

# RETURNING CLIENT PERSONAL INFORMATION (NON-BUSINESS) LFM INCOME TAX QUESTIONNAIRE TAX YEAR 2017

Completing the attached Personal Questionnaire will help us get you the tax deductions you deserve.

This questionnaire is for PERSONAL income and itemized deductions. All business information is recorded on the business questionnaire, record book or QuickBooks.

A separate worksheet is included for business or rental income.

Cross out or write N/A by questions that do not pertain to you.

## Checklist of Items to Provide

- Copy of yourself and spouse's Driver's License/or fill out information on Page 1 of this questionnaire.
- Original Form(s) W-2.
- Form(s) 1099  
(or other statements showing dividend, interest, unemployment, pension, or other compensation).
- Stock, bond brokerage transaction statements.
- Form(s) 1098 reporting interest paid.
- Form 1098-T for college tuition & student account statement.
- Copies of real estate tax bills paid in 2017.
- Closing statement copies regarding sale or purchase of real property.
- Schedule(s) K-1 showing income/loss from partnerships, S corporations or estates or trust.
- Proof of health insurance: Form 1095-A, 1095-B or 1095-C. (These forms are provided by either your employer, health insurance provider or healthcare.gov marketplace).
- All other information notices you received, or have questions about.

### **Lakeshore Farm Management**

401 S Calumet Dr. PO Box 280  
Valders, WI 54245

Phone: 920-775-3900 or 1-800-817-3901

Fax: 920-775-3901

# RETURNING CLIENT TAX ORGANIZER TAX YEAR 2017

Please complete this organizer before your appointment. Write NA if the item does not pertain to you.

1. New Client Information	Taxpayer	Spouse
First Name & Middle Initial		
Last Name		
Social Security Number		
Date of Birth		
Occupation		
E-mail address		
Home Phone		
Cell Phone		
Driver's License #		
Issue State & Date		
Expiration Date		
Address & Apt #		Taxpayer Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State & Zip		Spouse Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No
School District		Taxpayer Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Spouse Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Dependents (Children & Others) Complete only if there are changes from last year.

Dependent's Name	Relationship to You	Date of Birth	Social Security #	Months Lived With You	Disabled?	Full-Time Student?	Gross Income

Please answer the following questions to determine maximum deductions:

- |   |   |
|---|---|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in your dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month of 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>BRING THE 1099-G</p> <p>6. Did you buy or sell any stocks bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you convert part or all of your SEP, traditional IRA, SIMPLE to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you make a contribution for 2017 tax year to a retirement plan (401K, IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you intend to make a contribution to a retirement plan (401K, IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you receive a distribution from a retirement plan (401K, IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. May the IRS discuss return with your preparer and can LFM access IRS &amp; State Information on-line? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Do you have foreign income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you go through bankruptcy, foreclosure, or repossession of property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Were you notified or audited by either the IRS or the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Did you buy any merchandise from out-of-state for which you DID NOT pay sales or use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you contribute to an Edvest or Tomorrow's Scholar college savings plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you want tax payment or refund directly withdrawn/deposited? If yes complete following items: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

Financial Institution: \_\_\_\_\_ Routing # \_\_\_\_\_ Account# \_\_\_\_\_

Is this a checking or a savings account? \_\_\_\_\_

Place a mark in the corresponding Taxpayer and/or Spouse box if you respond "YES" to the questions below.

<b>3) Did you receive income from an employer?</b>	Taxpayer	Spouse
If yes, attach all W-2 or 1099-Misc forms from every employer you worked for in 2017.		

<b>4) Did you receive income from Pension, Annuities, Profit Sharing, IRA's, etc.?</b>	Taxpayer	Spouse
If yes, attach all 1099-R forms from every retirement fund you received money from.		

<b>5) Did you receive income from Social Security and/or Railroad Benefits?</b>	Taxpayer	Spouse
If yes, attach all SSA-1099 forms.		

<b>6) Did you receive income from a Partnership, Trust, or Estate?</b>	Taxpayer	Spouse
If yes, attach Form K-1 for any and all entities.		

<b>7) Did you receive income from Dividends?</b>	Taxpayer	Spouse
If yes, attach Form 1099-DIV for any and all investment sources.		

<b>8) Did you have any contributions or distributions to an HSA (Health Savings Acct)?</b>	Taxpayer	Spouse
If yes, include statement of account balance.		

<b>9) Did you receive any interest income?</b>	Taxpayer	Spouse
If yes, attach Form 1099-INT or list below if did not receive a Form 1099-INT.		

<b>10) Did you sell any property?</b>	Taxpayer	Spouse
If yes, attach all 1099-S forms and closing statements, or list below if you did not receive any forms.		
<b>Property</b>	<b>Date Acquired</b>	<b>Original Cost plus Improvements</b>

<b>11) Did you sell any investments?</b>	Taxpayer	Spouse
If yes, attach form 1099-B, if you did not receive a 1099-B, list investments below.		

Investment	Date Acquired	Date Sold	Cost	Sale Price

<b>12) If you received any of the following income, list the amount received and attach supporting documents.</b>			
Unemployment	\$	Alimony Received	\$
Gambling/Lottery Winnings	\$	Disability Income	\$
State Income Tax Refund	\$	Jury Duty Pay	\$

<b>13) If you had any of the following adjustments to income, list amounts and attach supporting documents.</b>			
IRA/SEP Contributions-Taxpayer	\$	IRA/SEP Contributions-Spouse	\$
Educator Expenses	\$	Student Loan Interest	\$
Alimony Paid	\$	Name & SS# of alimony pd to:	

List the \$ for expenses listed. Please list **only personal expenses** not expenses for your business.

<b>14) Medical/Dental Expenses Paid by You</b> a) Prescription Medications b) Medical Insurance premium paid by you (out of pocket). Do not include premiums taken off your payroll check pre-tax. c) Long Term Care Insurance. Break out separately yourself and your spouse. d) Fees for doctors, dentist, etc. e) Fees for hospitals, clinics, etc. f) Lab and x-ray fees. g) Eyeglasses and contact lenses h) Mileage (list number of miles) i) Other Medical/Dental expenses.	List Dollar Amount

<b>15) Taxes Paid--attach property tax bills</b> a) Property Taxes b) Personal Property Taxes d) Other	List Dollar Amount

<b>16) Interest Paid--Attach any 1099-Int or supporting documents.</b> a) Mortgage Interest b) Interest paid to an individual for your home. Name, Address & Social Security # of Individual:	List Dollar Amount

<b>17) Estimated Tax Payments for 2017</b> April 18, 2017 Payment June 15, 2017 Payment September 15, 2017 Payment January 16, 2018 Payment	Federal Amount Pd	State Amount Pd

<b>18) Charitable Contributions--Attach documentation for noncash.</b> a) Church b) United Way c) Telethons/Heart, Lung Cancer Etc. d) Other e) List Non-cash Contributions--example: Goodwill/Salvation Army Etc. Non-cash Contributions--Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. f) List number of volunteer miles driven not reimbursed for.	List Dollar Amount

<b>19) Miscellaneous/Unreimbursed Employee Expenses (not business expenses deducted elsewhere).</b>			
Dues--union, professional--work related		Books,subscriptions, supplies--work related	
Licenses--work related		Tools,equipment, safety equipment--work	
Uniforms (including cleaning)--work related		Tuition, Books--work related	
Tax Preparation Fee		Safe Deposit Box Fee	
IRA Custodial Fees		Investment periodicals, advisory fees	
Job Search Expense		Moving--work related	

20) Day Care Expense--Attach supporting documents.		
	Provider 1	Provider 2
Name:		
Street Address:		
City, State, Zip		
SSN or EIN		
Amount Paid		

21) Rent Paid for Personal Residence			
Amount per Month	Date From:	Date To:	Heat Included?
			Yes / No
			Yes / No
			Yes / No

22) Post High School Education--Attach 1098-T, 1099-E, 1099-Q and billing summary.			
Bring in documentation to support any post high school tuition, books and fee expenses paid for any family member in 2017. If 529 or Ed IRA funds were used, also provide expenses for tuition, books, supplies, room and board.			
Student's Name	Name of College	Type of Expense: Tuition, Books Etc.	Amount Paid

23) Private School Tuition Grades K-12			
Bring in documentation to support any grade K-12 private school tuition, books and fee expenses paid for any dependent in 2017. Tuition, books, and fees must have been paid directly to the school.			
Student's Name & Grade	Name of School & Federal ID#	Type of Expense: Tuition, Books Etc.	Amount Paid

**QUESTIONS FOR YOUR TAX PREPARER:**


Help Us help the environment! Instead of paper, receive your tax return as a PDF document! We will send your return electronically via our secured & encrypted email.

Check Yes to receive your tax return as a pdf electronically. Provide email on page 1.