

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

**COMPLETING THE INCOME TAX CHECKLIST IS VERY HELPFUL
TO OUR EFFORT TO MINIMIZE YOUR TAX LIABILITY.**

A more comprehensive version is available by request. Please let us know as early as possible.

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 materials to us. They may arrive *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 Dec. 31 bank statement, accounts payable/receivable, and inventory information (as applicable). PDF worksheets are available on our website.

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, 2019, 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 SERVICES:

Payment is due upon receipt. We do accept Visa and MasterCard payments. If you have any financial hardship, please let us know in advance. We can establish a payment plan.

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

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 _____	X _____
	Taxpayer Signature	Spouse Signature
	_____	_____
	Print Name Clearly	Print Name Clearly
	_____	_____
	Date	Date

2018 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, please send one.

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

CONTACT PERSON: Who is the best person to contact if needed? Taxpayer? Spouse?

Personal Information

Best way to contact me is by: Phone Mobile Email

TAXPAYER:

SPOUSE:

Name: _____

Occupation: _____

Phone No.: _____

Mobile No.: _____

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 2018, do you want the excess applied to estimated taxes needed for 2019? 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 any **estimated quarterly taxes**, it is important to detail all quarterly payments made:

	FEDERAL TAX		STATE TAX		LOCAL TAX	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1Q due 4/15/18	/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
2Q due 6/15/18	/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
3Q due 9/15/18	/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
4Q due 1/15/19	/ /	\$ _____	/ /	\$ _____	/ /	\$ _____

List other amounts paid, if applicable: _____

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

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.)

Did you have any cryptocurrency-related (Bitcoin, etc.) transactions? Yes No

Child/Dependent Care Credit

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

Healthcare Information

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

Health Savings Account (HSA) – In order to take advantage of HSA deductions, please provide Distribution Form 1099-SA and/or Contribution Form 5498.

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 Loans

Employee's Expenses

For Business Expenses NOT Reimbursed by Employer (State & Local Taxes Only)

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 available 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	Other:
\$_____ Professional Insurance, Licenses	\$_____ _____
\$_____ Tools, Equipment, Supplies	\$_____ _____
\$_____ Uniforms (Incl. Cleaning), Boots, Shoes	\$_____ _____
\$_____ Work Tuition, Books, Conferences	\$_____ _____

Vehicle Information – Supporting journal records should be written and/or have receipts.

Total Annual Miles Driven: _____

Total Business-Related Miles (excluding to & from work): _____

Deductions

Please complete the following expense details to help us determine if you will benefit more by Itemizing Deductions or by taking advantage of the Federal Standard Deduction.

Medical Expenses Not Shown on W-2

	Health	Dental	Medicare	Long-Term Care	Health Sharing
Insurance Premiums Paid :	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

	Prescriptions	Doctors/Dentists	Medical Equipment/Supplies
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 > How borrowed funds were used? _____

\$ _____ 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.

Did you roll over an IRA's Requirement Minimum Distribution (RMD) to a charitable organization? Yes No

WHEW! Thank you for completing and submitting this important form.