



Dempsey Scheiman & Associates
Certified Public Accountants ♦ Certified Financial Planners

5579 Pearl Road, Suite 200 Cleveland, Ohio 44129

Phone (440) 885-0100 Fax (440) 885-0221

E-mail dempseyscheiman@dsa-cpa.com

www.dsa-cpa.com

December 31, 2017

Dear Client:

Attached please find your 2017 Income Tax Organizer. Please complete the organizer to enable us to provide you with the most accurate tax return possible and to afford you every deduction and credit you are entitled to.

Please complete the enclosed "Attestation of Health Care Coverage". Also, on the back of that form, complete the Driver License information request for both taxpayer and spouse, if applicable. Please supply license information even if you had provided that data last year. Both are required items for the 2017 filing.

Please provide the following original documents in addition to the completed organizer:

W-2 Forms	Tax Notices
Social Security Statements	Mortgage Interest Statements
1095 A, B or C Health Insurance	Real Estate Tax Statements
1099 for Unemployment Income	Brokerage Statements
1099 for Interest Income	K-1 Forms
1099 for Dividend Income	1099 K for Credit Card Sales
1099 R for Retirement Income	Other Forms Not Listed
1099 Misc. for Miscellaneous Income	Your Questions
Copies of your prior year tax returns if not prepared by our firm	

Our business has been able to grow by referrals from satisfied clients. We sincerely appreciate your referring our services. Please know that we will do our utmost to live up to your recommendations.

Thank you for placing your confidence in our firm and giving us the opportunity to service your tax, accounting and financial planning needs.

Sincerely,

Dempsey Scheiman & Associates

AFFORDABLE CARE ACT

ATTESTATION OF HEALTH CARE COVERAGE

	<u>Yes</u>	<u>No</u>
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (ie Medicare/Medicaid) for every month of 2017		
for yourself?	_____	_____
for your spouse?	_____	_____
for your dependents?	_____	_____

If you answered "no" for anyone, which months did you have coverage?

 J F M A M J J A S O N D

Did anyone in your family qualify for an exemption from the health care coverage mandate?	_____	_____
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<i>Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?</i>	_____	_____
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Please provide all 1095 Forms received

Under penalties of perjury, I attest that to the best of my knowledge and belief, the above responses provided are true, correct, and complete.

Taxpayer Signature

Date

Spouse Signature

Date



Driver's License or State Issued ID

Taxpayer Name: _____ **Client Number:** _____

Taxpayer:

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Spouse Name: _____ **Client Number:** _____

Spouse:

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Person Providing Info: _____ **Date:** _____

Info received by: _____

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Taxpayer Information	Spouse Information
Name _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>	_____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>
Social Security # _____	_____
Occupation _____	_____
Date Of Birth _____	_____
Date Of Death _____	_____
Daytime Phone Number _____	_____
Evening Phone Number _____	_____
E-mail Address _____	_____
Signature _____	_____
Residence Information	
Address _____ County _____	
City _____ State _____ Zip Code _____	
Did You Move In 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move _____	
Old Address _____ County _____	
City _____ State _____ Zip Code _____	
Wages--Attach W-2 / 1095 Forms	Attach 1099 Form
List The Names Of Your Employers: _____ _____ _____	List Sources Of Pension Income: _____ _____ _____
Other Income Taxpayer	Other Income Spouse
State/Local Refunds _____ Unemployment Compensation _____ Social Security Benefits _____ Social Security Withholding _____ Alimony Received _____	_____ _____ _____ _____ _____

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Dependent Information

First, Last Name	Social Security Number	Date Of Birth	Relationship	FT Student Y/N	Months Lived in Home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If dependent makes you eligible for earned income credit, by IRS mandate we will need proof of residence. e.g. Report card or medical statement showing child's name with address.

***Attach copy of Social Security card. If Social Security Number is incorrectly reported, you will lose the \$1000 child credit & dependency deduction.**

Education Credit

Complete this portion if you paid qualified education expenses for higher education costs in 2017. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. **Copies of Form 1098-T must be attached.**

Student's First/Last name	Yrs. Attended	Student's Soc. Sec. #	Qualified Expenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child and Dependent Care Expenses

Please enter all amounts paid in 2017 for the care of one or more dependents which enabled you to work or attend school.

Total Qualified expenses incurred in 2017: _____

Were you or spouse a full-time student or disabled? _____

Employer provided dependent care benefits: _____

Dependent Care Provider (attach additional sheet if more than one)

Name of Provider: _____

Street address of provider: _____

City State and Zip Code: _____

Social Security Number or Employer Identification number: _____

Is provider a tax-exempt organization? _____

Amount paid to care provider in 2017: _____

Reimbursement from employer? _____

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse or dependent when you took out the loan.

Qualified student interest paid: _____

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Tax Estimate Payments

Important

In order to prevent tax notices, we **MUST** have the following information to complete your tax returns:

Please write the amount and date of estimate payments paid for 2016.

<u>Federal</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15/2017	_____	_____	\$ _____
2 nd quarter	06/15/2017	_____	_____	\$ _____
3 rd quarter	09/15/2017	_____	_____	\$ _____
4 th quarter	01/15/2018	_____	_____	\$ _____

<u>Ohio</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15/2017	_____	_____	\$ _____
2 nd quarter	06/15/2017	_____	_____	\$ _____
3 rd quarter	09/15/2017	_____	_____	\$ _____
4 th quarter	01/15/2018	_____	_____	\$ _____

<u>City</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15/2017	_____	_____	\$ _____
2 nd quarter	06/15/2017	_____	_____	\$ _____
3 rd quarter	09/15/2017	_____	_____	\$ _____
4 th quarter	01/15/2018	_____	_____	\$ _____

If submitting your organizer after 4/15/2018 (for extended returns only), please verify your
2017 extension payments below:

		<u>Date Paid</u>	<u>Check Number</u>	<u>Amount Paid</u>
Federal	04/15/2018	_____	_____	\$ _____
State	04/15/2018	_____	_____	\$ _____
City	04/15/2018	_____	_____	\$ _____

I / We did not make any Federal or State estimated tax payments for tax year 2017

Please return this completed form with your organizer and tax documents.

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IRA Deductions

Are you covered by a retirement plan? _____

Traditional IRA contribution: _____

Roth IRA contribution: _____

Education IRA contribution: _____

Roth Conversion: _____

Other Adjustments

Penalty on early withdrawal of savings: _____

Alimony Paid: _____ SS# of Spouse _____

**** Hospitalization Verification ****

Please provide 1095 (A), (B) or (C) forms provided by your employer or health insurance provider to verify health insurance coverage. Our receipt of these forms has become mandatory as a result of provisions contained in the Affordable Care Act.

Please provide any forms received for Health Savings Accounts (HSA).

Direct Deposit of Refund

Please have any refunds electronically deposited to my/our designated account:

Yes No

If yes, please provide the following account information OR attach a VOIDED check (not a deposit slip) for the account to which the deposit is to be made:

Name of bank institution: _____

Routing number : _____

Account Number: _____

This account is a Checking Savings

Is designated account a joint account? Yes No

If no, and you are filing a joint return, who owns the account?

Husband Wife

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Schedule A – Medical	Charitable Contributions
<p>Unreimbursed Payments For:</p> <p>Insurance Premiums (if not payroll deducted) _____</p> <p>Prescription Drugs _____</p> <p>Doctor/Dental Exp. _____</p> <p>Hospital/Lab Exp. _____</p> <p>Long-Term Care Premiums _____</p> <p>Miles Driven _____</p> <p>Other _____</p> <p>Amount of reimbursements received for care _____</p>	<p>*Documentation required upon Audit</p> <p>Cash Contributions: _____</p> <p>Churches _____</p> <p>Am. Cancer Society _____</p> <p>Heart Association _____</p> <p>March of Dimes _____</p> <p>United Way _____</p> <p>Other: _____</p> <p>Non-cash Contributions (Itemized list on file with Taxpayer)</p> <p>Goodwill _____</p> <p>Salvation Army _____</p> <p>AM Vets _____</p> <p>Other: _____</p> <p>If over \$500 list Organization, date _____</p> <p>Donated & items: _____</p>
Taxes Paid	Interest Expense
<p>Real Estate Taxes – Home: _____</p> <p>Real Estate Other Itemize: _____</p> <p>_____</p> <p>_____</p> <p>Sales Tax on Major Purchase: \$ _____</p> <p style="text-align: right;">Details</p>	<p>Home Mortgage Interest _____</p> <p>Second Mortgage _____</p> <p>Home Equity Loan _____</p> <p>Did you refinance your house in 2017? _____</p> <p>If yes: Points paid _____</p> <p style="padding-left: 40px;">Term of loan _____</p>
Miscellaneous Expense	
<p>Unreimbursed Business Expenses _____</p> <p>Union Dues _____</p> <p>Tax Preparation Fees _____</p> <p>Safe Deposit Box Rental _____</p> <p>Uniform & Small Tools _____</p> <p>Continuing Education Expenses _____</p> <p>Investment Publications _____</p> <p>Gambling Losses (log book required) _____</p> <p>Do you have a home office exclusively used for business? _____</p> <p>Other Itemize: _____</p>	

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**1099's Must Be Issued To ALL Nonincorporated Service Providers
For Amounts Totaling \$600 Or More.**

Rent & Royalty Properties

	Unit 1	Unit 2	Unit 3
Property/Location	_____	_____	_____
Taxpayer/Spouse/Joint Ownership Percentage	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

****Did you make payments in 2017 that require you to file 1099s?** _____ **yes** _____ **no**
****If "yes" did you or will you file all required 1099s?** _____ **yes** _____ **no**

Income

Gross Rents	_____	_____	_____
Gross Royalties	_____	_____	_____

Expenses

Advertising	_____	_____	_____
Auto	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____

Large Purchases/Improvements (Not listed above)
 New Property Purchases/Sales – Attach Escrow Statement

Description/Unit #	Date	Cost Basis
_____	_____	_____
_____	_____	_____

Mileage _____
 Beginning odometer reading 1/1/17 _____
 Ending odometer reading 12/31/17 _____
 Business Mileage _____

Do you have a written log to support your deduction? _____

***The IRS will disallow the mileage deduction if you do not have proof of the beginning of year and end of year odometer readings and a written log. e.g. oil change, mechanic maintenance log.**

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1099-Ks Must Be Attached You Will Receive This Form If You Accepted Credit Card Payments	
Schedule C General Information	Cost Of Goods Sold
Taxpayer/Spouse/Joint _____ Employer Identification # _____ Principal Business/Profession: _____ Business Name: _____ Business Address: _____	Beginning Inventory: _____ Purchases: _____ Labor: _____ Materials: _____ Other Costs: _____ Ending Inventory: _____
IRS MANDATE----1099s Must Be Issued to ALL Unincorporated Service Providers For Amounts Totaling \$600 Or More. **Did you make payments in 2017 that require you to file a 1099? ___yes ___no **If “yes” did you or will you file all required 1099s? ___yes ___no	<div style="text-align: center; background-color: #e0e0e0; padding: 2px;">Expenses</div> Advertising: _____ Car & Truck Expense: _____ Depreciation: _____ Employee Benefits: _____ Insurance: _____ Interest—Financial Institutions: _____ Interest Expense—Other: _____ Legal/Professional Fees: _____ Office Expenses: _____ Pension/Profit Sharing: _____ Rent—Machinery: _____ Rent—Other: _____ Repairs./Maintenance: _____ Supplies: _____ Taxes/Licenses: _____ Travel: _____ Meals/Entertainment: _____ Utilities: _____ Wages: _____ Do you have a home office exclusively used for business? _____ If yes: Sq. footage of Office: _____ Sq. footage of House: _____ Other Expenses: _____ _____
Income Attach all 1099K Forms	
Gross Receipts Or Sales: _____ Returns And Allowances: _____ Other Income: _____	
Mileage	
Odometer Reading 1/1/17 _____ Odometer Reading 12/31/17 _____ Total Mileage: _____ Business Mileage: _____ Make of Auto: _____ Date of vehicle placed in service for business: _____ Do you have another vehicle available for personal use? _____ Do you have a written log to support your deduction? _____ Purchase of Lease? _____	

***The IRS will disallow mileage expense if you do not have proof of the beginning of year and ending of year odometer readings and a written log. e.g. oil change receipt; mechanic maintenance log.**