

# BCSnational

Accounting ▲ Payroll ▲ Taxes

## 2017 Tax Return Checklist

### Individual Tax Returns

- Personal Information
- Income & Expenses
- ACA Health Questions
- Deductions and Mileage

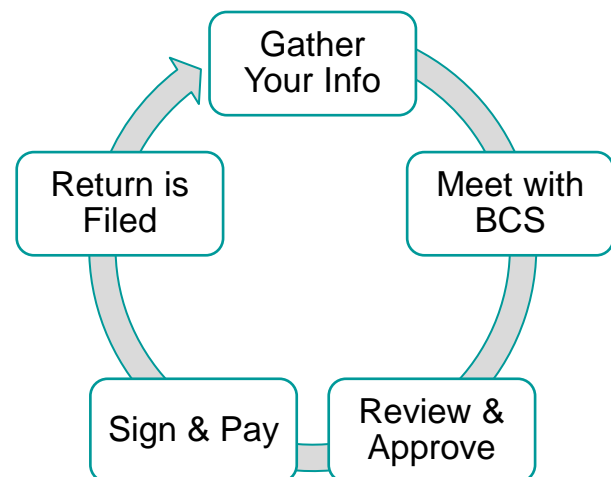
### Business Tax Returns

- Business Info
- Business Income
- Business Expenses
- Home Office Expenses

### Special Situations

- Charitable Contributions
- Rental Properties
- Child Care Expenses / Credit
- Education Expenses / Credit

### Understanding the BCS Workflow:



The tax information within this document is intended to cover most tax planning requirements, but not all of them. Additional action/information may be necessary depending on your specific situation. It is the user's/client's responsibility to consider and disclose any unusual situations when consulting with BCS National and the accuracy of return preparation is dependent upon the legitimacy of the information provided.

# Individual Tax Return Checklist

*Existing BCS Clients: if this is not your first time filing taxes with BCS, only information that has changed is required.*

## Personal Information

Name (First, Middle, Last, Jr, Sr, etc.)		Date of Birth	Social Security Number
Mailing Address		City	State Zip/Postal Code
Primary Phone #	Secondary Phone #	E-mail Address	
Occupation	State of Residence for 2017	Did you make money in a state other than your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please List:</small>	
Marital Status as of December 31, 2017 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		Did you serve in the U.S. Armed Forces during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please List Branch and Any Special Situations:</small>	
Number of Dependents	Can you be claimed as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please Specify the Situation:</small>	Do you support any person other than your own children? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please Specify the Situation:</small>	

## Spouse's Information

Name (First, Middle, Last, Jr, Sr, etc.)		Date of Birth	Social Security Number
Mailing Address		City	State Zip/Postal Code
Primary Phone #	Secondary Phone #	E-mail Address	
Occupation	State of Residence for 2017	Did you make money in a state other than your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please List:</small>	
Marital Status as of December 31, 2017 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		Did you serve in the U.S. Armed Forces during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please List Branch and Any Special Situations:</small>	
Number of Dependents	Can you be claimed as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please Specify the Situation:</small>	Do you support any person other than your own children? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please Specify the Situation:</small>	

## Dependent Information *(if necessary)*

Full Legal Name	Date of Birth	SSN	Relationship to Taxpayer	Months Lived w/ You (Number During 2017)	Dep. Provided for his/her self? (Greater than 50% financially during 2017)	Your Year to Claim? (Shared Custody)
					<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 <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 <input type="checkbox"/> No

### Any changes to your information for the 2017 Tax Year?

Did you move, change jobs, sell your house, take a distribution from your retirement fund, or expand your family?  
We need to know about **ANY** changes during 2017!

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Please circle your preferred method of being contacted by BCS National?

You  
Phone / Email

Your Spouse  
Phone / Email

# Individual Financial Information

*Note: use as a guideline for gathering items to bring to your tax appointment.*

## Income Information

- Wage Statements (W-2)
- Income from Partnerships, S Corporations, Trusts, & Estates (Schedule K-1)
- Pension/Retirement Income (1099-R)
- IRA Contributions & Distributions (1099-R)
- Interest/Dividend Income (1099-INT, 1099-DIV)
- Health Insurance Forms (1095-A, B, and/or C)
- Stock & Bond Sales w/ Purchase Info (1099-B)
- Lottery/Gambling Winnings & Losses (W-2G)
- Social Security & Unemployment Income (SSA-1099, 1099-G)
- State Refund Amount (1099-G)
- Income & Expenses from Rental Properties
- Alimony Paid or Received

*\*See the Business Checklist on Page 3 for Self-Employed Business Income and Expenses (1099-MISC)*

## Expense Information

- Estimated Federal & State Taxes Paid
- Unreimbursed Employment-Related Expenses
- Medical, Dental, and Insurance Expenses
- Capital Purchases for Depreciation
- Vehicle Mileage Information
- Vehicle Registration Copies
- Record of Purchase or Sale of Residence
- Real Estate & Personal Property Taxes
- Mortgage / Home Equity Loan Interest (1098)
- Cash & Non-Cash Charitable Donations  
*(itemized list of dates, names, and addresses of each charity)*
- Childcare Expenses & Provider Information
- Education Expenses (1098-E, 1098-T, 1099-Q)
- Student Loan Interest
- Casualty & Theft Losses

Please bring your Cancellation of Debt information, including an [Insolvency Worksheet](#) and all supporting documentation.

**New Clients:** please provide your last 2 years' tax returns (if possible)

Estimated Taxes <i>(Form 1040-ES)</i>	Federal		State	
	Amount Paid	Date Paid	Amount Paid	Date Paid
Refund from Prior Year				
Coupon #1 (April)				
Coupon #2 (June)				
Coupon #3 (September)				
Coupon #4 (January)				
<b>Total</b>		X		X

### Deductions

Donations and Contributions	Amount
Name of Charity:	
Address:	
Name of Charity:	
Address:	
Name of Charity:	
Address:	
Name of Charity:	
Address:	
Name of Charity:	
Address:	

*Please provide pictures of donations if possible*

Medical and Dental Expenses	Amount
Prescription Meds, Drugs, Insulin	
Doctors and/or Dentists Fees	
Hospital and/or Nursing Fees	
Insurance Premiums	
Medical Lodging and/or Ambulance Fees	
Long-Term Care	
Other:	

*Attach receipts and/or statements from Pharmacies and Doctor's Offices*

# Other Expense Information

## Childcare Expenses

Persons or Organizations who cared for your children or dependents.

Name	Address	SSN or EIN	Amount Paid

## Auto Expenses

	Auto #1	Auto #2
Description of Car		
Name of Driver		
Cost or Other Basis		
Date Placed in Service		
License and Fees		
State and Local Taxes		
Depreciation		
Interest on Auto Loan		
Gas, Oil, Lubrication, etc.		
Business Parking and/or Tolls		
Tires, repairs, etc.		
Motor Club Dues		
Other (Please Attach List)		
Did you trade an auto used for business this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have records to justify these deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Un-Reimbursed Job Expenses

(for W2 employees)

Description of Expense	Amount
Travel & Lodging	
Meals & Entertainment	
Auto Rental and Expenses	
Association & Subscription Dues	
Education	
Office & Supplies	
Business Clothing & PPE	
Other:	
<a href="#">Moving Expenses Form</a>	

	Auto #1	Auto #2
Total miles driven this year		
Business miles driven		
Personal miles driven		
Was another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is usage documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you provide BCS with documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Rental Income / Expenses**  
 Please fill out our **Rental Income Form**  
 for each rental property you have.

# Self-Employment / Business Return Checklist

## Business Information

Company's Legal Name		
Federal EIN	State Company #	State Sales Tax #
Type of Entity <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
Date Incorporated	Business Activity <input type="checkbox"/> Product <input type="checkbox"/> Service <small>Please Specify:</small>	
Mailing Address		
City	State	Zip/Postal Code
Phone #	Fax #	
Email Address		
Web Domain		

## Sole Proprietor Information

Please fill out this section if this is your **first year** filing your tax return with us, or if this is your **first year** as a sole proprietor.

	Y	N
Was 2017 your first year in business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you materially participate in company operations?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work from home?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please complete our <a href="#">Home Office Form</a>		
Did you have inventory?	<input type="checkbox"/>	<input type="checkbox"/>
Value of inventory on 01/01/16		
Value of inventory on 12/31/16		
Did you take a physical inventory to prove the values?	<input type="checkbox"/>	<input type="checkbox"/>
Method of Valuation:		
Cost	<input type="checkbox"/>	
Value	<input type="checkbox"/>	
Other	<input type="checkbox"/>	_____
Did you change your method of determining value during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, explain: _____		

*Note: If you aren't sure whether or not you are a Sole Proprietor, please [Contact Us](#).*

*Note: use as a guideline for gathering items to bring to your tax appointment.*

*Note: for clients using QuickBooks or similar software, simply forward a copy to BCS along with all monthly bank statements.*

## Expense Information Reminders (please fill in amounts on next page)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Wages Paid to Employees (W-2, W-3)</b>            | <input type="checkbox"/> <b>Accounting &amp; Legal Fees</b>                   |
| <input type="checkbox"/> <b>Federal &amp; State Payroll Tax Returns</b>       | <input type="checkbox"/> <b>Advertising &amp; Business Promotion</b>          |
| <input type="checkbox"/> <b>Commissions Paid to Subcontractors</b>            | <input type="checkbox"/> <b>Contributions &amp; Donations</b>                 |
| <input type="checkbox"/> Any 1099-MISC and 1096 Forms                         | <small>(itemized list of dates, names, and addresses of each charity)</small> |
| <input type="checkbox"/> <b>Fringe Benefits to Employees</b>                  | <input type="checkbox"/> <b>Office Supplies</b>                               |
| <input type="checkbox"/> Pension/Profit Sharing Contributions                 | <input type="checkbox"/> <b>Postage &amp; Shipping Expenses</b>               |
| <input type="checkbox"/> HSA Contributions                                    | <input type="checkbox"/> <b>Business Insurance</b>                            |
| <input type="checkbox"/> Health Insurance Premiums                            | <input type="checkbox"/> Life Insurance Payments                              |
| <input type="checkbox"/> Other Fringe Benefits                                | <input type="checkbox"/> E&O / Casualty & Theft Loss Insurance                |
| <input type="checkbox"/> <b>Depreciation</b>                                  | <input type="checkbox"/> Other Insurance (disability, auto, etc.)             |
| <input type="checkbox"/> Date & Cost of Acquired Assets                       | <input type="checkbox"/> <b>Rent Expenses</b>                                 |
| <input type="checkbox"/> Date & Sale Price of Assets Sold                     | <input type="checkbox"/> Office Space Rent                                    |
| <input type="checkbox"/> <b>Transportation Expenses</b>                       | <input type="checkbox"/> Company Vehicle Lease                                |
| <input type="checkbox"/> Business Mileage Log                                 | <input type="checkbox"/> Equipment & Storage Rental Expenses                  |
| <input type="checkbox"/> Receipts for Parking, Tolls, & Public Transportation | <input type="checkbox"/> <b>Interest Expenses</b>                             |
| <input type="checkbox"/> <b>Travel Expenses</b>                               | <input type="checkbox"/> Mortgage Interest (if building is owned)             |
| <input type="checkbox"/> Airfare & Fees                                       | <input type="checkbox"/> Business Loan Interest                               |
| <input type="checkbox"/> Hotel & Fees   | <input type="checkbox"/> <b>Home-Office Expenses</b>                          |
| <input type="checkbox"/> Meals (plus tips)                                    | <input type="checkbox"/> Square Footage of Office Space / Home                |
| <input type="checkbox"/> Mileage if by Auto (or taxi fare plus tips)          | <input type="checkbox"/> Mortgage Interest or Rent Paid                       |
| <input type="checkbox"/> Internet (hotel room, cafe, etc.)                    | <input type="checkbox"/> Itemized Cost to Run Office / Household              |
| <input type="checkbox"/> Other Travel Related Expenses                        | <input type="checkbox"/> <b>Other Expenses</b>                                |
|   | <input type="checkbox"/> Computer & Electronic Expenses                       |
|   | <input type="checkbox"/> Internet, Website & Hosting, Email, etc.             |
|   | <input type="checkbox"/> Office/Vehicle Maintenance, Repairs, etc.            |

# Self-Employment / Business Financial Information

## Business Income by Category

## Cost of Goods Sold by Category

Business Revenue	Amount	Cost of Goods Sold	Amount
From Credit Cards (Attach 1099-K)	_____	Purchases (For Resale)	_____
From Other Sources (Cash, Check, etc.)	_____	Direct Labor	_____
Refunds or Discounts Given Back	_____	Wages/Salaries	_____
Other Income	_____	Subcontractors (Attach 1099s)	_____
Interest on Checking/Savings	_____	Other Costs of Goods Sold	_____
Other	_____	Shipping	_____
Other	_____	Travel Reimbursements	_____
Other	_____	Bonds, Permits, Fees	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
<b>Total Annual Revenue</b>	=====	<b>Total Annual Cost of Goods Sold</b>	=====

## Business Mileage

*Note: remember that commuting to and from your job is NOT deductible.*

Business Mileage \_\_\_\_\_  
 Commuting Mileage (\_\_\_\_\_/Day) \_\_\_\_\_  
 Personal Mileage \_\_\_\_\_  
 Total Mileage for 2017 \_\_\_\_\_

For a more detailed Mileage Log  
[Click Here](#)  
 Please see page 4 for additional  
 Auto/Mileage Questions

## Purchase/Sale of Business Assets

Item Description	Purchased	Cost/Basis	Date Sold	Sale Price
Laptop Computer	04/15/2017	792.76	N/A	N/A
Cell Phone	07/02/2014	199.00	07/01/2017	100.00
Desk	10/12/2013	425.00	08/03/2017	325.00

# Self-Employment / Business Financial Information

(continued...)

## Business Expenses by Category

Category	Annual Expenditure		
<i>Example Category</i>	<u>\$1,000.00</u>	Office Expense	_____
Accounting	_____	Office Supplies	_____
Advertising	_____	Office Rent	_____
Auto Expenses	_____	Other Rent	_____
Fuel	_____	Equipment	_____
Interest	_____	Other _____	_____
Insurance	_____	Repairs & Maintenance	_____
Repair	_____	Taxes, Fees, & Licenses	_____
Maintenance	_____	Sales Tax	_____
Registration	_____	Payroll Tax	_____
Bank Fees	_____	Property Tax	_____
Service Charges	_____	Fees	_____
Merchant Fees	_____	Licenses	_____
Dues & Subscriptions	_____	Travel	_____
Employee Expenses	_____	Airfare	_____
Expense Reimbursement	_____	Hotel & Related	_____
Retirement Plan Matching	_____	Car Rental	_____
Other _____	_____	Meals & Entertainment	_____
Insurance	_____	Office Parties/Functions	_____
General Liability	_____	Telephone/Computer Services	_____
Health	_____	Land Lines	_____
Dental	_____	Cell Phones	_____
Disability	_____	Internet	_____
Workers' Compensation	_____	Cable	_____
E&O	_____	Utilities	_____
Interest	_____	Electric	_____
Mortgage on Owned Office	_____	Gas	_____
Credit Card	_____	Water	_____
Business Loans	_____	Other _____	_____
Other _____	_____	Wages (Not Including COGS)	_____
Legal Expense	_____	Other	_____
		_____	_____
		_____	_____
		<b>Total Annual Expenses</b>	<u>                    </u>

## Reminders and Clarification

**Any Changes-** Make sure that you let us know about any changes in your life over the past year:

- *Did you move?*
- *Change jobs?*
- *Get married?*
- *Get divorced?*
- *Start a family?*
- *Start an IRA?*

Even the smallest change can impact your taxes.

**Affordable Care Act (ACA)-** Remember, every taxpayer needed to have health insurance in 2017. Please provide evidence of insurance with the documents you bring to your tax meeting.

**Use the BCS Checklists-** Print the checklists for individual and/or business and use them as your guide for sending us your information.

**Ask Questions-** See something on the list that you aren't sure about? Please feel free to contact us and ask!

## Deduction Reminders

**Mileage-** Miles driven to and from your job are not deductible. Remember to bring your mileage log to your appointment.

**Job Related Expenses-** Prepare an itemized list of unreimbursed or partially reimbursed job related expenses. Be sure to provide details and documentation for any reimbursements received.

**Child Care-** You need to provide the name of the provider, EIN, Address, and amounts paid per child during 2017.



## Our Promise

There are endless resources available to help you understand and file your 2017 taxes. Should you choose BCS National as your partner this year, we will do everything in our power to make the 2017 tax season as simple and painless as possible. Our passion and experience will be brought to bear both for helping you find every possible deduction within the law, and for developing a strong business relationship with you that we hope will last for years to come.

## There are several ways to get in touch with us!

**Call Us:** 480-839-1327

**Fax Us:** 480-839-1219

**Email Us:** [info@bcsnational.com](mailto:info@bcsnational.com)

**Mail Us:** 1628 E. Southern Ave, #9-118  
Tempe, AZ 85282

**Visit Us:** 1400 E. Southern Ave, Suite 618  
Tempe, AZ 85282



You can find more of our services online at [www.BCSnational.com](http://www.BCSnational.com)

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