

# Coastal Income Tax Services

(Formerly NELLIS Associates)

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## TAX CHECKLIST

If you obtained your health insurance through Covered California or other "Exchange Provider" you should receive a Form 1095-A. ***It is imperative that you provide it so your return can be completed properly. If you have not received the form, contact Covered California or your provider and request the form.*** For more information on this subject on this, please refer to page 14 of this Checklist.

This Checklist is designed to guide you through most of the issues commonly faced by taxpayers. Most of the tax legislation which occurred during the year has been incorporated into the Checklist. The use of the Checklist will result in your tax returns being prepared in the most thorough and accurate manner. Further, you can take advantage of several tax breaks and avoid oversights often resulting in "communication" from taxing authorities.

A good approach to using this Checklist is to start with page 2 and see what items apply to you. You will likely find that, while the list of items looks ominous, you may only need a few of the documents. Some of these documents are new for the year. As you go through the remainder of the Checklist, please complete all the areas which pertain to you.

Please feel free to ask any additional questions on a separate piece of paper

You may wish to supply your own supplemental statements in those instances where this Checklist does not provide sufficient space or when you have already compiled your information in a slightly different format.

If you would like additional Checklists, please go to our Website, [www.nellisassociates.com](http://www.nellisassociates.com) and click on "Tax Checklist." This will allow you to print extra copies.

The IRS has decreased its financial and personnel resources. This has resulted in an increase in computer audits as there is less and less human oversight. Additionally, when we answer a computer audit the staffing levels are so low that the IRS response time is significantly longer. The computers are looking for errors, oversights, inconsistencies and questionable deductions by taxpayers.

Before you get started, a few quick items to note:

- **ROUNDING:** Please round all figures to the nearest dollar.
- **DIRECT DEPOSIT OF REFUND:** If you anticipate a refund, it can be deposited directly into your checking account. If you wish to use Direct Deposit, please bring or send a copy of a check (not a deposit slip) so we can determine your correct bank, routing number and account number.
- **HELPFUL TO BRING:** A recent paycheck stub and your check register(s).
- **LAST YEAR'S TAX RETURN:** Please bring a copy of your previous year's Income Tax Returns if they were **NOT** prepared by Coastal Tax.

## Important Documents

We want to make every effort to ensure your tax return is not examined as a result of inconsistent reporting. Therefore, please bring (or send) the following:

**IF, DURING the year, YOU:**

**THEN, BRING (OR SEND) THIS:**

- |  |  |
|--|--|
| • Had income from wages, salaries or tips                | <i>W-2 Form (all copies)</i>   |
| • Earned interest (bank, credit unions, brokerage accts) | <i>1099-INT Form</i>   |
| • Earned dividends (stocks, mutual funds, etc.)          | <i>1099-DIV Form</i>   |
| • Received a tax refund from the State                   | <i>1099-G Form</i>   |
| • Sold stocks, bonds, mutual funds, treasuries           | <i>1099-B Form (also see page 4 of this Checklist)</i>                           |
| • Withdrew money from an IRA (including rollovers)       | <i>1099-R (all copies)</i>   |
| • Converted a traditional IRA to a Roth IRA              | <i>1099-R</i>  |
| • Received a pension or annuity                          | <i>1099-R (all copies)</i>   |
| • Received Social Security benefits                      | <i>SSA-1099 Form</i>   |
| • Received unemployment compensation                     | <i>1099-G Form</i>   |
| • Had lottery or gambling winnings                       | <i>1099-G Form</i>   |
| • Received income from a partnership, S-Corp or LLC      | <i>K-1 Form</i>  |
| • Received income from an estate or trust                | <i>K-1 Form</i>  |
| • Were self employed                                     | <i>All 1099 Forms you received</i>   |
| • Had miscellaneous income (royalties, prizes, etc.)     | <i>1099-MISC Form</i>  |
| • Received accelerated death benefits (terminally ill)   | <i>1099-LTC Form</i>   |
| • Received rents from real estate                        | <i>See page 8 of this Checklist</i>  |
| • Paid interest on a home mortgage (banks, etc.)         | <i>Form 1098 (all lenders)</i>   |
| • Paid interest on your home to the seller               | <i>Name, address &amp; Social Security # of seller</i>                           |
| • Received interest from a seller-financed mortgage      | <i>Name, address &amp; Social Security # of payor</i>                            |
| • Sold real estate (personal, rental or investment)      | <i>Settlement statements for both the purchase and sale of the property sold</i> |
| • Purchased real estate                                  | <i>Settlement statement for the property purchased</i>                           |
| • Refinanced property or took out an equity loan         | <i>Settlement statement for the new loan</i>                                     |
| • Were foreclosed upon                                   | <i>1099-A Form and 1099-C Form (if applicable)</i>                               |
| • Contributed to a Medical or Health Savings Account     | <i>5498-MSA Form</i>   |
| • Paid interest on a student loan                        | <i>1098-E Form (also see page 12 of this Checklist)</i>                          |
| • Paid tuition and fees for post secondary education     | <i>1098-T Form (also see page 12 of this Checklist)</i>                          |
| • Donated a car, boat or airplane to charity             | <i>Form 1098-C</i>   |
| • Have ACA (Obama-Care) health insurance supplement      | <i>Form 1095-A (also see page 14 of this Checklist)</i>                          |
| • Received something and have no idea what it is!!       | <i>Bring it along for diagnosis</i>  |

# Personal Information

**NAME**

Yours \_\_\_\_\_

Spouse \_\_\_\_\_

**STOP!!!** If you are a returning client of NELLIS Associates, and the information in the shaded areas below is the same as last year, you do not need to complete these shaded areas.

**SOCIAL SECURITY NUMBER:**

Yours \_\_\_\_\_ Spouse \_\_\_\_\_

**OCCUPATION:**

Yours \_\_\_\_\_ Spouse \_\_\_\_\_

**BIRTHDATE:**

Yours \_\_\_\_\_ Spouse \_\_\_\_\_

**LEGALLY BLIND?**

You YES NO

Spouse YES NO

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER(S)**

Home \_\_\_\_\_ Work \_\_\_\_\_

**DEPENDENTS:**

Name (first & last)	Date of Birth	Social Security Number	Relationship

All dependents must have Social Security numbers (no exceptions)

**NON-CALIFORNIA RESIDENTS (all or part year)**

If you or your spouse lived outside of California for any part of the year, please provide the following information:

I (we) moved from (state) \_\_\_\_\_ on (date) \_\_\_\_\_

to (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

The county I (we) lived in on December 31st, was \_\_\_\_\_.

**IRA CONTRIBUTIONS**

How much have you or your spouse contributed, or intend to contribute, to a traditional IRA (not a 401k, 403b or Roth IRA) for the calendar year?

You \$ \_\_\_\_\_ When? \_\_\_\_\_

Spouse \$ \_\_\_\_\_ When? \_\_\_\_\_

## Miscellaneous Information

### 1. ESTIMATED TAX PAYMENTS

If you made estimated tax payments for the year, list the dates and amounts below.

	Date Paid	Federal	State
Due around April 15,	_____	\$ _____	\$ _____
Due around June 15,	_____	\$ _____	\$ _____
Due around Sept 15,	_____	\$ _____	\$ _____
Due around Jan 15,	_____	\$ _____	\$ _____
 Overpayment applied from previous return		\$ _____	\$ _____

(I have this amount for returning clients)

### 2. OTHER INCOME

If you received income from any of the following, please list the amount:

2a. Alimony	\$ _____	2c. Royalties	\$ _____
2b. Jury Duty	\$ _____	2d. Other	\$ _____

Note: Income you may have received from bank interest, dividends, social security, rents, trusts, pensions, etc. should **not** be listed here. See page 2 of this Checklist as to what information is needed for these types of income.

### 3. SALES OF STOCKS, BONDS, MUTUAL FUNDS OR COMMODITIES

If you sold any stocks, bonds, mutual funds, commodities or other securities during the year, please complete all of the information below. Do not include sales of IRA investments or rollovers.

**IMPORTANT NOTE: (Please . . . Please . . . Please!!!)**

Unless you bought and sold the same security during the year, the year-ending statement from your brokerage firm will probably not have your purchase price. You will need to find your records regarding the purchase (**including re-invested dividends**) or call your broker for the information.

<u>Description</u>	<u># of Shares</u>	<u>Date Bought</u>	<u>Date Sold</u>	<u>Sales Proceeds*</u>	<u>Total Cost *</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* Commissions should be added to the Total Cost and subtracted from the Sales Proceeds

# Deductions

## MEDICAL EXPENSES (must exceed 10% of total income or 7½% if over age 65)

For you, spouse, dependents and registered domestic partner.

- 4a. Prescription medicines and drugs \$ \_\_\_\_\_
- 4b. Doctors, dentists and nurses \$ \_\_\_\_\_
- 4c. Hospitals and nursing homes \$ \_\_\_\_\_
- 4d. Health insurance premiums (incl. dental & vision/NOT Medicare) \$ \_\_\_\_\_
- 4e. Long-term care (nursing home) insurance premiums - you \$ \_\_\_\_\_
- 4f. Long-term care (nursing home) insurance premiums – spouse \$ \_\_\_\_\_
- 4g. Overnight lodging costs for medical attention \$ \_\_\_\_\_
- 4h. Medical transportation costs (airplane, taxi, bus, etc.) \$ \_\_\_\_\_
- 4i. Number of miles driven for medical attention \_\_\_\_\_
- 4j. Other medical expenses (such as):
 

X-Rays/Labs	\$ _____	Ambulance	\$ _____
Eye Glasses	\$ _____	Therapists	\$ _____
Clinics	\$ _____	Counselors	\$ _____
Chiropractors	\$ _____	Saline	\$ _____
Weight Loss-not food	\$ _____	Other	\$ _____
- 4k. Insurance reimbursements (if any) included in the above \$ \_\_\_\_\_

## TAXES (do not include taxes withheld on your W-2)

- 5a. Additional taxes paid with your 2014 STATE tax return \$ \_\_\_\_\_
- 5b. Property taxes paid on your personal residence \$ \_\_\_\_\_
- 5c. Property taxes paid on your second home (not rental property) \$ \_\_\_\_\_
- 5d. Taxes paid on vacant land \$ \_\_\_\_\_
- 5e. Personal property taxes paid (boat, airplane, etc.) \$ \_\_\_\_\_
- 5f. Sales tax paid on vehicle/boat/airplane \$ \_\_\_\_\_
- 5g. DMV Registrations - not including smog tests  
Please bring or send copies of your vehicle registration renewal or purchase contract of a new vehicle.

## MORTGAGE INTEREST

- 6a. Home mortgage interest paid to financial institutions  
(Please bring or send Forms 1098)
 

	1 <sup>st</sup> Trust	\$ _____
	2 <sup>nd</sup> Trust	\$ _____
	Equity Loan	\$ _____
- 6b. Private Mortgage Insurance (PMI) \$ \_\_\_\_\_
- 6c. Home mortgage interest paid to individuals \$ \_\_\_\_\_  
 Recipient's name \_\_\_\_\_  
 Recipient's address \_\_\_\_\_  
 If seller financed, Social Security # \_\_\_\_\_
- 6d. Interest paid on your 2<sup>nd</sup> home or land (if rental property, see page 8) \$ \_\_\_\_\_

## CHARITABLE CONTRIBUTIONS (not political)

In order to assist you as to the types of backup the IRS is looking for, I have provided a guide on page 14 of this Checklist.

- 7a. Number of miles driven for charitable or volunteer purposes \_\_\_\_\_
- 7b. Out-of-pocket expenses for charitable or volunteer purposes \$ \_\_\_\_\_
- 7c. Charitable contributions paid by cash, check or credit card \$ \_\_\_\_\_
- 7d. Charitable contributions made through automatic payroll deduction \$ \_\_\_\_\_
- 7e. Non-cash charitable contributions made (clothes, furniture, etc.)
 

Donated to: _____	Value	\$ _____
Donated to: _____	Value	\$ _____
Donated to: _____	Value	\$ _____

## Deductions (continued)

### MISCELLANEOUS

- 8a. Union dues \$ \_\_\_\_\_
- 8b. Professional dues \$ \_\_\_\_\_
- 8c. Tax preparation or tax consulting fees \$ \_\_\_\_\_
- 8d. Investment-related expenses (publications, fees, telephone, Internet, etc.) \$ \_\_\_\_\_
- 8e. IRA fees (if paid by separate check) \$ \_\_\_\_\_
- 8f. Safe deposit box rent \$ \_\_\_\_\_

### EDUCATIONAL EXPENSES (for job improvement only)

- 9a. Tuition, fees and registration \$ \_\_\_\_\_
- 9b. Books and supplies \$ \_\_\_\_\_
- 9c. Parking at school \$ \_\_\_\_\_
- 9d. Number of miles driven for educational purposes \_\_\_\_\_

### JOB HUNTING EXPENSES

- 10a. Resume preparation, printing and mailing \$ \_\_\_\_\_
- 10b. Employment agency fees \$ \_\_\_\_\_
- 10c. Long distance telephone expenses \$ \_\_\_\_\_
- 10d. Travel costs and lodging \$ \_\_\_\_\_
- 10e. Meals related to job hunting \$ \_\_\_\_\_
- 10f. Number of miles driven for job hunting \_\_\_\_\_

### EMPLOYEE BUSINESS EXPENSES (not reimbursed)

*NOTE TO SELF-EMPLOYED INDIVIDUALS:*

Do not list any expenses related to your self-employment here.  
Put that information on pages 9 and 10 of this Checklist.

- 11a. Vehicle Expenses: Use the "Automobile and Travel Expense Worksheet" (page 11)
- 11b. Travel Expenses: Use the "Automobile and Travel Expense Worksheet" (page 11)
- 11c. Business meals and entertainment \$ \_\_\_\_\_
- 11d. Job-related conference and seminar fees \$ \_\_\_\_\_
- 11e. Job-related licenses and renewals \$ \_\_\_\_\_
- 11f. Job-related insurance premiums (not life, health or disability) \$ \_\_\_\_\_
- 11g. Job-related books, journals, CDs and DVDs \$ \_\_\_\_\_
- 11h. Job-related long distance telephone and cellular charges \$ \_\_\_\_\_
- 11i. Job-related electronic supplies. \$ \_\_\_\_\_
- 11j. Job-related on-line subscriber & Internet fees \$ \_\_\_\_\_
- 11k. Supplies used in your job \$ \_\_\_\_\_
- 11l. Tools and equipment used in your job \$ \_\_\_\_\_
- 11m. Uniforms (not suits, ties, dresses, street clothes or regular civilian wear) \$ \_\_\_\_\_
- 11n. Uniform cleaning costs \$ \_\_\_\_\_
- 11o. Safety equipment for your job \$ \_\_\_\_\_
- 11p. Business gifts (cannot exceed \$25 per gift) \$ \_\_\_\_\_
- 11q. Professor and teacher classroom expenses \$ \_\_\_\_\_
- 11r. Other job-related expenses (list below) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

### GAMBLING LOSSES (read carefully)

- 12. Any losses you had from gambling? This amount cannot exceed the total gambling winnings you are claiming as income! \$ \_\_\_\_\_

**CASUALTY AND THEFT LOSSES**

13. Describe separately any losses, after insurance reimbursement, which exceed 10% of your total household income. Casualty losses are those resulting from thefts or casualties such as fire, earthquake, storms, accidents, etc. Theft losses need to have been reported to law enforcement authorities. If you have been a victim of a Ponzi scheme, bring all documentation and any applicable court rulings (Revenue Rule 2009-9).

**MOVING EXPENSES**

If either you or your spouse changed jobs or job locations AND moved during the year, please complete this section.

Number of miles from your former residence to your new job \_\_\_\_\_  
 Number of miles from your former residence to your old job \_\_\_\_\_  
 If the difference between the above 2 lines is less than 50 miles, do *NOT* continue with this section.

Transportation of Household Goods:

14a. Moving van or truck rental \$ \_\_\_\_\_  
 14b. Boxes, crates, packing materials, casual labor \$ \_\_\_\_\_  
 14c. Employer reimbursement for transportation of household goods \$ \_\_\_\_\_

Traveling Expenses:

14d. Travel costs and lodging (do not include meals) \$ \_\_\_\_\_  
 14e. Number of miles driven traveling to the new location \_\_\_\_\_  
 14f. Employer reimbursement for traveling expenses \$ \_\_\_\_\_

**SPOUSAL SUPPORT PAID**

If you paid spousal support (not child support) to a former spouse during the year, please provide the following information:

15a. Amount of spousal support paid in during the year. \$ \_\_\_\_\_  
 15b. Social Security number of the recipient of spousal support \_\_\_\_\_

**CHILD CARE EXPENSES (for children under 13)**

You must provide **ALL (please!)** the information below even if the expenses were paid by your employer through a dependent care program.

Name of Child	Provider's Name/Address/Phone #	Identification # *	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\* The identification number of the child care provider is either the Social Security Number (SSN) or the Employer Identification Number (EIN).

**ADOPTION EXPENSES**

If you incurred adoption expenses, either domestic or foreign, during the year, please contact us for some guidance. The tax laws regarding adoption expenses are too complex to be explained on this Checklist. Bring a copy of the final adoption or decree.

## Rental Property

(use additional pages if needed)

**ADDRESS OF PROPERTY**

A. \_\_\_\_\_  
 B. \_\_\_\_\_

	PROPERTY A	PROPERTY B	OTHER
<b>INCOME</b>	_____	_____	_____
<b>EXPENSES</b>			
Advertising	_____	_____	_____
Association Dues	_____	_____	_____
Cleaning/Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Gardening & Landscaping	_____	_____	_____
Insurance	_____	_____	_____
Legal/Professional Fees	_____	_____	_____
Licenses & Permits	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Mortgage Interest	_____	_____	_____
Painting/Decorating	_____	_____	_____
Pest Control	_____	_____	_____
Plumbing & Electrical	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Telephone	_____	_____	_____
Utilities	_____	_____	_____
Wages & Salaries	_____	_____	_____
Other Expenses	_____	_____	_____
Miles driven to property	_____	_____	_____

**Note:** If a property became a rental for the first time in during the year, please bring a copy of the most recent property tax bill. This will be needed to set up the depreciation schedule.



## Self Employment / Farm Income / General Partner / Limited Liability Co.

This should be completed by all individuals who received commissions, performed contracted services, were self employed, were general partners in a partnership, were managing members of an LLC or received farm income during the year. If there is more than one business, please copy this page and complete a separate form for each business.

### GENERAL INFORMATION

Type of Business \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Owner: \_\_\_\_\_  
 Employer I.D. # \_\_\_\_\_

### GROSS INCOME

Total Amount received for All Goods and Services \$ \_\_\_\_\_  
 (Do NOT include sales tax)

### COST OF GOODS SOLD

Inventory (or materials on hand) at start of year \$ \_\_\_\_\_  
 Purchases of inventory or materials during year \$ \_\_\_\_\_  
 Inventory (or materials on hand) at end of the year \$ \_\_\_\_\_

### EXPENSES

Accounting \$ _____	Postage/FedEx/UPS \$ _____
Advertising \$ _____	Printing & copying \$ _____
Answering service \$ _____	Professional dues \$ _____
Auto/Truck expense- see page 11	Public relations \$ _____
Bank service charges \$ _____	Publications \$ _____
Bookkeeping fees \$ _____	Rent \$ _____
Business meals \$ _____	Repairs/maintenance \$ _____
Commissions \$ _____	Security & alarms \$ _____
Consulting services \$ _____	Software \$ _____
Contractors \$ _____	Supplies \$ _____
Continuing education \$ _____	Taxes – business \$ _____
Employee benefits \$ _____	Taxes – payroll \$ _____
Entertainment \$ _____	Taxes – property \$ _____
Equipment rental \$ _____	Telephone/fax/cell \$ _____
Freight \$ _____	Temporary help \$ _____
Gifts (\$25 each max) \$ _____	Tools \$ _____
Insurance (not auto) \$ _____	Travel - see page 11 -
Interest (not auto) \$ _____	Uniforms & cleaning \$ _____
Janitorial services \$ _____	Utilities – office \$ _____
Legal fees \$ _____	Wages & salaries \$ _____
Licenses & permits \$ _____	Website related costs \$ _____
Major purchases - see page 10 -	On-line Services \$ _____
Office expenses \$ _____	

## RETIREMENT PLAN CONTRIBUTIONS FOR SELF EMPLOYED PERSONS

Amount you contributed, or plan to contribute, to your retirement plan:

SEP \$ \_\_\_\_\_ SIMPLE \$ \_\_\_\_\_ One person 401k \$ \_\_\_\_\_

I can help you determine the amount to get the greatest tax savings.

# Self Employment / Farm Income / General Partner / LLC (continued)

**MAJOR BUSINESS PURCHASES (over \$500) MADE IN THE YEAR**

**Description** \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_  
**Cost :** \_\_\_\_\_

**BUSINESS USE OF YOUR HOME**

Complete this section if you use a portion of your personal residence on a REGULAR AND EXCLUSIVE basis (strict requirement) for any one of the following purposes:

- A. It is your principal place of business where you perform administrative or management activities in that office AND there is no other fixed location where you do significant amounts of such work.
- B. The space is used to meet with clients, customers or patients on a regular basis.
- C. It is where you operate a day-care center.
- D. It is where you store inventory or product samples.
- E. If you are an employee, the office must be for the employer's convenience AND required by your employer as a condition of your continuing employment.

**Information:**

Total square footage of your home \_\_\_\_\_  
 Square footage of the portion of your home used for business \_\_\_\_\_  
 Total number of hours your home is used for business (day-care only) \_\_\_\_\_  
 Date you began using part of your home for business \_\_\_\_\_  
 Purchase price of your home \$ \_\_\_\_\_

If you began using your home for business during the year, bring a copy of your property tax bill for depreciation setup.

**Expenses for your Entire Home:**

Mortgage interest (all loans) \$ \_\_\_\_\_  
 Property taxes \$ \_\_\_\_\_  
 Insurance (including earthquake, flood and renter's insurance) \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Repairs and maintenance \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Homeowners' dues or Condominium Association dues \$ \_\_\_\_\_

**Expenses for the Business Portion of your Home:**

If you had expenses for just the business portion of your home, such as office painting, special plumbing or electrical, decorating, ventilation systems, etc., indicate the type and amount paid in the year.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**New Option for Business Use of Your Home**

There is a new simplified calculation for business use of your home. You may now use \$5 per square foot up to 300 square feet (this limits your deduction to \$1500). There is no recordkeeping of utility bills, maintenance, association dues etc. **Read on for Limitations:**  
 There is no deduction of direct expenses. Maximum deduction is only \$1500. No depreciation is allowed. I suggest you gather the usual information and let me determine the best method.

**HEALTH INSURANCE DEDUCTION (self-employed persons only)**

As a self-employed person, how much did you (or your spouse) pay out-of-pocket for health insurance, including dental, vision and long-term care?

(Do not include life or disability insurance).

YOU \$ \_\_\_\_\_  
 SPOUSE \$ \_\_\_\_\_  
 DEPENDENT CHILD \$ \_\_\_\_\_

## WHEN TO USE THIS WORKSHEET

Use this worksheet if either #1, #2 or #3 below applies. Circle which situation applies to you.

- #1 As an employee, you traveled or used your personal vehicle for company business and:
  - a. You were not fully reimbursed for your expenses, or
  - b. Your reimbursement is included in your W-2 as income.
- #2 You are self employed and you used your personal vehicle in the conduct of your business.
- #3 As an employee you traveled between more than one job location on the same day.

## INFORMATION

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Driver of vehicle for business	_____	_____
Year and make of vehicle	_____	_____
Miles driven for ALL purposes	_____	_____
Business miles driven *	_____	_____
* Note: Do not include miles driven to and from work as business miles.		
Original cost of vehicle	\$ _____	\$ _____
Month and year vehicle was first used in business	_____	_____
Parking for business purposes (no parking tickets!)	\$ _____	\$ _____
Toll road/bridge fees for business purposes	\$ _____	\$ _____

Before continuing, be aware the IRS allows a standard mileage rate of 54 cents per mile in lieu of documenting your actual vehicle expenses. Complete the "Vehicle Expenses" section below if:

1. You have deducted actual expenses on the same vehicle before.
2. You wish us to calculate the method which is most beneficial to you.

Note: The current IRS for 2016 mileage rate is 54 per mile.

## VEHICLE EXPENSES

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Gasoline, lube and oil changes	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Tires	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Registration	\$ _____	\$ _____
Smog or air pollution certification fees	\$ _____	\$ _____
Interest on automobile loan	\$ _____	\$ _____
Lease payments	\$ _____	\$ _____
Auto Club dues or roadside service fees	\$ _____	\$ _____
Car washes or detailing expenses	\$ _____	\$ _____

## TRAVEL EXPENSES (which were not reimbursed)

Name of person	_____ □ _____		
Overnight lodging	\$ _____	\$ _____	\$ _____
Airfare	\$ _____	\$ _____	\$ _____
Local transportation (taxi, bus, train, subway, rental car)	\$ _____	\$ _____	\$ _____
Tips (taxi drivers, busboys, luggage handlers, etc.)	\$ _____	\$ _____	\$ _____
Other travel expenses (please list)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Meals related to overnight travel, please provide a list of dates and cities where you stayed overnight to conduct business

## Other Deductions & Credits

### STUDENT LOAN INTEREST

Did you pay interest on a student loan? YES NO If Yes, How much? \$ \_\_\_\_\_

Note: You probably will receive a Form 1098-E or a letter from the student loan service bureau which tells you the amount of student loan interest you paid.

### EDUCATION CREDITS

Tuition and fees paid in during the first 4 years of college:

Student's name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Tuition, fees, books and supplies paid in the year for any year in college:

Student's name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Tuition and fees paid in the year for other post secondary education:

Student's name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Helpful Hint: You may receive a Form 1098-T issued by the educational institution. You can also search "1098T.com" for tuition paid.

Note: Housing, travel, activity fees, phone calls and pizza may count.

### VEHICLE CREDIT

There are currently only 2 vehicle credits and they are only for electric vehicles.

- Code Section 30B Credit. These are for qualified fuel cell vehicles or plug in electric conversions.
- Code Sections 30D Credit. This credit is available for qualified plug-in electric drive motor vehicles, typically the Nissan Leaf, Chevy Volt and certain Toyota Rav-4.

Be aware you must be the original owner of the vehicle for any of the credits.

### ENERGY CREDITS

The energy credits have been extended until 2016 and the credits are lower than in the past. The limit is 10% of the amount up to \$5000. The credit is typically for insulation materials, certain exterior doors and windows, qualified roofing, skylights, etc. This does not include appliances. This credit is tricky, but if you think you qualify, please provide information from your licensed contractor and/or manufacturer.

### SOLAR CREDITS

There are still solar credits available until 2017. Your licensed contractor should be able to identify what credits for which you qualify.

### ACTIVE MILITARY DUTY CREDIT

Were you and/or your spouse on active military duty serving in the combat zones of the Arabian Peninsula, Afghanistan, Bosnia, Kosovo and Herzegovina/Croatia/ Macedonia? YES NO

### RENTER'S CREDIT (CALIFORNIA ONLY)

Did you pay rent for at least 6 months in the year on property which was your primary residence? (Includes space rent on a mobile home but not college dorms or second homes). YES NO

### ALTERNATIVE MINIMUM TAX

Congress has lowered the Alternative Minimum Tax by indexing the amount but does not seem interested in any significant reduction of this tremendous tax generator.

## Miscellaneous Information

### DOMESTIC WORKER INFORMATION

Did you pay any *ONE* domestic worker over the age of 17, \$1900 or more? YES NO  
 If yes, bring all your payroll information, a schedule of when payments were made and payroll reports you have filed. Also bring your Employer ID Number (not Social Security #)

### INTERNET SALES

The IRS is continuing to somehow tax Internet sales. At this point they are interested in eBay/PayPal link. The current situation is third-party organizations (i.e. PayPal) are required to report third-party payments to the account of a participating payee. This will be reported on a 1099-K which will be sent to you. Make sure you bring (or send) the K-1 to me.

### FOREIGN INVESTMENT ACCOUNTS

As a result of monies connected to laundering, drug trafficking and 9/11 terrorist activities, the Federal government has taken an increased interest in taxpayers with income from foreign and off-shore accounts. Foreign Bank and Financial Accounting Reporting (FBAR) will be required for more individuals. If you have an interest in or a signature or other authority over a financial account in a foreign country, and the account level exceeds \$50,000 at any time during the year, you are required to file Form TD F 90-22.1. This is not filed with your income tax return, but is mailed separately to the Treasury Department in Detroit. The due date for the filing is June 30<sup>th</sup>. The government seems to be getting tough on this. The penalty is \$10,000 for not filing on time and \$10,000 per month thereafter up to \$50,000 maximum. Please be aware if this may apply to you.

### FORECLOSURES

If the loan balance on your home was larger than any reasonable sale price for the property (called "upside down"), and you stopped making payments, one of the following probably occurred; Foreclosure, Short Sale or Voluntary Reconveyance. It is likely you will receive a Form 1099-C (Cancellation of Debt) or Form 1099-A (Abandonment). This means the government may want you to pay taxes on the difference between the loan amount and the value of your home. Please make sure you bring these documents, as many are wrong.

## California Residents Only

### SAME SEX MARRIAGE (DOMA)

Were you a partner in a same-sex marriage occurring between June 16, 2008 and November 4, 2008 or after June 26, 2013? I can help you with specific filing requirements. There are many tax implications as of a result of the DOMA legislation. States other than California have their own filing requiring requirements. YES NO

### MANDATORY USE TAX RETURNS

Starting in September 2009, "Qualified Purchasers" are required to first register and then file annual use tax returns with the State Board of Equalization (SBOE). The SBOE has been sending out letters to "Qualified Purchasers." Many of clients have received such letters and I have filed separate returns for them. Should you need help with a response, please let me know and bring me any correspondence from SBOE. According to the State, a "Qualified Purchaser" is one who is 1) A self employed person who receives \$100,000 in gross receipts; 2) A self employed person who does not have a seller's permit; 3) A self employed person who is not registered with the SBOE to report use tax. I think this is a very aggressive program by the State to generate revenue. Be careful!

## HEALTH CARE REFORM

On March 23, 2010 President Obama signed an act addressing comprehensive health reform. This law added Section 5000E to the Internal Revenue Code. This original law and its subsequent changes are the most sweeping health care reforms in the history of the United States. This is known as Affordable Care Act (often referred to Obama-Care).

Most people see this new law as a just a change in health care. However, the impact on your income taxes could be important and an increase in taxes.

Let me try to address those who will not generally have their taxes affected by this new act:

- Taxpayer covered (& spouse if applicable) covered by Medicare.
- Taxpayer covered (& spouse if applicable) covered by health insurance for entire year.
- Taxpayer covered for 9 consecutive months by health care insurance.
- Indian tribe membership, health care ministry membership, sect membership, in prison, exempt non-citizen, economic hardship. (if you received any of exempt certificates, please bring).

Those who may very well be affected by the new tax laws:

- Taxpayer who received premium assistance through the insurance exchange.
- Taxpayer who received a Form 1095-A from the Health Insurance Market Place
- Taxpayer who had no health insurance from any source.

## CHARITY GUIDELINES

The following is a guideline for substantiation and documentation for charitable contributions:

### **Cash Donations:**

Under \$250 Given at One Time – *Either a written receipt from the charity, a cancelled check, a credit card statement or a bank record proving payment.*

Over \$250 Given at One Time – *Both a written receipt and proof of payment.*

### **Non-Cash Donations:**

Under \$250 Given at One Time – *Written acknowledgement from the charity unless impractical to obtain one.*

More than \$250 and Less than \$5000 Given at One Time – *Written acknowledgement from the charity.*

Over \$5000 given at One Time – *Written acknowledgement from the charity and a written appraisal.*

Motor Vehicles – *Form 1098-C from the charity.*