

CRAFT ACCOUNTING SERVICE, INC.

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Dear Tax Client:

Attached is a Disclosure of Information Worksheets **to complete before your tax appointment with us.** The worksheets cover both personal information and various business types. Complete those worksheets which apply to your activities and realize only you can provide and verify the information. When you are done, you will instruct us to rely on it.

Businesses, Rental Properties, Farms: If you have a business, rental properties, or a farm and use QuickBooks or some other computer software to prepare your financial information, you are not required to complete the Business, Rental Property, or Farm Income and Expense Worksheets. You may provide us a disclosure printed from your software which must also be signed. It would be expedient to use these worksheets, however, as a guide to verify the correctness of your information.

Tax Guides: Informational tax guides are available on our website to help in determining qualified deductions and business income and expenses when completing the worksheets. Printed copies of these tax guides are available upon request.

Mileage Deductions: A Mileage Log Worksheet is included which may be reproduced as needed to report any deductible mileage. A completed mileage log will be required before any mileage deduction will be considered.

If at any time you have questions regarding the completion of any portion of the disclosure worksheets, please feel free to contact us. **When you have completed the worksheets, please sign the Affirmation on the final page.**

We appreciate your attention to these details as we strive to accurately prepare your returns.

**Disclosure of Facts/Information for
 Tax Return Preparation**

Tax Payer Information <i>(Record personal details if changes from last year)</i>	Spouse Information
Last name	Last name
First name.....	First name.....
Middle Initial..... Suffix....	Middle Initial..... Suffix....
Social Security number.....	Social Security number.....
Date of birth.....	Date of birth.....
Occupation.....	Occupation.....
Work phone..... Ext....	Work phone..... Ext....
Cell phone.....	Cell phone.....
E-mail address.....	E-mail address.....
Address.....	Apartment number.....
City..... State.....	Zip Code....
Home phone.....	Fax Number
Enter State of residence for 2016	Taxpayer _____ Spouse _____
Eligible to be claimed as a dependent on another return.....	Yes / No

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Attach all Form 1098-Ts and a list of your qualified education expenses.

Education Tuition and Fees				
Student First Name	MI	Suffix	Student Last Name	Social Security Number

Student Loan Interest Paid: Enter total 2016 qualified student loan interest.....

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																		
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																		
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC), or**
- ▶ **an Exemption** from the responsibility to have minimum essential coverage, or
- ▶ **Make a Shared Responsibility Payment.**

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

2016 Questions

Health Insurance

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1a Did you and your dependents have health care coverage for the full year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following: Forms 1095-A, Form 1095-B, Form 1095-C ? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen, or economic hardship? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received an exemption certificate, please attach | | |
| 2a Did you or your spouse have self-employed health insurance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B If you are self-employed, are you eligible to participate in an employer's health plan..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you contribute to or receive distributions from a Health Savings Account (HSA)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Personal and Dependent Information

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 6 Did your marital status change during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7 Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Do you have children who are under age 19 or a full-time student under age 24 with investment income greater than \$1900?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you provide over half the support for any other person during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you incur adoption expenses during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |

Items Related to Income/Losses

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 11 Did you receive a distribution from an IRA or other qualified plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Was the distribution rolled over into another IRA or qualified plan within 60 days of the distribution?. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If yes attach closing or escrow statements, 1099-C or 1099-A forms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did a lender cancel any of your debt in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you incur any casualty or theft losses during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you pay any individual for domestic services in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you buy or sell any stocks or bonds in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Refund and/or Tax Payment Designations

Direct Deposit: If you want your refund directly deposited into your bank account, please provide the following:

Bank Name: _____ Bank Acct No: _____ Bank Rtg No: _____
 Checking Account OR Savings Account

Direct Withdrawal: If you want your tax payment directly withdrawn from your bank account, please provide the following:

Bank Name: _____ Bank Acct No: _____ Bank Rtg No: _____

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Income and Deductions

Income Sources

Provide all the following forms and any special designations and/or distributions when applicable:

1 W-2 – Wages, salaries, tips and other compensation

Clergy: Enter your designated housing or parsonage allowance.....

Clergy: Enter smallest of (a) the designated housing or parsonage allowance,

(b) amount spent on qualifying housing expenses, or (c) fair rental value.....

2 Form(s) 1099-R – Distributions from pensions, annuities, retirement, profit-sharing, IRAs, etc.

If a **partial** rollover, enter the amount rolled over.....

If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA.....

If entire distribution is a required Minimum Distribution (RMD) check this box.....

If **only part** of distribution is RMD, enter the part that is RMD.....

3 Form(s) SSA-1099 – Social Security/Railroad Benefits

10 Form(s) 1099-G – Certain Gov't Payments

4 Form(s) 1099-MISC – Miscellaneous Income

11 Form(s) W-2G – Gambling or Lottery Winnings

5 Form(s) 1099-INT - Interest Income

12 Schedule K-1s – Partnership, S Corp, Trust or Estate

6 Form(s) 1099-DIV – Dividend Income

7 Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc.

8 Form(s) 1099-Q – Payment from Qualified Education Programs

9 Other Income to Report:

Alimony, jury duty, unreported tips, disability income, etc. Businesses, rentals, and farms must complete the related worksheets attached. Report any other income not included on this organizer.

13 Retirement Plan Contributions

Taxpayer

Spouse

Traditional IRA contributions made for 2016.....

Roth IRA contributions made for 2016.....

SEP, Keogh, Individual 401(k) or SIMPLE Contributions.....

Deductions

Interest Expenses

- Home mortgage interest paid: **Provide Form(s) 1098**
- Points paid on loan to buy, build or improve main home: Provide closing statement

Contributions

Cash/Check/Credit Contributions

Donee Organization: _____ 2016 Amount _____

• Noncash Charitable Contributions

Provide 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.

Miscellaneous Deductions	2016
Miscellaneous Deductions	
Union and professional dues.....	_____
Professional subscriptions, books, supplies.....	_____
Uniforms and protective clothing (include cleaning).....	_____
Job search costs.....	_____
Taxpayer educator expenses.....	_____
Spouse educator expenses.....	_____
Tax return preparation fees.....	_____
Safe deposit box rental.....	_____
Gambling losses (to the extent of gambling income).....	_____
Certain attorney fees (ask preparer for clarification).....	_____
Investment counsel and advisory fees.....	_____
Other Expenses (list)	_____
_____	_____
_____	_____
_____	_____

Moving Expenses

Job Move	
<p>If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.</p> <p>Check here only if all of the following apply..... <input type="checkbox"/></p> <ul style="list-style-type: none"> You moved in an earlier year You are claiming only storage fees while you are away from the United States Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2 <p>Enter new principal workplace name and address _____</p> <p>Enter mileage if required to meet Distance Test:</p> <p>Number of miles from your old home to new workplace..... _____</p> <p>Number of miles from your old home to old work place _____</p> <p>Enter any reimbursement amount paid by your employer..... _____</p> <p>Are you a member of the armed forces?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, did you move due to a permanent change of station?Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, enter the allowances or reimbursements received from the government _____</p> <p>If no, enter the total amount your employer paid for your move. Do not enter amounts already reported in Form W-2 Box 12..... _____</p>	
Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.....	_____
Storage expenses	_____
Expenses of moving from old to new home:	
Travel not including meals	_____
Lodging not including meals	_____

Medical and Tax Expenses

Medical and Dental Expenses	2016
1. Prescription medications 2. Health insurance premiums (other than Medicare B) 3. Qualified long-term care premiums a. Taxpayer's gross long-term care premiums b. Spouse's gross long-term care premiums c. Dependent's gross long-term care premiums 4. Enter self-employed health insurance premiums 5a. Insurance reimbursement b. Medical (MSA) or health (HSA) savings account distributions 6. Doctors, dentists, etc. 7. Hospitals, clinics, etc. 8. Lab and X-ray fees 9. Expenses for qualified long-term care 10. Eye glasses and contact lenses 11. Medical equipment and supplies 12. Miles driven for medical purposes (mileage log required) 13. Ambulance fees and other medical transportation costs 14. Lodging 15. Other medical and dental expenses: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Taxes	2016
16. Real estate taxes paid on principal residence (provide property tax stmts) 17. Real estate taxes paid on additional homes or land (provide stmts) 18. Auto registration fees based on the value of the vehicle 19. License plate fees 20. Sales tax on motor vehicle or boat 21. Other personal property taxes 22. Other taxes _____ _____ _____	

Employee Expenses: If you were an employee incurring ordinary and necessary expenses for your job, complete this form.

General	
Occupation in which expenses were incurred.....	
These employee business expenses were incurred by..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
Expenses	2016
1 Parking fees, tolls, and local transportation.....	
2 Travel expenses while away from home (excluding meals/entertainment expenses)	
• Lodging.....	
• Rental Car.....	
• Airline.....	
• Laundry.....	
• Baggage Charges.....	
• Temporary Help.....	
• Other.....	
3 Meals and entertainment expenses.....	
4 Mileage (mileage log required).....	
5 Business gifts.....	
6 Education.....	
7 Trade publications.....	
8 Office Supplies.....	
9 Phone (Percentage for job related calls).....	
10 Uniforms	
11 Other	
Employer Reimbursements (Initial Appropriate Responses)	2016
11 My employer <u>does not</u> have a reimbursement plan for any of these expenses	Yes _____ No _____
12 My employer <u>does</u> have a reimbursement plan and the reimbursement amount is included in Box 1 of my W-2 Form	Yes _____ No _____
13 My employer <u>does</u> have a reimbursement plan and the reimbursement <u>is not</u> included in Box 1 of my W-2 Form	Yes _____ No _____
13 Reimbursements received for expenses other than meals and entertainment.....	
14 Reimbursements received for meals and entertainment.....	
• If you are reimbursed; you must provide a copy of your employer's reimbursement policy, year-end pay stub, or other documentation verifying your reimbursements.	
15 No reimbursements have been received from my employer or any other source for any of the employment related expenses submitted for the preparation of this tax return and no reimbursement for these expenses will be submitted.	Yes _____ No _____
Qualified Performing Artist	2016
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Income & Expense Worksheet

General Information

1 Business Name _____
 2 Business Street Address _____
 City _____ State _____ Zip _____
 3 Principal Business Profession..... _____ 4 Tax ID No. _____
 5 Type of Entity* (Circle One): Sole Proprietorship S Corp C Corp Partnership LLC
LLC w/ S Corp Taxation Election

Income	Type	2016 Amount
5 Gross Receipts or Sales:.....	_____	_____
	_____	_____
	_____	_____
6 Other Income (interest etc.).....	_____	_____
	_____	_____

Cost of Goods Sold (if Applicable) 2016

7 Purchases (for resale, etc.)..... _____
 8 Direct Materials..... _____

General Expenses 2016

NOTE: If any expense is both business and personal; you must provide amounts or % allocation.

9 Accounting..... _____
 10 Advertising..... _____
 11 Bank Charges/Fees..... _____
 12 Cleaning..... _____
 13 Commissions & Fees..... _____
 14 Computer Services & Supplies..... _____
 15 Contract Labor/Outside Services..... _____
 16 Credit & Collection Costs..... _____
 17 Delivery & Freight..... _____
 18 Dues & Subscriptions..... _____
 19 Gifts..... _____
 20 Health Savings Account Contributions..... _____
 21 Insurance
 a Health Insurance..... _____
 b Liability Insurance..... _____
 c Life Insurance..... _____
 d Property Insurance..... _____
 22 Interest
 a Finance Charges..... _____
 b Loan Interest..... _____
 c Other Interest..... _____
 23 Internet Service..... _____
 24 Laundry..... _____
 25 Legal & Professional Fees..... _____
 26 Licenses..... _____
 27 Meals & Entertainment..... _____
 28 Miscellaneous..... _____
 29 Office Supplies..... _____

Business Income & Expense Worksheet (con't)

General Expenses	2016
30 Parking Fees & Tolls.....	_____
31 Permits & Fees.....	_____
32 Postage.....	_____
33 Printing & Reproduction.....	_____
34 Repairs & Maintenance.....	_____
35 Rents	
a Equipment Rental.....	_____
b Property/Building Rental.....	_____
36 Salaries & Wages (attach 941 & 940)	
a Gross Wages.....	_____
b Social Security & Medicare Taxes.....	_____
c Federal Unemployment Tax.....	_____
d State Unemployment Tax.....	_____
37 Security.....	_____
38 Supplies.....	_____
39 Taxes (other)	
a State Income/Franchise Tax.....	_____
b Property Taxes.....	_____
c Other Miscellaneous Taxes.....	_____
40 Telephone.....	_____
41 Tools.....	_____
42 Training/Continuing Education.....	_____
43 Travel (airline, parking, hotels, tolls, rental car).....	_____
44 Uniforms.....	_____
45 Utilities.....	_____
46 Other Expenses.....	_____
47 Vehicle description..... _____ Date placed in service..... _____	
a Mileage reading beginning of year _____ Mileage reading at end of year _____	
b Business miles (mileage log required – do not include personal miles)..... _____	

Depreciable Assets	Type	2016 Amount
48 Fixed Asset Purchases.....	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

***If you have a new business entity such as a corporation, partnership, or multi-member LLC, or you are a new client, please have the following documents and information available at your appointment:**

- ✓ Articles of Incorporation/Articles of Organization
- ✓ Shareholder(s)/partner(s) name(s) and social security number(s) with percentage of ownership
- ✓ Verification of Subchapter S Corporation status, if applicable

Rental Property Income and Expenses (Duplicate if needed)

Basic Property Information																											
Property type: Commercial Residential Location (street address): _____ City: _____ State: _____ Zip: _____ Foreign Country: _____																											
1. Check property owner..... Taxpayer Spouse Joint 2. Enter the ownership percentage (if not 100%) _____ If not 100%, are you reporting 100% of the income and expenses? 3. Is this property rented to a family member? 4. Do you have rental contract?..... 5. Is this property rented at fair market value? 6. Did you have personal use of this rental property? If yes , enter number of days: Rented: _____ Personal Use: _____ Owned: _____ 7. Does this rental have multiple living units and you live in one of the units?..... If yes , enter percentage of rental use: _____ 8. Did you actively participate in this property's management during 2016? 9. Did you materially participate in this property's management during 2016?..... 10. Do you want to treat this property as non-passive?..... 11. Did you dispose of this property in a fully taxable transaction? 12. Did this property have unallowed passive losses in 2016?..... 13. Do you want to treat this property as commercial property?	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Yes</th> <th style="width: 50%; text-align: center;">No</th> </tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Yes	No	<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"/>
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Income	2016																										
14. Rents Received																											
Expenses	2016																										
15. Advertising																											
16. Automobile (mileage log required)																											
17. Cleaning and maintenance.....																											
18. Commissions.....																											
19a. Mortgage insurance premiums – qualified																											
b. Other insurance																											
20. Legal and professional fees																											
21. Management fees																											
22a. Mortgage interest paid to banks – qualified																											
b. Mortgage interest paid to banks – other																											
23. Other interest																											
24. Repairs.....																											
25. Supplies.....																											
26a. Real estate taxes.....																											
b. Other taxes.....																											
27. Utilities.....																											
28. Other expenses.....																											
_____																											
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Farm Income and Expenses

General Information

Name of this farm

1 Check ownership Taxpayer Spouse Joint

2 Principal Product.....

3 Employer identification no.....

4 Agricultural activity code (Preparer Use Only).....

5 Was this farm fully disposed of in a fully taxable transaction during 2016?..... Yes No

6 Did you materially participate in the operation of this business during 2016?..... Yes No

Farm Income

2016

9 Sales of livestock, etc. purchased for resale.....

10 Cost/Basis of livestock, etc. purchased for resale

11 Sales of livestock, produce, grains, etc. raised.....

12a Total distributions received from cooperatives (provide 1099s)

 b Taxable amount of distributions received from cooperatives

13a Total agricultural program payments (provide 1099s)

 b Taxable amount of agricultural program payments

 c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b.....

14a Crop insurance proceeds/federal crop disaster payments received in 2016.....

 b Taxable crop insurance proceeds/federal crop disaster payments.....

 c Crop insurance proceeds/federal crop disaster payments deferred from 2016.....

15 Custom hire (machine work) income.....

16 Other income -- include federal/state gas tax credit/refund.....

Farm Expenses

2016

17 Car and truck expense (mileage log required).....

18 Chemicals.....

19 Conservation expenses.....

20 Custom hire (machine work).....

21 Employee benefit programs other than pension and profit-sharing plans

22 Feed.....

24 Freight and trucking.....

25 Gasoline, fuel, and oil.....

26a Insurance (other than health).....

 b Self-employed health insurance attributable to this farm business.....

27 Interest:

 a Mortgage (paid to banks, etc).....

 b Other.....

28 Gross wages.....

29 Pension and profit-sharing plans.....

30 Rent or lease:

 a Machinery, equipment, etc

 b Other (land, animals, etc).....

31 Repairs and maintenance.....

32 Seeds and plants purchased.....

33 Storage and warehousing.....

34 Supplies purchased.....

35 Taxes.....

36 Utilities.....

37 Veterinary, breeding, and medicine.....

38 Other expenses (specify):

.....

.....

.....

FARM EQUIPMENT PURCHASES

2016

.....

.....

.....

LONG HAUL TRUCKER/OVERNIGHT DRIVER

Name _____ Tax Year _____

INCOME AND EXPENSES

Gross Income: \$ _____
(Include all 1099s) _____)

Expenses

Operating Expenses

Advertising: _____
ATM/Bank Fees: _____
Broker Fees: _____
Cell Phone: _____
Claims/Damages: _____
Comdata/Comck Fees: _____
Communications: _____
(Fax, pager, internet, satellite)
Contract Labor: _____
Education: _____
Health Insurance: _____
Interest: _____
(Include year-end statement)

Laundry/Uniforms: _____
Loading/Unloading: _____
(Lumpers)

Medical: _____
(Drug testing, physicals, etc.)
Office Equipment: _____
(Include description, amt, date acquired)

Postage/Shipping: _____
Printing/Reproduction: _____
Professional Fees: _____
Salaries/Wages: _____
(Gross amount)
Trade Assoc Dues: _____
Workers Comp Ins: _____

Out-of-Town Travel

Air/Bus/Train: _____
Motel/Hotel: _____
Rental Cars: _____
Shower: _____
Tolls: _____

Supplies

Equip/Trailer Rental: _____
Office Supplies _____
Tools: _____
Work Clothes: _____
Other Supplies: _____
(chains, tie downs, etc.)

Taxes

Hwy Use (2290): _____
IFTA/Fuel: _____
Payroll: _____

In-Home Office

Home Insurance: _____
Mortgage Interest: _____
Property Taxes: _____
Repairs: Home: _____ Office (only): _____
Sq Footage of Office: _____
Utilities: _____

MISCELLANEOUS INFORMATION

1. Number of Overnights: _____
2. Personal Vehicle Mileage (mileage log required)
Total miles used: _____
Total business miles: _____
3. Equipment Purchased:
A. Date: _____ Cost: _____
Description: _____
Length of Contract (in months): _____
Monthly Payment: _____
B. Date: _____ Cost: _____
Description: _____
Length of Contract (in months): _____
Monthly Payment: _____
4. Equipment Sold (no trade-in):
A. Date: _____ Sale Price: _____
Description: _____
B. Date: _____ Sale Price: _____
Description: _____
5. Off-Highway Fuel (Reefer Fuel):
Gallons: _____

IF NEW CLIENT, PLEASE PROVIDE BUSINESS ENTITY INFORMATION

Business Name: _____
Start Date: _____
Federal ID No: _____
Operating Business as:
____ Sole Proprietorship
____ Partnership
____ Limited Liability (LLC) _____ w/ S Election*
____ Corporation _____ (Sub S)* _____ (C Corp)

*Provide verification of your Subchapter S Election Status, if applicable.

If Partnership, Multi-Member LLC, or Corporation, provide the partners/shareholder(s)/members name(s) and percentage of ownership.

Long Haul Trucker/Overnight Driver Con't

Truck Expenses

Fuel: _____
Radios: _____
(CB, XM, Sirius)
Insurance/Bonds: _____
Licenses: _____
Oil: _____
Plates: _____
Repairs/Maintenance: _____
Scale Fees: _____
Tires: _____
Washes: _____
Yard Rental: _____

MISCELLANEOUS EXPENSES

Include any expenses you might be unsure are qualified business expenses. You must include a detailed description in order for us to determine the status.

OTHER INFORMATION

AFFIRMATION

I/we affirm that the information disclosed herein is accurate, true and complete to the best of my/our knowledge and belief and instruct Craft Accounting Service, Inc. to rely on it for preparation of my/our tax return(s).

Taxpayer Name: _____ Signature: _____ Date: _____

Taxpayer Name: _____ Signature: _____ Date: _____

If you have any questions, please contact us via phone, fax, or e-mail

FORWARD INFORMATION TO:

CRAFT ACCOUNTING SERVICE, INC.
1161 E. Clark Road, Suite #120 DeWitt, MI 48820
Phone: 517-624-2119
Fax: 517-624-2123
E-mail: taxes@craftaccountingservice.com
www.craftaccountingservice.com

