

HOWARD, LISTANDER & BERKOWER, P.A.

Certified Public Accountants

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Dear Client(s):

The filing season for your 2017 tax returns is here. We have enclosed a questionnaire as in prior years. It is also available on our website at www.hlbcpas.com. Just follow the links to the appropriate page. We are requesting that you send us all of your information no later than March 25, 2018 in order for us to be able to complete your returns by April 17, 2018. Even if you are missing some items, please send us what you have. This will expedite the preparation of your tax return.



Your tax returns will be electronically filed. Once you receive your copies of your returns and have reviewed them, **it is important that you sign and return all your signature authorization sheets to us as soon as possible - YOUR RETURN WILL NOT BE FILED UNTIL WE RECEIVE THEM BACK.**

Please be sure to let us know about any changes to your personal information, including change of filing status, permanent disabilities, address change and change of telephone number and/or area code. Also, it is important that you provide us with your date of birth and the date of birth of your dependents.

ALSO, WE NEED TO REMIND YOU THAT YOU MUST RETAIN ALL THE BACK-UP INFORMATION USED IN THE PREPARATION OF YOUR RETURNS. IT IS IMPORTANT THAT YOU HAVE IT AVAILABLE IF THE NEED ARISES. We will keep copies of your W-2s, 1099s and any original summary schedules you prepare and provide us with in our files. Our website contains a Record Retention Checklist to assist you in determining the number of years to hold your records.

HIGHLIGHTS FOR 2017

- ◆ The highest tax rate is now 39.6%
- ◆ Maximum Tax Rate for Dividends and Capital Gains is 20%
- ◆ Personal Exemption – \$4,050
- ◆ Standard Mileage Rates - Business rate – 53.5 cents/mile; Medical/Moving-17 cents/mile; Charity rate – 14 cents/mile
- ◆ IRA Deduction Allowed to People Covered by Pension Plans of up to \$6,500:
 - For Single, Head of Household with AGI Under \$72,000
 - For Married, Filing Jointly or Qualifying Widow(er) with AGI under \$119,000
- ◆ IRA Deduction for People Without a Pension Plan of up to \$6,500
- ◆ ROTH IRA Contributions permitted for Single under \$133,000 AGI, Married under \$196,000 AGI
- ◆ Educational Lifetime Learning Credit Remains at \$2,000 – American Opportunity Credit Remains at \$2,500
- ◆ Child Tax Credit Remains at \$1,000
- ◆ An additional Medicare tax of .9% will apply to Medicare wages, railroad retirement compensation and self-employment income that are more than \$125,000-MFS; \$250,000-MFJ; \$200,000-SINGLE,HOH,WIDOW(ER)
- ◆ For your 2017 return, you and your family will have to document that you had healthcare coverage throughout 2017. If you do not have coverage, you may be subject to minimum penalties of \$695 and as much as 2.5% of household income.

If you have any questions, or need any assistance, please call us. It's important that you communicate with us in order for us to provide you with a complete and accurate return.

We are an authorized IRS e-file Provider.

Visit our Website - www.hlbcpas.com

Name _____ Check if 65 by 1/1/18
 Taxpayer _____ Spouse _____
 Disabled? Y N Y N
 (Attach form SSA-1099)

Address (if changed) _____

Telephone # (Home) _____ (Business) _____

E-mail address _____

Date of Birth (Taxpayer) _____ (Spouse) _____

Please check one: Single _____ Married _____ Head of Household _____

IMPORTANT SECURITY REQUIREMENTS- ATTACH COPY OF VOIDED CHECK OR COMPLETE BELOW -

DIRECT DEPOSIT/ELECTRONIC FUNDS WITHDRAWAL – BANK INFORMATION MUST BE VERIFIED ANNUALLY

BANK _____
 NAME CHECKING SAVINGS ROUTING NUMBER ACCOUNT NUMBER

IS THIS INFORMATION THE SAME AS THE PRIOR YEAR? _____ YES _____ NO

Even if you do not complete the rest of the questionnaire, this page must be returned with the bank information verified and completed.

Also, once you have received your returns and reviewed them **please be sure to return your signed electronic filing authorization forms timely.** A stamped return envelope will be enclosed with your finished returns.

--- DO YOU WANT TO AUTHORIZE US TO DISCUSS YOUR RETURN WITH IRS? YES _____ NO _____

1040 - \$3 to Presidential Election Campaign Fund? Taxpayer YES _____ NO _____ Spouse YES _____ NO _____

NJ 1040 - \$1 to Gubernatorial Election Fund? YES _____ NO _____ YES _____ NO _____

NJ 1040 Fund Donation – \$ _____ Name of Fund _____

HEALTH CARE COVERAGE (Under age 65) No. of Months Covered _____

- Employer Healthcare Coverage – Check type: Single _____ Husband/Wife _____ Family _____

- If none, do you have coverage for you? YES _____ NO _____

- Spouse (if married)? YES _____ NO _____

- Dependents (if any)? YES _____ NO _____

- If no, you may be subject to penalties.

- If yes, we will need dates purchased through the exchange and premiums paid.

- **NOTE** – you will receive Form 1095-A or 1095-C that provides this information. Please attach.

- You may be eligible for a premium tax credit or an adjustment to the advance credit may be required.

--- **LIST DEPENDENTS** - Note: If any dependent has income, please attach details.

					Ck. if
					Full-Time
<u>Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>	<u>Social Security Number:</u>	<u># of Months in Yr. Lived With You:</u>	<u>Student</u>
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

--- **DO YOU HAVE INTEREST IN OR SIGNATURE/AUTHORITY OVER A FOREIGN ACCOUNT** IN A FOREIGN COUNTRY? YES ___ NO ___ (If yes, you may need to file Form 8938 with tax return and/or FBAR if your account was over \$10,000 in any part of 2017)

--- **EDUCATION CREDIT** (Lifetime Learning or American Opportunity Tax Credit) – Income Limitations Apply (Attach Form 1098)

	<u>Amount Paid</u>	<u>Year of College</u>	<u>Name of</u>
	<u>in 2017</u>	<u>(i.e. Freshman)</u>	<u>Person Attending</u>
College Tuition and Fees for Enrollment	\$ _____	_____	_____
Name of School and Address	_____		

--- **ATTACH ALL COPIES OF W2s AND 1099s** (i.e. dividends, interest, pensions, unemployment & misc. compensation)

--- **LIST INCOME FROM W2s & 1099s FOR WHICH YOU DO NOT HAVE COPIES.**

<u>Income Received From:</u>	<u>Amount:</u>	<u>Description:</u>
_____	_____	_____
_____	_____	_____

--- **LIST TAX-EXEMPT INTEREST** FROM STATE AND LOCAL GOVERNMENT OR ATTACH YEAR-END STATEMENT -
Interest Received From: _____ Amount: _____

--- **IRA DISTRIBUTIONS** \$ _____ Normal Distribution Y ___ N ___ **
(**if "no" - describe on page 4)

--- **IRA PAYMENT** FOR THIS TAX YEAR (must be paid by April 17, 2018):

				Covered by pension, profit-sharing or Keogh plan?
	<u>Amount:</u>	<u>INDICATE TYPE:</u>		
Taxpayer	\$ _____	Reg. ___ ROTH ___	Y ___ N ___	
(max. - \$5,500 under age 50, \$6,500 for age 50 – 70 1/2)				
Spouse	\$ _____	Reg. ___ ROTH ___	Y ___ N ___	
(max. - \$5,500 - even if not working, same rules as taxpayer above)				

--- **INCOME TAX REFUND** FROM STATE AND LOCAL GOVERNMENT \$ _____

--- **ALIMONY RECEIVED** \$ _____

--- **NJ HOMESTEAD REBATE** \$ _____

--- **SOCIAL SECURITY BENEFITS** RECEIVED (OR ATTACH SSA-1099 FORM OR RRB-1099 FORM)

Taxpayer \$ _____ Spouse \$ _____

--- **ALIMONY PAID:** \$ _____ To: _____
(Name & SS#)

--- **MEDICAL EXPENSES PAID:**

Health Insurance	\$ _____	Doctors, Hospital, etc.	\$ _____
Prescriptions	\$ _____	Long-term Care Insurance	\$ _____
Tolls, Taxi, etc.	\$ _____	Medical Travel..... # of miles	_____

--- **PERSONAL ENERGY CREDIT** – Attach copies of any invoices paid on Energy Efficient Property – Windows, doors, furnaces, heat pumps, central a/c, water heaters, insulation and any qualified solar or fuel cell equipment

--- **ALTERNATIVE MOTOR VEHICLE CREDIT** – Attach copies of invoice and back-up

--- **REAL ESTATE TAXES PAID -**

	<u>Amount:</u>	<u>Lot #:</u>	<u>Block #:</u>
Principal Residence	\$ _____	_____	_____
Other	\$ _____	_____	_____

--- **INTEREST PAID** (Home mortgage interest after 10/13/87 is limited to \$1 million (\$500,000 MFS) debt to buy, build or improve a home. Home equity loan interest is limited to \$100,000 debt if it was used for personal purposes.)

- Home mortgage paid on personal residences to institutions \$ _____
- Second Mortgage paid on personal residences to institutions \$ _____
- Home mortgage on a second home paid to institutions \$ _____
- Home equity loans paid to institutions \$ _____
- Home mortgages paid to individuals \$ _____

Paid to: _____
(Name & Address)

--- **POINTS PAID ON NEW HOME** IN 2017 FROM FORM 1098 \$ _____

--- **POINTS PAID ON RE-FINANCED MORTGAGE** IN 2017 \$ _____
NUMBER OF YEARS TO REPAY RE-FINANCED MORTGAGE _____
PURPOSE OF RE-FINANCING _____

--- **LOAN INTEREST IN A QUALIFIED STUDENT LOAN** (LIMITED TO \$2,500) \$ _____

--- **INVESTMENT LOAN INTEREST –**

Margin Loans Interest \$ _____
Interest - Loans for property held for investments \$ _____
For What Purpose: _____
Amount borrowed: \$ _____

--- **CASUALTY & THEFT LOSS** (Describe on separate sheet.)

--- **MISCELLANEOUS DEDUCTIONS -**

- Union and professional dues \$ _____
- Subscriptions to professional journals \$ _____
- Tax preparation fee..... \$ _____
- Other (Describe below)
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

--- **TENANTS CREDIT -**

If you are a tenant, enter the total rent paid in 2017 \$ _____

--- **EMPLOYEE BUSINESS EXPENSE -**

Please attach a schedule of your auto expenses, meals, tolls, etc. Auto expenses require the total mileage and commuting mileage for the year.

AUTO USE: TOTAL MILEAGE _____ BUSINESS _____ COMMUTING _____

--- CHILD AND DEPENDENT CARE EXPENSES -

(If married, both taxpayers must work to qualify.)

- Amount paid for the children under age 13, or mentally or physically disabled person, who is a member of your household - \$ _____ To whom paid - _____
(Name & SS #)

--- FEDERAL ESTIMATED TAX PAID -

Quarter:	1	2	3	4
Amount:	\$ _____	_____	_____	_____
Date Paid	_____	_____	_____	_____

OTHER INFORMATION:

HLB

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