Curran's Tax Service
rod@curranstax.com 765.362.2522
fax 765.362.1482 2106 Indpls Rd, Crawfordsville IN 47933

CLIENT INFORMATION SHEET

TAX YEAR 2017

YOUR INFORMATION

Your Full Name | Social Security Number | Birth Date | Occupation in 2017

SPOUSE'S INFORMATION

Spouse's Full Name | Social Security Number | Birth Date | Occupation in 2017

ADDRESS & CONTACT INFORMATION

Address | City | State | Zip

Best Phone | 2nd Phone | Email Address

County of Residence January 1, 2017

Please provide DL for ease in State filings and identity protection.

US Citizen/Resident Alien/Non-res. Alien
Please Circle That Which Applies

FILING STATUS

Marital status at the end of 2017

☐ Single ☐ Married ☐ Divorced: year _____

If married, did you live apart from your spouse during the last 6 months of 2017?

☐ Yes ☐ No

By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies your spouse did not live with you during the last 6 months of the year, such as a lease agreement, utility bills, a letter from a clergy member, or a letter from social services.

Can you be claimed as a dependent on someone else's tax return?

☐ Yes ☐ No

Did you pay for over half the cost of keeping up your home during 2017?

☐ Yes ☐ No

Upkeep expenses include rent, utilities, food eaten in the home, mortgage interest, real estate taxes, and insurance on the home. If you use payments you received under any public assistance program to pay for part of the cost of keeping up your home, you cannot count them as money you paid. However, you must include them in the total cost of keeping up your home to figure if you paid over half the cost.

By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.

DEPENDENTS

First Name	Last Name	Birth Date	Social Security Number	Relationship to You	# Months Lived with You 2017	Claiming for 2017 ?

If requested by the IRS, can you provide documentation that shows evidence of the relationship between you and each of your dependents listed above (birth certificates, marriage certificates, court documents, letters from authorized placement agencies, etc.)?

☐ Yes ☐ No

If requested by the IRS, can you provide evidence that each of your dependents lived with you for the number of months stated above during 2017 (school, medical, childcare provider, social service records, etc.)?

☐ Yes ☐ No ☐ **I have daycare expenses** Care provider name & Fed ID #

REQUIRED INFORMATION FOR DEPENDENTS

If you are claiming a dependent child on your tax return, in order for us to meet certain requirements set forth by the IRS, you are required to accurately and thoroughly answer all questions listed below. If applicable, be sure to provide a detailed explanation for each child you are claiming. Your tax preparer will review each question that pertains to your situation during the preparation of your tax return.

Are you claiming a child who was between 19 and 23 years of age at the end of 2017 and a full-time student for any part of five calendar months during 2017? If yes, please list the educational institution and the months attended by the child as a full-time student.

☐ Yes ☐ No If "Yes", which ones?

_____ Year in College (Freshman, Sophomore, etc) **1098T req.**

Was a student convicted of a felony for possession or distribution of a controled substance in 2017?
☐ Yes ☐ No

Are you claiming a child who is permanently and totally disabled? If requested by the IRS, can you provide documentation that verifies the child is permanently and totally disabled, such as a note from a doctor, healthcare provider, or social service program?

☐ Yes ☐ No

Did any of the dependents you are claiming earn more than $4050 in wages in 2017?

☐ Yes ☐ No If "Yes", which ones?

Can anyone else claim any of your dependents? * Indicate if someone else can claim any of your dependents for Earned Income Credit

☐ Yes ☐ No If "Yes", which ones? Will they try to claim this dependent? ☐ Yes ☐ No

Are you claiming a child who lived with any other adult relative for more than half the year during 2017? If yes, please list each adult relative who lived in the same home as the child for more than half the year, their relationship to the child. **TIE-BREAKER RULES MAY APPLY**

☐ Yes ☐ No

Are you claiming a child who is not your own son or daughter? If yes, please explain why the parents of the child are not claiming the child.

☐ Yes ☐ No *Proof of residence may be required*

Have you ever had Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, or American Opportunity Credit disallowed or reduced in a previous year? Have you filled out the required recertification form?

☐ Yes ☐ No **EIC CANNOT BE CLAIMED UNLESS CHILD RELATIVE LIVED WITH TP MORE THAN HALF THE YEAR**

TAX PREPARER'S NOTES

HEALTH CARE COVERAGE INFORMATION

In the table below, please provide accurate and thorough health care coverage information for 2017 for each member of your tax household. As a reminder, you and each member of your tax household are required by law to either have basic health insurance for the entire year, qualify for a coverage exemption, or pay a penalty when you file your Federal tax return. Be sure to tell us if you opted out of health insurance offered through your employer.

Family Member	Coverage All of 2017	Coverage Part of the Year (List Months During 2017 with Coverage)	Type of Health Care Coverage (See Types of Qualifying Coverage Below)	No Coverage in 2017
You	☐	☐		☐
Your Spouse	☐	☐		☐
Your Dependents (List Each)				
(1)	☐	☐		☐
(2)	☐	☐		☐
(3)	☐	☐		☐
(4)	☐	☐		☐
(5)	☐	☐		☐

Types of Qualifying Health Care Coverage

- Employer or Job-Based Plan
- Marketplace or Exchange Plan
- Plan purchased directly from an insurance company
- Student Health Plan purchased at a college or university
- Medicare
- Medicaid/CHIP
- TRICARE
- VA Health Program

EXEMPTIONS FROM HAVING HEALTH CARE COVERAGE

If you or any other member of your tax household went without qualifying health care coverage at any time during 2017, do any of the following exemptions apply?

		Prep Code
Received an exemption from the Marketplace because of financial or personal hardship, religious conscience, etc. Must provide the Exemption Certificate Number received from the Marketplace.	☐	
Would have been required to pay more than 8% of household income for the lowest cost coverage available. Must provide documentation from your employer or the Marketplace (if not eligible for employer coverage) showing the premiums you would have paid each month for the lowest cost coverage available to you and/or your family.	☐	A/G
Went without coverage for less than 3 consecutive months.	☐	B
Lived abroad, or not a citizen of the U.S.	☐	C
Member of a health care sharing ministry.	☐	D
Member of a Federally-recognized Indian tribe.	☐	E
Incarcerated following a conviction.	☐	F
Enrolled in a limited benefit Medicaid or TRICARE program.	☐	H
Eligible for coverage under an employer plan with a plan year that started in 2013 and ended in 2017.	☐	H
Purchased a Marketplace plan during initial open enrollment and had a coverage gap at the beginning of 2017.	☐	G
Found to be eligible for CHIP during initial open enrollment and had a coverage gap at the beginning of 2017.	☐	G
Eligible for services through an American Indian health care provider.	☐	E

RECEIVING YOUR REFUND

If you are due a REFUND would you prefer ☐ Check mailed to my address ☐ Direct deposit to my bank

Bank Name _____ Checking ☐

Routing # _____ Account # _____ Savings ☐

DURING 2017, DID YOU OR YOUR SPOUSE...

☐ Live or work in any other states? If yes, please explain:

Receive any of the following?

- ☐ Wages or salaries
- ☐ Unemployment compensation
- ☐ Social Security benefits
- ☐ Disability from Insurance/VA
- ☐ Gambling winnings
- ☐ Pension, annuity, IRA, or retirement income
- ☐ Interest on savings or stock dividends
- ☐ Cancellation of debt by a lender
- ☐ Self-employ, Farm income or a 1099-MISC
- ☐ Advance Premium Tax Credit (Form 1095-A)
- ☐ Rental Income – Received from a relative? ☐ Yes ☐ No

Make payments for any of the following?

- ☐ Real estate taxes
- ☐ Home mortgage
- ☐ Charitable donations
- ☐ Fed estimated taxes Per Quarter:
- ☐ Student loan interest
- ☐ College tuition
- ☐ Vehicle excise tax _____
- ☐ State estimated taxes Per Quarter:

RENTERS

- ☐ Rent you paid per month _____
- Number of months in 2017 _____
- Landlord Name & Address _____

Other

☐ Do you/your spouse have a Health Savings Account? (HSA) Family or individual plan? Were all withdrawals for Medical Expenses? _____

BUSINESS USE OF AUTOMOBILE MILEAGE

When did you place your vehicle into service for business purposes? Year _____
Enter miles in appropriate spaces Business_____ Personal_____ Commute_____
Was your vehicle available for use during off duty hours? YES NO
Do you or your spouse have another vehicle available for personal use? YES NO Do you have written evidence to support your deduction? YES NO

TERMS OF ENGAGEMENT

We will prepare your Federal and State income tax returns using information that you provide.
We may ask for clarification of some items, but we will not audit or otherwise verify the information you give to us.

YOUR RESPONSIBILITIES

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

OUR RESPONSIBILITIES

We are responsible for taking the information given to us by you and ensuring your tax returns are accurate to the best of our knowledge. We are also responsible for the timely electronic filing of your tax returns.

During our engagement with you, we may provide you with an estimated refund date. We do not however have any influence over the IRS or State issuing your refunds. These taxing authorities do not guarantee a specific date that a tax refund will be issued.

Your tax returns may be selected for audit by a taxing authority. In the event of a tax examination, we can arrange to assist you with any correspondence or communication that is initiated by the IRS or State.

It is our policy to keep records related to this engagement for 3 years. However, we do not keep any of your original records, so you should retain these records in secure storage. Upon the expiration of the 3 year period, we are free to destroy our records.

In the event of a complaint related to the services we provide, we agree to discuss the complaint, and if necessary, to take action in a good faith effort to resolve the complaint.

All information I have given is true and correct to the best of my knowledge. I also agree to and accept the Terms of Engagement.

Your Signature _____ Spouse's Signature _____ Date _____