVEL</b>		
<b>CLEANING &amp; MAINTENANCE</b>		
<b>COMMISSIONS</b>		
<b>INSURANCE</b>		
<b>LEGAL &amp; PROFESSIONAL FEES</b>		
<b>MANAGEMENT FEES</b>		
<b>INTEREST - MORTGAGE</b>		
<b>INTEREST - OTHER</b>		
<b>REPAIRS</b>		
<b>SUPPLIES</b>		
<b>TAXES</b>		
<b>UTILITIES</b>		
<b>OTHER EXPENSES (I.E. HOMEOWNER'S DUES):</b>		

**MAJOR HOME IMPROVEMENTS (PLEASE EXPLAIN. i.e. APPLIANCES, FURNISHINGS, IMPROVEMENTS)**

DATE	DESCRIPTION	COST