

Hello – The tax season is here! To help you take advantage of all possible tax-saving opportunities, we've enclosed our 2017 Income Tax Checklist with this packet.

**A more comprehensive version is available** by request. Please let us know at your earliest convenience.

**IMPORTANT REMINDERS:**

- You must sign and return the attached **Client Engagement Agreement**.
- Be sure to **provide all local tax forms** you receive from your municipal authority.
- **New clients:** Please list all family birthdates, and provide a copy of last year's return.
- If you made **estimated tax payments**, please provide amounts and dates paid.
- Be complete, and provide documentation **when requested** to support entries.
- If you expect to receive **investment-related 1099/K1 forms**, please wait until you have all forms before submitting tax materials to us. *Could be as late as March!*

**IF YOU OWN A BUSINESS OR RENTAL PROPERTY:**

- Provide QuickBooks or other accounting file used to record revenue, expenses, assets, and liabilities. Include your December 31, 2017, bank statement, accounts payable and receivable, and inventory information (as applicable). PDF worksheets are available by request.

**DELIVERY OF INFORMATION:**

- It is not necessary to schedule an appointment if you are a current client with no significant changes since last year. If you feel an appointment is necessary, please contact us. Otherwise, simply mail or deliver your information to either location:

**Lancaster Office: 245 Butler Avenue, Suite 218, Lancaster, PA 17601**

**Akron Office: 359 South 7th Street, Akron, PA 17501**

**IMPORTANT DEADLINES AND EXTENSION ISSUES:**

- April 1, 2018, is the final date in which information will be accepted to assure a timely filing of your tax return. Returns received later may require filing for an extension. **If you need us to file an extension for you, you must alert us!**

**PAYMENT FOR OUR SERVICES:**

Payment is due upon receipt. If preferred, we accept Visa and MasterCard payments. If you have any financial hardship, please let us know in advance. We will be happy to establish a payment plan for you.

Do you know someone who might benefit from our services? We would appreciate your personal referral. *Thank you for choosing Cloister Group to serve you.*

# ENGAGEMENT AGREEMENT



**IMPORTANT: THIS AGREEMENT MUST BE SIGNED AND RETURNED WITH YOUR TAX PACKET.**

## Our Responsibilities

Cloister Group, sole practitioner, will be responsible for preparing your Federal, State and Local Income Tax Returns, as well as next year's quarterly tax estimates, if applicable. We will complete these returns using the information you provide to us. For your convenience, we will file your returns electronically at no additional charge.

Although we may ask for clarification regarding certain information, we will not be verifying any details. If your returns are later selected for review or audit by a taxing authority, we can be available to assist or represent you if you desire. Fees for such services, if any, can be agreed upon at that time.

## Your Responsibilities

It is your responsibility to provide all necessary information related to income and deductions. Except where noted on the Income Tax Checklist provided, you DO NOT need to submit all related documentation to us; however, you must keep these records to substantiate claims. We advise clients to keep these documents stored safely for at least 4 years.

Filing your returns by the appropriate deadline is ultimately your responsibility, so it is important that you respond to all tax preparation inquiries in a timely manner.

It is your responsibility to pay our invoices and your tax liabilities, if any, on a timely basis.

## Expectations

We will complete your return with the level of competence expected of a tax professional following the laws governing your returns. Taxing authorities expect returns to be filed accurately and on time. You have the right to file your return in a manner that will result in the lowest legal tax liability.

## Fees

Our fees for preparation of your returns are based upon our standard billing rates, plus out-of-pocket expenses, if any. Our invoices are due and payable upon receipt.

## Acceptance

If this is in agreement with your understanding of our engagement, please sign and return.

Accepted by:	X _____ Taxpayer Signature	X _____ Spouse Signature
	_____ Print Name Clearly	_____ Print Name Clearly
	_____ Date	_____ Date

# 2017 INCOME TAX CHECKLIST



**THANK YOU FOR CHOOSING US!:** How did you hear about us? \_\_\_\_\_

**ENGAGEMENT LETTER:** Did you sign and return the engagement letter provided with your tax-year organizer?  Yes  No, send me one.

**COMPLETED RETURNS:** When ready, should tax documents be:  Mailed back?  Held for pick up?

## Personal Information Best way to contact: Phone Mobile Email

Name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Mobile: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Township: \_\_\_\_\_ School District: \_\_\_\_\_

## Changes Since Last Year Check here if details are all the same as last year:

Did your marital status change, or were there any changes in dependants? Please note changes:

New Child? Name: \_\_\_\_\_ M/F Birthday: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Please provide a copy of the SSN card.)

Marriage? Name: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Please provide a copy of the SSN card.)

Move? Previous Address: \_\_\_\_\_ Date of Move: \_\_\_\_\_

If any dependant(s) filed his/her own return, did he/she mark the return to indicate that "someone else can claim him/her as a dependant"?  Yes  No

Did you buy/sell real estate, or refinance your current address, during the year?  Yes  No  
(If yes, provide Settlement Sheet.)

Please list any other issues you think we should consider as part of your tax filing preparation:  
\_\_\_\_\_

## Refunds

If you have an overpayment of taxes for 2017, do you want the excess applied to estimated taxes needed for 2018?  Yes  No, request refund.

If you request a refund, do you want the refund direct deposited?  Yes  No

If yes, bank name is: \_\_\_\_\_ Account Type:  Checking  Savings

Account#: \_\_\_\_\_ Routing#: \_\_\_\_\_

(For accuracy, you may wish to provide a voided paper check, or you may check here  if all banking info is the same as last year.)

## Estimated Taxes Paid

If you paid estimated quarterly taxes during the year, it is important to detail all payments made:

FEDERAL		STATE		LOCAL	
Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1st	\$	1st	\$	1st	\$
2nd	\$	2nd	\$	2nd	\$
3rd	\$	3rd	\$	3rd	\$
4th	\$	4th	\$	4th	\$

List other amounts paid, if applicable: \_\_\_\_\_

## Income

Please indicate and provide any of the following documents you may have received:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Employment (W-2)          | <input type="checkbox"/> IRA Distributions (1099-R) | <input type="checkbox"/> Unemployment (1099-G) |
| <input type="checkbox"/> Interest (1099-INT)       | <input type="checkbox"/> Pensions (1099-R)          | <input type="checkbox"/> Social Security (SSA) |
| <input type="checkbox"/> Dividends (1099-DIV)      | <input type="checkbox"/> Partnerships K-1           | <input type="checkbox"/> Gambling Income (W2G) |
| <input type="checkbox"/> Tax Refunds (1099-G)      | <input type="checkbox"/> S-Corp K-1                 | <input type="checkbox"/> Other Income _____    |
| <input type="checkbox"/> Investment Sales (1099-B) | <input type="checkbox"/> Estate/Trusts K-1          | _____  |

Did you have any credit card or other debt cancelled, forgiven or refinanced?  Yes  No  
 (If yes, provide Form 1099A or 1099C.)

## Child/Dependent Care Credit

Please provide a statement from your child care provider which lists the provider's name, address, and tax identification number.

## Health Care Information

Please provide Form 1095-A, B, C, or exemption certificate.

## Education Expenses

Please provide Form 1098-T issued by the student's school. In order to take advantage of education expense deductions/credits, **you must provide this form.**

\$ \_\_\_\_\_ Contributions to Educational IRA, 529 Plan, or Qualified Tuition Plan (Provide Form 1099-Q)  
 \$ \_\_\_\_\_ Interest Paid on Student Loan(s)

## Foreign Matters

Did you or your spouse work outside the US, or pay any foreign taxes?  Yes  No

Did you or your spouse own, or have signature authority over, a financial account in a foreign country (bank account, securities account, or other financial account)?  Yes  No

Did you or your spouse own any "specified foreign assets" with an aggregate value greater than \$50,000?  Yes  No

For reporting purposes, such assets include any depository, custodial, or other financial account maintained by a foreign financial institution, foreign-issued stock or securities, foreign-issued financial instruments or contracts held for investment, or any interest in a foreign entity. You do NOT need to include assets held in a custodial account with a US financial institution.

Did you or your spouse receive a distribution from, or were you grantor of, or transferor to, a foreign trust?  Yes  No

## Employee-Related Business Expenses NOT Reimbursed by Employer

This section is FOR EMPLOYEES ONLY who incur business-related expenses. If you are a Small Business Owner, do not complete this section. Instead, please provide Quickbooks data, or contact us and request our emailable PDF entitled "Small Business Worksheet".

**IMPORTANT:** These expenses must be required for, and related to, your employment. It is highly likely that authorities will ask you to provide documentation to support claimed expenses. Be sure to keep your records in order.

\$ _____ Union Dues	\$ _____ Work Tuition, Books, Conferences
\$ _____ Books, Subscriptions, Supplies	\$ _____ Gifts
\$ _____ Licenses	\$ _____ Meals and Entertainment
\$ _____ Professional Insurance	\$ _____ Business Phone
\$ _____ Tools, Equipment, Safety/PPE, Etc.	\$ _____ Other: _____
\$ _____ Uniforms (Incl. Cleaning), Boots, Shoes	\$ _____ Other: _____

## Vehicle Expenses

Your supporting journal records should be written and/or have receipts.

**Vehicle Information –**

Total Miles for 2017: \_\_\_\_\_

Business Miles: (exclude any miles to & from work) \_\_\_\_\_

## In-Home Business Expenses

_____ Total Home Sq. Ft.	\$ _____ Rent Paid	\$ _____ Phone (if home phone)
_____ Office Area Sq. Ft.	\$ _____ Insurance	\$ _____ Garbage, Water, Sewer
_____ Storage Sq. Ft.	\$ _____ Heat, A/C, Electric	\$ _____ Office Repairs & Maint.

**Deductions** Continued

**Health Savings Account (HSA)**

In order to take advantage of HSA deductions, please provide Distribution Form 1099-SA and/or Contribution Form 5498.

**Medical Expenses Not Shown on W-2**

	<b>Health</b>	<b>Dental</b>	<b>Medicare</b>	<b>Long-Term Care</b>	<b>Health Sharing</b>
Insurance Premiums Paid :	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	<b>Prescriptions</b>	<b>Doctors/Dentists</b>		<b>Medical Equipment/Supplies</b>	
Other Medical Expenses:	\$ _____	\$ _____	\$ _____		

(Please DO NOT provide any collected receipts to us for your included medical expenses.)

**Taxes Paid**

	Spring/County	Fall/School	Total Annual
Residence Real Estate:	\$ _____	\$ _____	OR \$ _____
Vacation Real Estate:	\$ _____	\$ _____	OR \$ _____
Investment Property:	\$ _____	\$ _____	OR \$ _____
Sales Tax on Large Purchases	\$ _____		

**Interest Paid** (Provide Form 1098 provided by your financial institution)

\$ \_\_\_\_\_ Mortgage Interest

\$ \_\_\_\_\_ Home Equity Interest

\$ \_\_\_\_\_ Premium Paid on Mortgage Insurance

Did you pay interest to any private individual for which Form 1098 was not issued?  Yes  No

If yes, provide: Name \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

**Charitable Contributions**

\$ \_\_\_\_\_ Religious Organizations

\$ \_\_\_\_\_ Payroll Deductions

\$ \_\_\_\_\_ Other: \_\_\_\_\_

Please provide receipts for non-cash contributions of goods to organizations such as Goodwill.

**Miscellaneous Expenses**

\$ \_\_\_\_\_ Tax Preparation Fees

\$ \_\_\_\_\_ Safe Deposit Box Rental Fees

\$ \_\_\_\_\_ Investment Advisory Fees

\$ \_\_\_\_\_ Gambling Losses

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

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