



**Thank You for 30 Years!**  
**1988-2018**

**WILSON HANSON & BLOM, LLP**

If your information is the same as last year, please check the box marked same as Last Year (SALY)

|  |  |                             |            |
|--|--|-----------------------------|------------|
| <input type="checkbox"/> SALY  |  | <b>PERSONAL INFORMATION</b> |            |
| YOUR NAME _____  |  | SSN _____                   | DOB _____  |
| SPOUSE'S NAME _____  |  | SSN _____                   | DOB _____  |
| YOUR OCCUPATION _____  |  | SPOUSES OCCUPATION _____    |            |
| ADDRESS _____  |  | CITY/STATE ZIP _____        |            |
| PRIMARY EMAIL ADDRESS: _____   |  |                             |            |
| PHONE # - HUSBAND WIFE HOME OFFICE CELL _____  |  |                             | PTIN _____ |
| PHONE # - HUSBAND WIFE HOME OFFICE CELL _____  |  |                             | PTIN _____ |
| Do you wish to contribute \$3 to the Presidential Election Fund? YES NO Does your spouse? YES NO |  |                             |            |

| <input type="checkbox"/> SALY |     | <b>DEPENDENTS</b> |              |                               |                    |                             |
|-------------------------------|-----|-------------------|--------------|-------------------------------|--------------------|-----------------------------|
| DEPENDENT'S NAME              | DOB | SSN               | RELATIONSHIP | Months lived in home in 2017? | Full time Student? | Child provide >50% support? |
|                               |     |                   |              |                               | Y N                | Y N                         |
|                               |     |                   |              |                               | Y N                | Y N                         |
|                               |     |                   |              |                               | Y N                | Y N                         |

Are any children mentally/physically disabled? YES NO A child claimed as a dependent must either be younger than 19 OR be a student and younger than 24.

|  |                  |               |
|--|------------------|---------------|
| Did you pay 2017 <b>Estimated Tax</b> payments? YES NO |                  |               |
|  | <b>DATE PAID</b> | <b>AMOUNT</b> |
| 2016 OVERPAYMENT APPLIED TO 2017                       |                  |               |
| PAYMENT #1-PAID APRIL 18, 2017                         |                  |               |
| PAYMENT #2-PAID JUNE 15, 2017                          |                  |               |
| PAYMENT #3-PAID SEPT 15, 2017                          |                  |               |
| PAYMENT #4-PAID JAN 16, 2018                           |                  |               |

|  |          |         |
|--|----------|---------|
| <b>BANKING INFORMATION</b>                               |          |         |
| Do you want refund applied to 2018?                      | YES      | NO      |
| Direct deposit refund to bank?                           | YES      | NO      |
| Is the bank information same as last year?               | YES      | NO      |
| If bank information has changed, provide new info below: |          |         |
| BANK NAME: _____   |          |         |
| CHOOSE ONE:  | CHECKING | SAVINGS |
| ROUTING #: _____   |          |         |
| ACCOUNT #: _____   |          |         |

**INCOME**

|   |                                    |     |  |               |           |
|---|------------------------------------|-----|--|---------------|-----------|
| PROVIDE W-2s <input type="checkbox"/> 1099Rs <input type="checkbox"/> | <b>Social Security Benefits</b>    |     | <b>Miscellaneous Income</b>                |               |           |
|   | <b>You:</b> \$                     |     | <b>Description</b>                         | <b>Amount</b> | <b>SE</b> |
| State Income Tax Refund Y N   | <b>Spouse:</b> \$                  | H W |  |               |           |
| W2-G Gambling Winnings/ Prizes Y N                                    | FWH <input type="checkbox"/> ***   | H W |  |               |           |
| Alimony Received Y N  | <b>HSA-Form 1099-SA</b>            |     |  |               |           |
| Unemployment Y N  | Distribution amount?               | H W |  |               |           |
| Education Fund Distribution Y N                                       | Amount spent on qualified medical? |     | Traditional IRA converted to Roth IRA? Y N |               |           |

**AFFORDABLE CARE ACT**

DID YOU A HAVE HEALTH INSURANCE PLAN THAT MEETS THE REQUIREMENTS OF THE AFFORDABLE CARE ACT IN 2017?  
 YES NO Please indicate form you provided as proof of insurance:  
 \_\_\_\_\_ 1095-A (MARKETPLACE)  
 \_\_\_\_\_ 1095-B (TRICARE, MEDICARE, VA, PRIVATE)  
 \_\_\_\_\_ 1095-C (EMPLOYER SPONSORED)



**Miscellaneous**

|  |      |         |                              |
|--|------|---------|------------------------------|
| Were any gifts made to an individual or trust of more than \$14,000 in 2017?           | YES  | NO      | If yes, provide information. |
| Was any real property transferred to or from parents?                                  | YES  | NO      | If yes, provide information. |
| Alimony payments - Recipient:  | SSN: | Amount: | \$                           |
| Educator Expense - Limited to \$250 per K-12 educator:                                 | You: | \$      | Spouse: \$                   |
| School loan interest paid in 2017 (loan is for you, spouse or dependent): Form 1098-E: | \$   | \$      |                              |

**RETIREMENT ACCOUNT CONTRIBUTIONS**

**IRA CONTRIBUTIONS FOR 2017: MAXIMUM IRA CONTRIBUTION \$5,500 OR 6,500 IF 50 OR OLDER. Must be contributed by April 17, 2018.**

|                |  |                  |                      |    |
|----------------|--|------------------|----------------------|----|
| <b>YOU:</b>    | <input type="checkbox"/> ROTH IRA<br><input type="checkbox"/> TRADITIONAL IRA                                      | AMOUNT: \$ _____ | CONTRIBUTED YET? YES | NO |
|                | Next section for self-employed individuals and partnerships ONLY. Do not report retirement funds deducted from W-2 |                  |                      |    |
|                | <input type="checkbox"/> 401K<br><input type="checkbox"/> SEP<br><input type="checkbox"/> SIMPLE                   | AMOUNT: \$ _____ | CONTRIBUTED YET? YES | NO |
| <b>SPOUSE:</b> | <input type="checkbox"/> ROTH IRA<br><input type="checkbox"/> TRADITIONAL IRA                                      | AMOUNT: \$ _____ | CONTRIBUTED YET? YES | NO |
|                | Next section for self-employed individuals and partnerships ONLY. Do not report retirement funds deducted from W-2 |                  |                      |    |
|                | <input type="checkbox"/> 401K<br><input type="checkbox"/> SEP<br><input type="checkbox"/> SIMPLE                   | AMOUNT: \$ _____ | CONTRIBUTED YET? YES | NO |

**CHILD/DEPENDENT CARE EXPENSES**

| Provider's Name  | SSN/EIN | Address | Amount          |
|--|---------|---------|-----------------|
|  |         |         | \$              |
|  |         |         | \$              |
|  |         |         | \$              |
| Did you participate in a reimbursement program where you work? | YES     | NO      | Amount \$ _____ |

**EDUCATION DEDUCTIONS AND CREDITS – Provide Form 1098-T**

| STUDENT'S NAME   | Year in School: | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | LLC           |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|
| STUDENT'S NAME   | Year in School: | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | LLC           |
| <b>TUITION &amp; FEES PAID FOR POST SECONDARY EDUCATION</b>  |                 |                 |                 |                 |                 | \$            |
| <b>REQUIRED COURSE MATERIAL, BOOKS &amp; EQUIPMENT (Includes computer)-ONLY QUALIFIES FOR AOTC</b> |                 |                 |                 |                 |                 | \$            |
| <b>SCHOLARSHIPS RECEIVED</b>   |                 |                 |                 |                 |                 | \$ ( ) \$ ( ) |
|  |                 |                 |                 |                 |                 | \$            |

**ENERGY CREDIT**

**Important information regarding the Residential Energy Credit**

- The credit is only available to improvements made to your PRIMARY residence. Do not include improvements made to vacation or rental property.
- The maximum CUMULATIVE credit you can receive is \$500. If you have already received the maximum credit, STOP. You do not qualify.
- Not all energy star labeled products qualify for the credit, ask seller if property qualifies.

|   |  |  |  |
|---|--|--|--|
| <b>DID YOU MAKE ENERGY IMPROVEMENTS TO YOUR PRIMARY RESIDENCE?</b> YES NO |  |  |  |
| Insulation Material (No installation cost)                                |  | Qualified Metal/Asphalt Roof (No installation cost)              |  |
| Exterior Windows and/or Doors (No installation cost)                      |  | Heating/Air Conditioning Systems (Includes installation)         |  |
| Air Circulating Fans (Includes installation)                              |  | Water Heaters/Pumps/ Biomass Fuel Stoves (Includes installation) |  |

|   |  |  |  |
|---|--|--|--|
| <b>MEDICAL EXPENSES</b> - Do NOT include any amounts paid out of pretax medical plans (HSA or FSA) or reimbursed by insurance |  |  |  |
|   |  |  |  |
| <b>MEDICAL INSURANCE PREMIUMS-DO NOT LIST IF PREMIUMS ARE PRE-TAXED AT YOUR JOB</b>   |  |  |  |
| <b>LONG TERM CARE INSURANCE PREMIUMS - YOU &amp; SPOUSE</b>   |  |  |  |
| <b>MEDICARE/DRUG PREMIUMS FROM SOCIAL SECURITY BENEFITS-YOU &amp; SPOUSE</b>  |  |  |  |
| <b>DOCTORS, DENTISTS, PRESCRIPTION DRUGS, EYEGLASSES, CONTACTS, ETC.</b>  |  |  |  |
| TOTAL MILES DRIVEN FOR MEDICAL _____ X 17¢  |  |  |  |
| HSA coverage? Self-Only Family Amt Contributed to \$ \$   |  |  |  |

|   |  |        |  |
|---|--|--------|--|
| <b>TAXES</b> - Sales tax is deductible. Your option is actual receipts or use of IRS Table. Sales tax paid on vehicles, motorcycles, motor homes, recreational vehicles, boats, mobile homes and home building materials can be added to the amounts on the table so provide information. |  |        |  |
| <b>DID YOU PAY TAX ON VEHICLES-MOTORCYCLES-MOBILE HOMES-RVS?</b>  |  | YES NO |  |
| <b>DID YOU PAY SALES TAX ON HOME BUILDING MATERIALS?</b>  |  | YES NO |  |
| <b>ARE YOU CLAIMING ACTUAL SALES TAX? (MUST HAVE RECEIPTS)</b>  |  | YES NO |  |
| <b>REAL ESTATE TAXES</b>  |  | OIH    |  |
| <b>OTHER TAXES:</b>   |  |        |  |
|   |  |        |  |

|   |  |     |  |
|---|--|-----|--|
| <b>INTEREST EXPENSE</b>   |  |     |  |
| Did you refinance in 2017? YES NO How many years is new loan? _____ Bring closing statement |  |     |  |
| <b>MORTGAGE INTEREST:</b>   |  | OIH |  |
| <b>INVESTMENT INTEREST PAID TO:</b>   |  |     |  |
|   |  |     |  |
| <b>MORTGAGE INSURANCE PREMIUMS (This is NOT your house insurance)</b>                       |  | PTS |  |
|   |  |     |  |

|   |  |       |  |
|---|--|-------|--|
| <b>DID YOU MAKE ANY CASH CONTRIBUTIONS TO QUALIFIED NONPROFIT CHARITIES?</b> YES NO   |  |       |  |
| You must have a cancelled check or receipt for all monetary donations regardless of amount. For individual donations of \$250 or more (money or property) you must have written acknowledgement from the organization by the date your tax return is filed.   |  |       |  |
| <b>DO YOU HAVE REQUIRED DOCUMENTATION?</b> YES NO   |  |       |  |
| <b>TOTAL DOLLARS DONATED TO CHARITY</b>   |  | \$    |  |
|   |  | K-1   |  |
| <b>DID YOU HAVE ANY VOLUNTEER MILES?</b> YES NO IF YES, HOW MANY? _____   |  | X 14¢ |  |
| If you made any noncash contributions to qualified non-profit organizations be aware that donated used clothing and household items must be in good or better condition. If items are not in good condition and valued over \$500, an appraisal needs to be attached to your return. Your contribution should be for the amount that a thrift store could sell the item. Donations over \$500 require full detail below. Do you have acknowledgement and/or appraisal? YES NO |  |       |  |

| NAME OF CHARITY | ADDRESS | CONTRIBUTION DATE | DESCRIPTION | FAIR MARKET VALUE | ORIGINAL COST |
|-----------------|---------|-------------------|-------------|-------------------|---------------|
|                 |         |                   |             |                   |               |
|                 |         |                   |             |                   |               |
|                 |         |                   |             |                   |               |

