



For personal and corporate growth

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2017 INCOME TAX INFORMATION

TAXPAYER (First name on a joint tax return)		TAXPAYER (Spouse)	
Name			
Soc. Sec. No.			
Occupation			
Date of Birth			
Home Address			County:
Telephone No.	Home:	Business:	Fax:
E-Mail Address			
*****DID YOU RECEIVE AN IDENTITY PROTECTION PIN FROM THE IRS?*****			

CHILDREN & OTHER DEPENDENTS

Be certain that a teen doesn't claim themselves on their self prepared return, if you are claiming them!

You must provide Social Security Numbers for all dependents, regardless of age.			Date of Birth	Months in Your Home	Gross Income	% of Support Furnished by You** (OK if Student)
Name	Social Security Number	Relation				
1.						
2.						
3.						
4.						
5.						

**Not necessary for children under 19 (at 12/31/17) who lived with you or who are full-time students, if you obviously provided over 50% of their support.

HEALTHCARE COVERAGE - PLEASE ATTACH ALL 1095 FORMS (A,B OR C)

Did you have 2017 Health Care Coverage through the Health Insurance Marketplace? Yes ___ No ___ Carrier Name: _____

Did you have healthcare coverage (health insurance) for you, your spouse and dependents during all months of 2017? Yes ___ No ___

If No, please attach detail of which months no coverage was in effect.

Check if received Form **1095-A** ____, **1095-B** ____ or **1095-C** ____

WAGES & SALARIES - PLEASE ATTACH COPIES OF ALL W-2'S

Name of Employer	Gross Wages	Taxable Wages	Federal W/H	Soc. Sec. Tax W/H	Medicare Tax W/H	CT W/H	Other ST W/H	City W/H

Copy of driver's license required for NY tax return

For NY or other Non-Resident Employment - Please provide number of days worked - in state and number of days - out of state.

Taxpayer: In State _____; Out of State _____ Spouse: In State _____; Out of State _____

ESTIMATED INCOME TAX PAYMENTS MADE - ATTACH COPIES OF ALL CANCELLED CHECKS

	Due Date	FEDERAL		STATE OF CT		OTHER STATE ____	
		Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount
2016 Overpayment Credited to 2017							
1st Installment	04/18/17						
2nd Installment	06/15/17						
3rd Installment	09/15/17						
4th Installment	01/16/18						
		Total		Total		Total	

DIRECT DEPOSIT/AUTOMATIC PAYMENT BANKING INFORMATION (Attach blank check/or copy)

Please provide your bank account information for direct deposit of refund and/or automatic payment of balance due on your return:

Bank Name		Bank Routing Number	
Bank Address		Bank Account Number	
		Type of Account:	_____ Checking _____ Savings

DIVIDEND INCOME

1099 Forms must be attached.

TSJ*	Source	Ordinary Dividends	Capital Gain Distributions	Non-Taxable Distrib.	Foreign Tax Withheld

*Enter T (Taxpayer), S (Spouse), J (Joint) for name in which ownership of the asset was held.

INTEREST INCOME

TAX-EXEMPT INCOME

(Include interest from Savings & Loans, CD's, Credit Unions, Bank Deposits, Bonds, etc.)

Bank and Other Interest		
TSJ	Source	Amount

Municipal Interest & Tax Exempt Bond Fund Dividends		
TSJ	Source	Amount

DO YOU HAVE ANY FOREIGN ACCOUNTS?

If so, please list institution name, address, account number and maximum value for 2017:

Did you, at any time during 2017, have any interest in or signature or other authority over a bank, securities or other financial account in a foreign country? If yes, please provide details.

Institution Name/Address/Account #	Type of Account (Circle):	2017 Maximum Value
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	

Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in existence during 2017?
 1099 Forms and all other supporting documentation must be attached for all interest, dividends and exempt income listed above.

ITEMIZED DEDUCTIONS and HEALTH CARE COVERAGE INFORMATION

MEDICAL

Prescription Drugs/Insulin	
Glasses, Contact Lenses, Eye Exams	
Hearing Aids, Batteries	
Medical Travel:	
_____ mi @ 17 cents per mile	
Lab Tests, Therapy, X-Ray	
Prescribed Medical Equipment	
Hospitals/Nurses/Ambulance	
Home Health Care	
Health Center Costs	
Doctors/Dentists (list):	
Lodging (not meals) while away from home for essential medical care	
Health Insurance Premiums paid (list):	
Long Term Care Insurance	
Medicare Premiums (from SSA-1099)	
LESS: Insurance Reimbursement	()
HSA or MSA Accounts (provide details)	
NET MEDICAL EXPENSES	

CONTRIBUTIONS

Name of Charity (NOTE: Any single payment of \$250 or more must have receipt from donee)	(a) For which you have receipts, cancelled checks, etc.	(b) Other- (clothing, non-cash)*
Churches & Schools		
American Cancer Society		
American Red Cross		
Heart Association		
March of Dimes		
Salvation Army		
United Fund		
Other		
Charitable Travel _____ mi @ 14 cents		
Non Cash: Salvation Army/Goodwill		
Clothing, Personal Property		
Motor vehicle		
Other		

If you made contribution of property (other than cash), attach a description including the date you gave it, the original cost, condition and how you figured its value. Also, a qualified written acknowledgement must be attached if claimed value exceeds \$500.

CASUALTY/THEFT LOSSES-Attach Explanation

TAXES PAID IN 2017

Real Estate Tax-Residence - 2017 *	
Real Estate Tax - 2018 pre-paid	
Real Estate Tax - other	
Personal Property Tax - Auto	
Boat/RV	
State Income Tax - '16 Liability Paid	
State Income Tax - '17 Estimates	
State Income Tax - '17 Withholding	
Sales Tax - '17 (Please provide details on major purchases ie: auto, boat, etc.)	

INTEREST PAID

Home Mortgages*	
Home Equity Loans*	
Points Paid on Mortgage (New home)	
Points Paid on Mortgage (Refinance)	
Term in years of mortgage refinances:	
Investment Interest	
Education Loans	

MISCELLANEOUS DEDUCTIONS

Safe Deposit Box		
Tax Service Fee		
Uniforms & Work Tools		
Union & Professional Dues		
Business Publications		
Small Tools		
Investment Expense		
Employment Agency Fees		
Professional Licenses and Fees		
Educator/Teaching Expenses		
Various Legal Fees (provide details)		
Other Related Business Expenses (list):		
Mileage: _____ mi @ 53.5 cents per mile		

*Provide details or closing statements for any new mortgages, refinances, home equity loans and education loans.

RENTAL INCOME

Do you have income or (loss) from a rental property? If so, please furnish details of income and expenses below:

RENTAL PROPERTY	PROPERTY 1	PROPERTY 2
PROPERTY DESCRIP/ADDRESS		
# of Days-Personal Use		
Monthly Rent \$ _____		
x # of Mos. Rented _____		
EXPENSES		
Advertising		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal/Accounting		
Management Fees		
Mortgage Interest		
Repairs		
Taxes		
Utilities		
Common Charges		
Other (List)*		

*Please provide details/receipts for expenses and improvements such as carpeting, equipment, appliances, etc.

INCOME FROM PARTNERSHIPS

ESTATES, TRUSTS, "S" CORPS

Enclose tax return, K-1 or Taxpayer Information Letter

NAME OF ENTITY	K-1 ATTACHED?	
	YES	NO

*Please indicate if you are waiting for additional K-1's.

<p><u>Single Member LLCs</u></p> <p>Did you file a 2017 CT Business Entity Tax return? _____</p> <p>Did you file a 2017 CT Annual Report? _____</p>

SELF-EMPLOYMENT INCOME

Did you or your spouse earn income from a business, profession or farm? If so, please furnish details of income and expenses below. Kindly attach all 1099's received and compare them to your total gross income. If differences exist, please provide an explanation.

BUSINESS(OR FARM)	BUSINESS	BUSINESS
Taxpayer or Spouse		
Description		
Gross Income		
Materials		
Salaries		
Heat,Light,Power		
Insurance		
Rent		
Auto Expenses*		
Other Expenses (List)		

*Please provide records & receipts of expenses including detailed mileage logs and new car invoices.

NOTE: Home office must be an area used exclusively for business. Detail entire home expenses such as utilities, insurance, repairs and relative percentage of home used for office area.

SOCIAL SECURITY & RAILROAD RETIREMENT BENEFITS

Please attach Form SSA-1099, Social Security Benefit Statement

	Benefits-2017	Medicare Deduction	Net Benefits	Federal Income Taxes Withheld
Taxpayer				
Spouse				

INCOME FROM PENSIONS, ANNUITIES & IRAs

Form W-2P/1099R must be included. If payments commenced this year, include information from payer.

Payer	Amount	Fed Tax W/H	State Tax W/H

1. Did you or your spouse make an early withdrawal from an annuity? If yes, amount \$ _____.

2. If you own a Traditional IRA, starting at age 70 1/2, you must begin making withdrawals, also known as RMDs -REQUIRED MINIMUM DISTRIBUTIONS. These RMDs must begin NO LATER THAN APRIL 1st following the calendar year in which you reach the age of 70 1/2. Please advise of any distribution.

GAINS OR (LOSSES) FROM SALE OF PROPERTY

SALE OF REAL ESTATE

Include closing & HUD statements; the property tax bills for year of sale and other pertinent information including dates of acquisition & sale and cost (original cost plus subsequent improvements).

Property Description	Date Sold	Selling Price	Date Purch.	Purchase Price	Improvement Costs

SALE OF STOCKS, BONDS, ETC. (Attach a separate sheet if necessary)

Description of Security	# of Units	Sales		Purchases		Long-Term Gain(Loss)	Short-Term Gain(Loss)
		Date	Amount	Date	Amount		
			\$		\$	\$	\$
TOTALS			\$		\$	\$	\$

MISCELLANEOUS INCOME

Please furnish details of other income such as alimony, jury fees, finder fees, executor fees, director fees, prizes, state tax refunds, etc. Also list Gambling Losses (to the extent of Winnings).

Payer	Type of Income	Amount

IRA/KEOGH/SEP/SIMPLE IRA

Please furnish details and provide annual statement for all retirement account transactions, including ROTH IRA conversions and opening of new accounts in 2018 for tax year 2017.

Description/Name of Institution	2017 Contributions		Rollover/Conversion		Withdrawal	
	Amount	Date(s)	Amount	Date	Amount	Date
Taxpayer						
Spouse						

CHECK APPROPRIATE BOX

*PLEASE FURNISH DETAILS TO ALL QUESTIONS ANSWERED "YES" ON A SEPARATE SHEET.

ARE YOU PREPARED?		IS YOUR FAMILY PROTECTED?	
Our Estate Planning professionals welcome the opportunity to review the following with you throughout the year:			
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Do you and your spouse each have a current (within 5 years) Will/Living Will/HIPAA waiver/Health Care Power of Attorney?	
<input type="checkbox"/>	<input type="checkbox"/>	Are you confident that your current estate plan ensures that you and your spouses wishes will be carried out?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you and your spouse designated a beneficiary on your insurance policies/IRA's/401K's within the last 5 years?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Living Trust in place as part of your estate plan? Does your spouse, children or executor know where you keep your important documents?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you taken steps to protect your children's inheritance in the event your surviving spouse chooses to remarry after your death?	

YES		NO		TAX YEAR 2017			
<input type="checkbox"/>	<input type="checkbox"/>	Did you have unearned INCOME OF A DEPENDENT CHILD UNDER AGE 18? (ie: interest, dividends, etc.)					
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay tuition for higher education?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability payments this year?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive tip income not reported to your employer?					
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any worthless securities or loans that became uncollectible this year?					
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS, any state or local taxing agency notified you of changes to a prior year's tax return?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you in any retirement program at work?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you PAY ALIMONY under a written separation agreement or court order? If recently divorced, include copy of divorce decree. If yes, total amount paid in 2017 \$_____.					
		Recipient's soc. sec. # _____ Recipient's last name _____.					
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Interest Income From Seller Financed Mortgage? If so, please provide details.					

YOU MAY BE ENTITLED TO A DEDUCTION OR CREDIT

- If you operated your auto for business purposes and were reimbursed less than 53.5 cents per mile or less than actual expenses: or if you incurred employee business expenses which were not fully reimbursed.
- If you contributed to a Health Savings Account (HSA) or Medical Savings Account (MSA) (Provide Details).
- If you incurred MOVING EXPENSES in connection with a change in jobs. (Please include information received from employer regarding moving expenses reimbursed, if applicable.) DATE MOVED _____.
- If you housed hurricane evacuees free of charge in your primary residence for at least 60 consecutive days.
- If you paid for the CARE OF A DEPENDENT who is under 15 or incapacitated, to enable you and your spouse to work or be a full-time student. (Please attach an additional sheet if more lines are needed.)

Dependent Name	Provider's Name & Address	Provider's Federal ID #	Amount Paid

TAX CREDITS

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Elderly & Permanently Disabled Credit <input type="checkbox"/> <input type="checkbox"/> Foreign Tax Credit <input type="checkbox"/> <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> <input type="checkbox"/> Earned Income Credit | <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Adoption Credit <input type="checkbox"/> <input type="checkbox"/> Job Credit (If Sole Proprietor) <input type="checkbox"/> <input type="checkbox"/> Qualified Energy-Efficient Home Improvement |
|---|---|

GIFTS

- Did you make GIFTS totaling \$14,000 or more to any one person, trust or nonexempt organization in 2017? If so, please provide a list of gifts made on a separate sheet, including recipient's name, date, amount and nature of the gift(s).

2017 TAX YEAR - PRESIDENTIAL ELECTION CAMPAIGN FUND STATEMENT

- Do you or your spouse wish to have \$3 paid to a nonpartisan general account for all eligible candidates ?
- Yourself
- Spouse