



# 2018 Tax Info Organizer (for 2017 Tax Returns)

Return your organizer to: **Ministry Consulting Group**; 107 W Main St; Fulton OH 43321-9702

Phone: 614.743.2106 Fax: 614.340.7909 Email: [jerry@ministryconsulting.net](mailto:jerry@ministryconsulting.net)

**Due to changes in the requirements imposed on professional tax preparers we cannot prepare your return if this certification is not signed. Joint returns require both signatures.**

## Certification

I acknowledge each of the following:

- § 'I', 'me', 'my' herein refers to me and also includes my spouse if I am married, regardless if we file a joint return or separate returns.
- § It is my responsibility to provide all necessary information related to income and deductions for tax year 2017, and to respond to MCG's inquiries in a timely manner so that MCG can accurately complete my returns prior to their due dates.
- § I must send to MCG legible copies of all pertinent tax documents. I will retain the original documents for my files; I acknowledge that MCG will not return any documents other than my completed tax returns unless MCG has agreed in advance to do so.
- § I must use MCG's secure web portal or other secure means to transmit documents containing sensitive, user-identifiable information; I will contact MCG if I need log on credentials for the web portal.
- § I am responsible for maintaining appropriate records, such as official tax documents, receipts and substantiation for deductions, and purchase and sales information for assets. I understand that I must retain these materials for a minimum of four years.
- § It is my responsibility to review my returns before they are filed to ensure that all income has been correctly reported and that I have appropriate substantiation for all deductions and credits claimed. Filing my returns by the due dates is my responsibility.
- § If it becomes necessary due to an error or omission on my part to revise my return(s) after they are delivered to me a revised invoice will be issued to include a revision fee of not less than \$25 plus the cost of any additional schedules and forms.
- § If my returns are later selected for review or audit by a taxing authority, MCG will assist or represent me at an additional fee if I so desire.

I certify that, to the best of my knowledge and belief, the information provided in this *Tax Info Organizer* is accurate and complete and may be relied upon to prepare my income tax return(s) for tax year 2017 and that no material data or information has been omitted.

I further certify and agree that if my name is typed below such typed signature shall serve as my attesting signature and shall be as valid as my handwritten signature.

Please note: if you are preparing this *Tax Info Organizer* on your computer, you are permitted to type your 'signature(s)'.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Privacy Notice

At Ministry Consulting Group LLC, we have always protected your right to privacy. Like all providers of personal financial services, we are required by law to inform our clients of our policies regarding privacy of client information.

### § *Types of Nonpublic Personal Information We Collect*

We collect nonpublic personal information about you that you provide to us or that you authorize us to obtain.

### § *Parties to Whom We Disclose Information*

For current and former clients, we do not disclose any nonpublic personal information obtained during our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties but only to the extent that they need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### § *Protecting the Confidentiality and Security of Current and Former Clients' Information*

We retain records relating to professional services we provide to enable us to better assist you with your professional needs and, in some cases, to comply with legal requirements or professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

**To use this Tax Info Organizer just respond to the statement or question in the left column.**

If it is a *statement* that begins 'Tell us . . .' complete all the parts of that section that apply to you (and your spouse, if filing a joint return). If it is a *question* that begins 'Did you . . .' and your response is 'no', click on the 'no' box and skip to next section. If your response is 'yes', click the 'yes' box and complete the parts of that section that apply to you. It's that easy! Be sure to save frequently.

Items you need to send to us are highlighted in this orange color

Completing this questionnaire electronically using anything other than Microsoft Word® usually results in a loss of formatting and/or data integrity.

To facilitate completing this Tax Organizer, some sections have an 'Identical to 2016' check box in the left column. If present and if your response to every query in that section is identical to your response last year you can check the 'Identical to 2016' box and complete only the gold fields (leave the pale green fields blank).

Tell us how you will send your additional tax forms (W2s, 1099s, etc)  
Please do NOT send sensitive info via email.

Please keep a copy of all forms and other documents you send to us. Remember, to keep our prep fees to a minimum we do not return any documents other than your completed tax returns.

Please do not text tax-related questions, comments or documents. We are required to keep a permanent record of all correspondence and texting makes that extremely difficult.

Indicate how you will send your additional tax information (W2s, 1099s, etc)—you can also send this Tax Organizer via these options:

- (MCG's strong preference) By uploading to MCG's secure web portal; contact us if you do not yet have a web portal account <https://mcgtax.securefilepro.com/portal/login.aspx> Your user name is your email address; if you forgot the password you set up, click the lost password link. If you do not already have a portal account just use the Guest File Transfer option.
- By mail to MCG; 107 W Main St; Fulton OH 43321-9702
- By fax to 614-340-7909

Tell us about your personal information

Identical to 2016   
(Complete only gold fields)

Otherwise, complete all fields in this section

	Taxpayer (T)		Spouse (S)	
Name (First MI Last) & SSN				
Social Security Number				
Driver's License/State ID Number	<input type="checkbox"/> Don't have one	<input type="checkbox"/> Don't want to provide info	<input type="checkbox"/> Don't have one	<input type="checkbox"/> Don't want to provide info
Issue Date/Expiration Date	State Issue	Number Expiration	State Issue	Number Expiration
	NY only: first 3 digits of doc number:		NY only: first 3 digits of doc number:	
Date of birth/age as of 12/31/2017	DOB:	Age:	DOB:	Age:
Date of death (if after 1/1/2017)				
At date of death deceased had	<input type="checkbox"/> IRA <input type="checkbox"/> 401k/403b <input type="checkbox"/> HSA/MSA		<input type="checkbox"/> IRA <input type="checkbox"/> 401k/403b <input type="checkbox"/> HSA/MSA	
Name & SSN of personal rep				
Personal rep's address				
Occupation				
Best phone/e-mail address	Ph:	EM:	Ph:	EM:
Can be claimed as a dependent on someone else's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legally blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Donate to fed/state campaign fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien		<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien	
Address	Street		City/State/Zip	
Residence info:	County		School distr (name or number)	
Did you move after Jan 1, 2017?	<input type="checkbox"/> No <input type="checkbox"/> Yes—date of move		Old address	
As of 12/31/2017 Taxpayer was:	<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Tell us which tax returns you want us to prepare.

We will prepare a return for each jurisdiction that has a required filing. Indicate here any return you do NOT want us to prepare.

Did you receive compensation as a clergy person during 2017?  No  Yes—complete the entire clergy section on page 10

Are you aware of any change for any of the *last three tax years* that might require filing an amended return?  Yes, for year(s)  No

Married taxpayers only—which type of tax return do you wish to file:

- We wish to file either jointly or separate, whichever is best
- We wish to file a joint return even if filing separately would be better.
- We wish to file a separate return even if filing a joint return would be better (MCG still needs your spouse's name and social security number above)

Tell us about your 2016 tax return?

- It was prepared by MCG
- It was not prepared by MCG—send a copy of pages 1 and 2 of Form 1040 and (if applicable) these Schedules/Forms: C, E, F, 4562, 4835, and 6251. If you experienced a Net Operating Loss or had other carry over amounts, please send pertinent details.
- I was required to file but have not done so . . .  I need MCG's help in preparing it
- I was not required to file a tax return for 2016 because

<p>Did you have any dependents during 2017? Note—your spouse is <i>not</i> a dependent.</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p> <p>Identical to 2016 <input type="checkbox"/></p> <p>(Complete only gold fields)</p> <p>Otherwise, complete all fields in this section</p> <p>Dependents are typically your children but others (e.g., grandchildren, parents, other relatives) who live with you <i>might</i> also be a dependent. Your responses here help us determine if they qualify.</p> <p>You certify that the responses provide are accurate and complete and that to the best of your knowledge and believe you are eligible to claim him/her as a dependent.</p>	Dependent's name (do not include your spouse)	Dep #1	Dep #2	Dep #3	Dep #4	Dep #5	
	First name						
	Last name						
	SSN						
	Relationship to you						
	# months resided in your home						
	Date of birth						
	Age as of 12/31/2017						
	You provided at least 50% of living expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Can be claimed on another return?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	Was the Earned Income Credit or Child Credit previously disallowed/reduced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Qualifying child care exp.						
	Permanently disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Was a full-time college student for at least 5 full months during 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Due to new IRS rules for those who qualify to receive several child-related credits, you are now <b>required</b> to send documentation proving the child(ren)'s residency. The document must show the child's name and address. One or more of those documents MUST be received by MCG before we can transmit your e-file to the IRS. Using the codes below indicate which document(s) you are sending.						
	Proof of residency document						
	A. School records/statement    B. Landlord statement    C. Healthcare provider statement    D. Medical records E. Childcare provider statement    F. Social services statement    G. Church statement    H.						
	<p>Tell us some additional information about your tax situation</p>	If you answer 'yes' provide complete details. All questions refer to you <u>and</u> your spouse (if married).					Yes
1. Did you buy or sell or refinance a house during 2017? <b>Send copies that we can keep</b> (i.e., they will not be returned) of pages 1 - 3 (only) of the Closing Disclosure (or other closing cost summary papers) from both the purchase and sale of your old home and from the purchase or refi of your new home.					<input type="checkbox"/>		
If you sold a house: Date purchased    Price    Improvements    Date sold    Price							
Did you live in this house at least 2 full years out of the previous 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Did you have a bank account or have signature authority in a bank account outside the US that had an account balance of \$10,000 or more <u>at any time</u> during 2017? (If yes, check here if you want us to complete your mandatory FBAR report <input type="checkbox"/> )					<input type="checkbox"/>		
3. Other than a private residence, did you have foreign assets with a total value of \$200,000 or more during 2017?					<input type="checkbox"/>		
4. Did you sell a home for which you took a first-time home buyer's credit or long-time homeowner's credit in 2008 or later?					<input type="checkbox"/>		
5. Since filing your last tax return have you received from any tax authority correspondence we don't already know about?					<input type="checkbox"/>		
6. Did your marital status and/or social security number change since your last tax return was filed? (provide old <u>and</u> new info)					<input type="checkbox"/>		
7. Did you provide more than half of the support during 2017 for any person not listed as a dependent on page 2?					<input type="checkbox"/>		
8. Did you own any stocks or other securities or hold any debts (owed to you) that became worthless during 2017?					<input type="checkbox"/>		
9. Did you <u>cancel</u> any debts owed to you or were any debts you owed <u>cancelled</u> during 2017? (This does <u>not</u> include debts you paid off or debts discharged due to bankruptcy or insolvency)					<input type="checkbox"/>		
10. Did you receive a National Mortgage Settlement payment in 2017 due to a foreclosure that occurred 2008-2011?					<input type="checkbox"/>		
11. Did you give any person or married couple one or more gifts totaling more than \$14,000 during 2017? If 'yes' and you have ever filed Form 709 (Gift Tax) please <b>send a copy of the most recently filed Form 709.</b>					<input type="checkbox"/>		
12. Did you receive income from an installment sale during 2017? (If yes, provide complete details)					<input type="checkbox"/>		
13. Did you surrender any US savings bonds during 2017? If yes, how much of it was used to pay tuition:					<input type="checkbox"/>		
14. Were you reimbursed for business expenses for which you did <u>not</u> account to your employer during 2017?					<input type="checkbox"/>		
15. Did you personally have use of your employer's property (e.g., a vehicle, computer, etc.) that was <u>not</u> reported on your W2?					<input type="checkbox"/>		
16. Did any of your dependents under age 14 have <u>unearned</u> income (e.g., interest, dividends) greater than \$2,60?					<input type="checkbox"/>		
17. Did you suffer casualty, theft or condemnation losses exceeding \$100 during 2017?					<input type="checkbox"/>		
18. Amount of internet purchases during 2017 on which you did NOT pay sales tax (many states—including Ohio—require payment of 'use tax' on these purchases)					<input type="checkbox"/> None \$		

Issued by	Issued to	Type of Form (Forms not listed here are recorded elsewhere)											
		Form W-2		Soc Sec		Form 1099-R			Other Forms				
Name of employer or plan administrator. <i>Please enter only one form per line (if same issuer issued multiple forms record each on a separate line). (send one copy of each form—see note at left)</i>	Taxpayer Spouse Joint	Form W-2	Multiple pages? (see note at left)	Is this a Clergy W2?	Form SSA-1099	For disability income	Form 1099-R	For disability income	Designated as clergy housing allowance	Form 1099-B	Form 1099-DIV	Form 1099-G	Form 1099-INT
Social Security Administration	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
Social Security Administration	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you received a Form W-2 or 1099-R in 2016 we expect to see a form from that issuer again this year. List here name of Form W-2 or 1099-R issuer(s) from whom you received a form for 2016 but <b>not</b> for 2017.		W-2					1099-R						
If you received a pension or retirement plan distribution before age 59 ½ and you qualify for a penalty exception, check here and provide an explanation in the 'Explanations' section later in this Organizer										T <input type="checkbox"/>		S <input type="checkbox"/>	
If you received a retirement plan distribution that qualified as a Qualified Charitable Distribution (QCD) (i.e., it was sent directly from the plan administrator to the charity), indicate the payor and amount here:										\$			
<p>Did you receive other taxable income not reported on Form W-2 or 1099?</p> <p>Self-employment and rental income will be reported on following pages.</p> <p>If yes, send one copy of each tax document associated with income type</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Payor's name		Type of Income (e.g., interest, dividends, etc)				T amount		S amount				
			Jury duty										
			Jury duty pay you gave to your employer										
			Lottery gambling winnings										
			Lottery gambling losses										
			Lawsuit settlement (other than personal injury										
			Alimony received (SSN )										
			S-Corp or LLC or Partnership income (Send Schedule K-1)										
			Health insurance rebate										
			Debt forgiven (send Form 1099-C)										
			Sold anything at a profit—provide details										
	Did you receive farm or farm rental income? If yes, check here & provide details							T <input type="checkbox"/>		S <input type="checkbox"/>			

**Did you receive self-employment income?**

Send one copy of each Form 1099-MISC and 1099-K

Include here all self-employment income including babysitting and other types of incidental income. If you got paid for providing a service, it has to be reported.

Do not include clergy income here. It will be recorded elsewhere.

If MCG did not prepare your 2016 tax return you MUST send a copy of the 2016 Schedule C and depreciation schedule(s).

Identical to 2016   
(Complete only gold fields)

No \$  Yes "

Check here if you operated a business in 2016 that did *not* operate in 2017  Biz name  
Will it resume operation in future years?  Y  N  Maybe

	Business #1		Business #2		
Biz type (note—some business types may require filing a separate tax return.)	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		
Owned by	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> Joint <input type="checkbox"/> Multiple owners (send a list of owners—name, address, SSN, ownership %, and required payment amounts)		<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> Joint <input type="checkbox"/> Multiple owners (send a list of owners—name, address, SSN, ownership %, and required payment amounts)		
Business name					
Address (if other than home address)					
Nature of business (e.g., direct sales, consulting, lawn service, etc.)					
Federal ID# (if other than your SSN)					
State ID# (if other than your SSN)	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		
Accounting method	<input type="checkbox"/> Accrual <input type="checkbox"/> Cash		<input type="checkbox"/> Accrual <input type="checkbox"/> Cash		
Did you materially participate in this biz?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
In what year did you start this biz?					
To prove to the IRS this biz is legitimate do you have any of these:	<input type="checkbox"/> Separate bank acct <input type="checkbox"/> Biz cards <input type="checkbox"/> Biz stationary <input type="checkbox"/> Biz license <input type="checkbox"/> Ads/marketing <input type="checkbox"/> Sales tax returns		<input type="checkbox"/> Separate bank acct <input type="checkbox"/> Biz cards <input type="checkbox"/> Biz stationary <input type="checkbox"/> Biz license <input type="checkbox"/> Ads/marketing <input type="checkbox"/> Sales tax returns		
To prove to the IRS this biz is legitimate do you keep any of these:	<input type="checkbox"/> Accounting records <input type="checkbox"/> Paid invoices <input type="checkbox"/> Biz log books <input type="checkbox"/> Paid receipts <input type="checkbox"/> Biz ledgers <input type="checkbox"/> Biz bank statements		<input type="checkbox"/> Accounting records <input type="checkbox"/> Paid invoices <input type="checkbox"/> Biz log books <input type="checkbox"/> Paid receipts <input type="checkbox"/> Biz ledgers <input type="checkbox"/> Biz bank statements		
Did you pay any entity \$600 or more for services rendered or rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, did you issue Form 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the biz have an interest in a foreign bank acct any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Biz use? Complete Biz Use below	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office		<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office		
Were any depreciable items purchased during this tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes—provide complete details (do not include depreciable purchases below)					
Were any depreciable items sold during this tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes—provide complete details					
Record only biz-related amounts	Biz #1	Biz #2	Record only biz-related amounts	Biz #1	Biz #2
# of Forms 1099-MISC received			Biz insurance (other than health)		
# of Forms 1099-K received			Biz mortgage interest expense		
Total on Forms 1099 MISC & 1099-K			Other business interest expense		
Other income NOT on Form 1099			Legal/accounting/other pro svcs		
Returns & allowances			Pension & profit sharing expense		
Other business income			Office costs		
Biz bad debts (accrual only)			<i>Include dues, fees, subscriptions, bank fees, postage, phone, printing, internet svc, hardware, software, office supplies, etc.</i>		
Beginning inventory value			Vehicle or equip lease expense		
Inventory purchases			Other biz rent or lease expense		
Labor to produce inventory			Repairs & maintenance expense		
Inventory materials & supplies			Supplies expense		
Ending inventory value			Taxes and licenses expense		
Ending inventory is valued at cost	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Out-of-town travel expense		
Req'd pmnts to LLC/S Corp members			Business meals expense		
Advertising expense			Business prop'ty utilities expense		
Commissions expense					
Contract labor expense					
Employee benefits					

<p><b>Did you receive income from rental property or royalties?</b></p> <p>Send one copy of each Form 1099-MISC and 1099-K</p> <p>If MCG did not prepare your 2016 tax return you MUST send a copy of the 2016 Schedule E and depreciation schedule(s).</p> <p>Identical to 2016 <input type="checkbox"/> (Complete only gold fields)</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Royalty income		TP	SP				
	Check here if you had a rental in 2016 that did <i>not</i> operate in 2017 <input type="checkbox"/> Street address Will it resume operation in future years? <input type="checkbox"/> Y <input type="checkbox"/> N							
			Property #1	Property #2				
	Street address							
	City State Zip							
	Are you organized as an LLC, partnership or trust? If yes, provide complete details about all members/partners		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Owned by		<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint				
	Month/year first used as a rental property		Mo Year	Mo Year				
	Did you actively participate in managing this rental?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Did you pay any entity \$600 or more for services rendered or rent? If yes, did you issue Form 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	# days rented during tax year/# days used by you/family member		/	/				
	Original cost plus cost of major improvements							
	Value of land in the amount reported on the previous line							
	Rental income reported on Form 1099-MISC		<input type="checkbox"/> None	<input type="checkbox"/> None				
	Rental income not reported on Form 1099-MISC		<input type="checkbox"/> None	<input type="checkbox"/> None				
	Old security deposits and fees converted to rental income							
	Advertising expense							
	Cleaning & maintenance expense							
	Insurance							
	Management expense							
	Mortgage interest expense							
	Repairs expense							
	Real estate tax expense							
	Utilities expense							
Improvements								
Other:								
Rental biz use? Complete Biz Use below		<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office					
Were any depreciable items sold or purchased during this tax year?		<input type="checkbox"/> No <input type="checkbox"/> Yes--provide complete details						
<p><b>Did you have unreimbursed business use of a personal vehicle?</b></p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Complete ALL questions below (if you do not provide complete details, we cannot include any deduction/credit you might be entitled to)							
	Do you have <u>written</u> records to prove biz use? <input type="checkbox"/> Y <input type="checkbox"/> N		Is another vehicle available for personal use? <input type="checkbox"/> Y <input type="checkbox"/> N					
	Vehicle: Year & make	Vehicle #1		Vehicle #2		Vehicle #3		
	Orig cost/1 <sup>st</sup> biz use date	Cost	1 <sup>st</sup> use	Cost	1 <sup>st</sup> use	Cost	1 <sup>st</sup> use	
	Total annual mileage							
	Commuting	Round trip	Annual	Round trip	Annual	Round trip	Annual	
	Please indicate biz miles	T	S	T	S	T	S	
	Job related							
	Self-employment related							
	Rental income related							
<p><b>Did you use a portion of your home for business purposes?</b></p> <p>If you claim biz use of home, you MUST complete ALL questions in this section</p> <p>Identical to 2016 <input type="checkbox"/> (Complete only gold fields)</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	The space claimed must be used exclusively for biz purposes; i.e., it can't be a room that is also used for personal purposes (e.g. a desk in a corner of a den or your bedroom). Check here to affirm that biz area was used <u>regularly</u> and <u>exclusively</u> for biz purpose <input type="checkbox"/>						<b>&gt; Don't Forget This Section!! ?</b>	
	Original cost of the home plus cost of improvements less value of the land						Check here if you want to use \$5/sq ft instead of itemizing expenses below. <input type="checkbox"/>	
	Whole house: sq ft # rooms						Mortgage interest	
	Daycare only: # days during 2017 daycare provided: # hours/day						Real estate taxes	
							Homeowner's insurance	
							Rent	
							Utilities	
	Home office <u>required</u> by employer? <input type="checkbox"/>						General house repairs	
	Date 1 <sup>st</sup> time ever used for biz						Biz area repairs	
	# of months used during 2017						General improvements	
	Biz use area sq ft						Biz area improvements	
	Biz use area # rooms						Other (security/grounds/etc)	

<p>Did you contribute to or receive benefits from a Health Savings Account (HSA)?</p> <p>Do NOT include FSA or HRA amounts.</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Were contributions made to your HRA or FSA during the time you or your employer also contributed to your HSA? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	Did your eligibility to participate in an HSA begin or end during the tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes, began on <input type="checkbox"/> Yes, ended on				
	Amount <u>you</u> (not your employer) deposited directly into your HSA account (not via payroll deduction) during 2017 (send a copy of Form 1099-SA)	T	S		
	Amount <u>your employer</u> withheld from your payroll & deposited into your HSA account in 2017	T	S		
	Amount <u>your employer</u> contributed to your HSA account in 2017	T	S		
	HSA distributions reported on Form 1099-SA (send a copy of Form 1099-SA)	T	S		
	Qualifying health care expenses paid with funds from HSA distributions during 2017	T	S		
<p>Did you have any of these adjustments to income?</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Qualifying educator expenses (elementary and secondary teachers only)		T	S	
	Reservist, performing artist or gov't official allowable biz expense		T	S	
	Qualifying moving expenses Include unreimbursed costs of transporting/storing household goods and one-time travel costs (including lodging/meals). Do not include costs of buying/selling home, home improvements, pre-move house-hunting, security deposits. Distance from <i>old</i> address to <i>old</i> workplace          miles. Distance from <i>old</i> address to <i>new</i> workplace          miles				
	Amount contributed to a: <input type="checkbox"/> Keogh <input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE plan		T	S	
	Self-employed persons only: health insurance premiums		T	S	
	Penalty on early withdrawal of savings		T	S	
	Alimony paid (do not include child support). Recipient's SSN:		T	S	
	Amount contributed to a traditional ( <u>not</u> Roth) IRA for 2017		T	S	
	Student loan interest. (send a copy of Form 1099-E) (must be for you or a dependent; you must be obligated to pay it)		T	S	
	Domestic production activities deduction		T	S	
	<p>Did you purchase any qualifying residential energy efficiency improvements?</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Description		Date	Amount
Description		Date	Amount		
Residential energy efficiency credit(s) previously claimed:					
Year		Amount	Type of credit		
Year	Amount	Type of credit			
<p>Did you have out-of-pocket college tuition expenses?</p> <p>You MUST send a copy of each Form 1098-T to be able to claim college tuition expenses.</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Student's name	Name of School	School's Federal ID Number	Amount of out-of-pocket expenses; see below *	# years this student previously claimed the American Opportunity Credit
* Include tuition, fees, books, supplies & equipment required to be paid directly to the institution; do not include costs paid to others, lodging or food.					
Did you receive Form 1099-Q? <input type="checkbox"/> No <input type="checkbox"/> Yes; (send a copy of each Form 1099-Q) → Did you either use 100% of the proceeds for allowable education expenses or re-deposit the entire amount in another qualifying Section 529 or 530 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>Did you have child care expense to enable you (both, if married) to work?</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Child Care Provider #1		Child Care Provider #2		
	Amount paid	Provider's tax ID number	Amount paid	Provider's tax ID number	
	Provider's name		Provider's name		
	Provider's address		Provider's address		
	Name of child(ren) cared for		Name of child(ren) cared for		
<p>Did you receive benefits from a long-term care policy?</p> <p>Send a copy of each Form 1099-LTC received.</p> <p><input type="checkbox"/> No \$ <input type="checkbox"/> Yes "</p>	Taxpayer		Spouse		
	Was the LTC policy a 'tax-qualified' policy? <input type="checkbox"/> Y <input type="checkbox"/> N		Was the LTC policy a 'tax-qualified' policy? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Was the insured a terminally ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		Was the insured a terminally ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Was the insured a chronically ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		Was the insured a chronically ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Number of days of long term care		Number of days of long term care		
Cost for long term care		Cost for long term care			

Did you have any of these itemized deductions?

No \$  Yes "

In this section, 'basis' means your original cost +/- allowable adjustments. 'FMV' means 'fair market value', i.e., what the item would cost if it were sold on the open market between a normally interested seller and buyer. For small items, a thrift store or consignment shop price is a good indication of FMV. Numerous thrift store price guides are available on the internet.

Amount <u>you</u> paid out-of-pocket for health/dental/vision insurance premiums (do <u>not</u> include amounts paid by your employer or amounts reported on Forms SSA1099 or 1099R; do not include amounts claimed as premiums paid while self-employed).			
Miles driven for medically necessary treatment:			
Parking fees, tolls necessary to receive medical care			
Amount paid out-of-pocket for medical care: doctors, hospitals, dentists, hospitals, nursing homes, physical therapists, clinics, prescriptions and medical aids (hearing aids, crutches, glasses, etc.) Do not include amounts paid by insurance companies or reimbursed from a qualified health benefit plan such as an HSA, HRA or FSA.			
Amounts paid for <u>long term health care insurance</u> premiums—		T	S
Amount of health care cost reimbursements received during 2017 for expenses that were deducted on a prior year tax return			
Payment of state, school district or city ( <u>not</u> federal) income tax balances due (for 2016 or prior years)			
Real estate taxes paid in 2017 (personal residence(s) <u>only</u> ; do not include business, rental or investment properties)			
Personal property taxes paid in 2017 (do <u>not</u> include real estate taxes)			
Other taxes paid in 2017 (do not include amounts paid to the IRS); describe:			
Home mortgage interest reported to you on Form 1098 (please <b>send a copy of the Form(s) 1098</b> )			
Home mortgage interest not reported on Form 1098: Payee's name:			
Payee's tax ID #	Address		
Points paid for purchase or refinancing of home not reported on Form 1098			
Investment interest expense—investment income related to this interest expense \$			
Donations to charitable organizations by cash or check: Do you have receipts or statements that meet IRS standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount transferred directly from an IRA to a charitable organization			
Donations to a charity-sponsored donor advised funds by cash or check (please <b>send a copy of donor statements received from charitable organizations so we can ensure they meet IRS requirements</b> )			
Miles driven related to charitable work (you must have—but do not send—a log of these miles)			
Non-cash donations. <i>If the non-cash donations listed below total more than \$500 you <b>must</b> list on a separate sheet for <b>each</b> item (or group of similar items) the donee's name and address, a description of item(s), date of donation, your cost or other basis in the items donated, the fair market value as of the donation date, the method used to determine the value, and how and when you acquired the item(s). We can record a deduction only if all of this information is provided to us.</i>			
Lesser of basis or FMV of airplanes, boats, vehicles donated to charities ( <b>send a copy of Form 1098-C</b> from the charity)			
Lesser of basis or FMV of clothing & household good donated to charities (all items must be in good condition or better)			
Lesser of basis or FMV of other non-cash donations			
Unreimbursed business meals and business entertainment related to your job (not to self-employment)		T	S
Check if you had unreimbursed job-related mileage; complete the <i>Business Use of Vehicle</i> above		T <input type="checkbox"/>	S <input type="checkbox"/>
Check if you had office in your home expenses; complete <i>Biz Use of Home</i> above		T <input type="checkbox"/>	S <input type="checkbox"/>
Other unreimbursed job related expenses—itemize in the additional info section below		T	S
Special work clothing, tools or equipment not suitable for everyday personal use		T	S
Union dues			
Job hunting costs			
Job related education (initial training to qualify you for a job is not deductible; subsequent training is)			
Safe deposit box fee			
Tax preparation fee			
Fees paid to appraise the value of property donated to a charity			
Fees paid to a professional firm to manage your investments (do not include commissions paid on a per-transaction basis)			
Other miscellaneous expenses:			
Expenses paid to adopt a minor child or qualifying adult ( <input type="checkbox"/> check here if the adoptee is a qualifying special needs person)			

Did you have other income/ deductions/ credits not already recorded?

No \$  Yes "

Description	T	S



**Tell us about your health insurance coverage**

**Terminology:**

*Health insurance* refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.

*The Marketplace* refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.

*Tax family* refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

**Health Care Coverage Questions** *If you received Form 1095-A, 1095-B or 1095-C send one copy*

1. For each member of your tax family, tell us what kind of health care coverage they had and for which months.  
 If you select A-H for all members of your family for the entire year, you do not need to complete anything else on this page.  
 If you select I for any member of your family for any portion of the year, you must answer Question 2  
 If you select any other response for any member of your family for any portion of the year, you must provide additional information; see questions 3-5.

	TP	SP	Dep 1	Dep 2	Dep 3	Dep 4	Dep 5	Entire Year	Just these Months
A. Employer sponsored coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Government sponsored plan such as Medicare/Medicaid (not Marketplace coverage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Individual policy <i>not</i> purchased through the Marketplace—including 'grandfathered plans'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Individual plan purchased through the HealthCare Marketplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Exempt—income was below the filing requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Exempt—individual was outside the US for at least 330 full days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exempt—individual was a bona fide resident of a foreign country or US territory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Exempt—individual was not a US citizen or US national	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. None—was a member of a health care sharing ministry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. None—cost of premium was too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. None—was a member of an Indian tribe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. None—individual experienced a qualifying hardship such as eviction, foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. None—was incarcerated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. None—was a member of qualifying religious sect opposed to accepting insurance benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. None—other allowable reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. None of the above—see 6 below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Complete this question <u>only</u> if your response for any family member in Question 1 was I.	Yes	No
a. Did you or any member of your tax family receive a premium subsidy for health insurance purchased through the Marketplace? If yes, answer questions 2b – 2f; if no, skip to question 3.	<input type="checkbox"/>	<input type="checkbox"/>
b. During any month in which you received a premium subsidy, did you or any member of your tax family qualify for health insurance through an employer or through a government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a Form 1095-A for each member of your tax family for the months in which code d was entered in question 3? If yes, <i>send a copy of each Form 1095-A</i> (we cannot complete your return without Form 1095-A) and go to question 5; if no, contact the Marketplace to obtain a copy of Form 1095-A	<input type="checkbox"/>	<input type="checkbox"/>
d. Is another taxpayer able to claim as a dependent someone who is covered on your insurance policy? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you get married during 2017? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
f. Did any of the following occur during 2017 that you have not already informed the Marketplace about: your address changed; a new family member was added to your tax family; the number of exemptions you can claim changed from what you informed the Marketplace when you enrolled. (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>

3. If your response to Question 1 was J you must provide us the cost of the least expensive plan (LEP) you could find in the Marketplace for each affected person).

4. If your response to Question 1 was K-O you must provide a copy of the Exemption Certificate Number (ECN) you received from the Marketplace. If you do not have an ECN you must obtain one before your tax return can be filed.

5. If your response to Question 1 was P or if you did not otherwise meet the minimum coverage requirements for at least 9 months you will probably be assessed a penalty on your tax return.

Did you receive income (salary, honorarium, or housing allowance) as an ordained, licensed or commissioned clergy person during 2017?  
 No \$  Yes "

Are you ordained, licensed or commissioned by an IRS-recognized church or tax-exempt religious organization?  Yes  No

Are you employed under the umbrella of the organization that issued your clergy credentials?  Yes  No

Do you have an IRS-approved Form 4361 exempting you from self-employment social security tax on clergy earnings?  Yes  No

Ministry honoraria (weddings, funerals, guest speaker, etc.) not reported on Form W2, 1099-MISC, or 1099-K

Ministry honoraria reported on Forms 1099-MISC or 1099-K (send a copy of each Form 1099-MISC and 1099-K)

Expenses directly associated with the clergy honoraria recorded on the previous two lines:

Type of expense	Amount	Type of expense	Amount
Type of expense	Amount	Type of expense	Amount
Type of expense	Amount	Type of expense	Amount

Describe your housing during 2017

I owned my home ..... approximate value on 12/31/2017

I lived in a home I rented (i.e., one *not* owned/paid for by the church)

I lived in a home provided by the church. Annual rental value of the parsonage

Amount the church paid directly for utilities and other housing related costs

Amount your employing church or ministry officially designated as your housing/parsonage allowance

Amount your employing church or ministry actually paid you for housing/parsonage allowance  
 Check here if this amount is included in Box 1 of your W-2  (Note—it is *not* supposed to be included but some churches/ministries are not aware of that and incorrectly include it)

Out-of-pocket housing-related expenses (on your primary residence only) actually paid during 2017

The following are allowable expenses. If your housing allowance covered only a portion of the year—include expenses only for that portion of the year.  
*Mortgage payments, repairs, maintenance & improvements, home equity loan payments (allowable only to the extent the proceeds were used for housing-related expenses), rent payments, cable/satellite TV, real estate taxes (if not included in your mortgage payment), utilities, furniture, homeowner's insurance (if not included in your mortgage payment, large appliances, renter's insurance premiums, trash service, security service, homeowner's association fees and assessments, internet service, telephone (base rate only), household cleaning supplies (floor wax, window cleaner), lawn service, window, wall and floor coverings, anything else directly related to providing a home.*

Did you make estimated tax payments for 2017 or apply a 2016 tax refund to your 2017 tax liability?  
 No \$  Yes "

**Do not include payments for balances due on tax returns**

Period	Due	Federal		State		School District		City	
		Date paid	Amount	Date paid	Amount	Date paid	Amount	Date paid	Amount
2016 Refund applied to 2017			\$		\$		\$		
2016 4 <sup>th</sup> Qtr	Jan '17				\$		\$		
2017 1 <sup>st</sup> Qtr	Apr '17		\$		\$		\$		
2017 2 <sup>nd</sup> Qtr	Jun '17		\$		\$		\$		
2017 3 <sup>rd</sup> Qtr	Sep '17		\$		\$		\$		
2017 4 <sup>th</sup> Qtr	Jan '18		\$		\$		\$		

Tell us any additional information we need to know

*If you responding to a particular question/request please state it first and then provide your response.*

Did you receive an IP PIN from the IRS?  
 No \$  Yes "

Most taxpayers have not been issued an *Identity Protection Personal Identification Number* (IP PIN). However, if the IRS issued an IP PIN to you, your tax return cannot be filed without it.

**My six digit IP PIN is**

Taxpayer  
Spouse

**Beware of Bogus 'IRS' E-mails and phone calls** — The IRS NEVER sends unsolicited e-mails about your taxes and NEVER begins a correspondence with a taxpayer via e-mail or by phone. They will ALWAYS correspond by regular mail first.

If you get an unexpected e-mail or phone call that appears to be from the IRS, it is probably an attempt to steal your private information and defraud you and/or the IRS. DO NOT click on any links in the message and NEVER provide personal information or agree to make a payment. Rather, forward the e-mail to [phishing@irs.gov](mailto:phishing@irs.gov). If in doubt, contact us.

<p><b>Tell us how to handle your final results.</b></p> <p>Please give us instructions how to handle both if you have a refund and if you have a balance due.</p>	We generally deliver your tax return(s) via our secure web portal (please be sure to provide a valid e-mail address on page 2 so we can send portal log in information). Check here if you also want a paper copy mailed to you for a \$15 S&H charge.					<input type="checkbox"/>			
						Federal	State	Ski Distr	City
	If I am due a refund	Direct deposit it into my bank account (complete #1 & 3-6 below)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Have a paper check sent to me				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Apply it to my 2018 tax liability				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If I have a balance due	Send a voucher (payment coupon) so I/we can mail a paper check				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Have it withdrawn it from my bank account (complete #2-6 below)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If you have a balance due of less than \$50,000 on your federal return you <i>might</i> be eligible to set up an arrangement with the IRS to pay the balance over a period of up to 72 months. Please note—not only does the IRS charge a \$134 setup fee for doing this but they will also continue to charge interest until the balance is paid in full. Tell us the minimum balance due amount that would trigger you wanting us to prepare an installment arrangement request.								<input type="checkbox"/> do not prepare
	Direct deposit/debit information: Please note that many banks and credit unions will not accept a direct deposit from a joint tax return into an account in only one name								
				Bank Account #1			Bank Account #2 (optional)		
1. % of refund be deposited to this account		<input type="checkbox"/> 100% or % of refund and a		The remainder of the refund					
2. Withdrawal date for balance due		<input type="checkbox"/> due date			<input type="checkbox"/> due date				
		<input type="checkbox"/> other date: /2018			<input type="checkbox"/> other date: /2018				
3. Bank name									
4. Nine digit bank routing number									
5. Bank account number									
6. Type of account		<input type="checkbox"/> checking <input type="checkbox"/> savings			<input type="checkbox"/> checking <input type="checkbox"/> savings				
Ohio residents: I wish to make the following donations on my Ohio income tax return:									
Military injury relief fund \$			Preservation of nature, rivers, endangered species \$			Wildlife conservation \$			

<p><b>Tell us how to plan for your 2018 taxes</b></p>	If your withholding is not adequate to cover at least 90% of your entire tax liability you might be required to make quarterly estimated tax payments. It is our policy to prepare quarterly payments if they appear to be required unless you instruct us otherwise.							Do not prep: <input type="checkbox"/> Fed <input type="checkbox"/> State <input type="checkbox"/> City
	Check here if you do NOT want quarterly estimated tax schedules prepared even if they appear to be needed.							
	Check here if your marital status and/or the number of dependents you will be able to claim will change in 2018 and describe the change(s) here:							<input type="checkbox"/>
	Changes I expect in 2018:			About the same		More (amount)		Less (amount)
	Wage/interest/dividend/retirement income			<input type="checkbox"/>		\$		\$
	Self-employment &/or rental income			<input type="checkbox"/>		\$		\$
Itemized deductions			<input type="checkbox"/>		\$		\$	
Changes in your income tax withholding you initiated independent of any increase/decrease in income			<input type="checkbox"/>		\$		\$	

**Carefully review your responses then send the Organizer and related documents to MCG.**

Tax documents you are sending (check all that apply). Remember, we do not return any documents (other than your completed tax returns) so be sure to keep a copy of all forms and documents you send to us.

Unless a document is specifically requested in this organizer, please do *not* send it. Please note: we do **NOT** need copies of Form 5498 nor do we need bank/retirement account statements). Superfluous documents (including envelopes whether opened or unopened) require us to take more time preparing your return resulting in higher fees:

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Form(s) W2     | <input type="checkbox"/> Form(s) 1099-INT  | <input type="checkbox"/> Form(s) 1099-DIV            | <input type="checkbox"/> Form(s) 1099-D             | <input type="checkbox"/> Form(s) 1099-R |
| <input type="checkbox"/> Form(s) 1099-C | <input type="checkbox"/> Form(s) 1099-MISC | <input type="checkbox"/> Form(s) SSA-1099            | <input type="checkbox"/> Form(s) 1098               | <input type="checkbox"/> Form(s) 1095-A |
| <input type="checkbox"/> Form(s) 1099-G | <input type="checkbox"/> Form(s) 1099-LTC  | <input type="checkbox"/> Form(s) 1099-Q              | <input type="checkbox"/> Securities sales statement | <input type="checkbox"/> Form(s) 1095-B |
| <input type="checkbox"/> Form(s) 1098-T | <input type="checkbox"/> Form(s) 1098-C    | <input type="checkbox"/> Closing Disclosure (pg 1-3) | <input type="checkbox"/> Donor statements           | <input type="checkbox"/> Form(s) 1095-C |
| <input type="checkbox"/> Schedule K-1   | <input type="checkbox"/> Form(s) 1099-SA   | <input type="checkbox"/>                             | <input type="checkbox"/>                            | <input type="checkbox"/>                |

Many events that occur during the year can affect your tax situation. In most situations, how a transaction is treated for tax purposes is firmly established at the time the transaction occurs. Negative tax effects can often be avoided by proper planning. Please contact us **PRIOR TO THE TRANSACTION OCCURRING** if you have questions about the tax effects of a transaction or event. Examples of events with significant tax implications include the following:

- |                              |                                 |              |                       |                      |
|------------------------------|---------------------------------|--------------|-----------------------|----------------------|
| § Pension/IRA distributions  | § Significant changes in income | § Job change | § Marriage            | § Birth/adoption     |
| § Attaining age 59 ½ or 70 ½ | § IRS correspondence            | § Retirement | § Starting a business | § Divorce/separation |