

# JK ASSOCIATES, LLC, TAX & CONSULTING - 2018 Tax Year 1040 Sheet

*Please return this form to us along with your engagement letter and tax documentation.*

CLIENT CONTACT INFORMATION UPDATE	
TAXPAYER	SPOUSE
NAME: _____	NAME: _____
OCCUPATION: _____	OCCUPATION: _____
DAYTIME PHONE #: _____ <input type="checkbox"/> Cell	DAYTIME PHONE #: _____ <input type="checkbox"/> Cell
EVENING PHONE #: _____ <input type="checkbox"/> Cell	EVENING PHONE #: _____ <input type="checkbox"/> Cell
EMAIL: _____	EMAIL: _____
<b>NEW:</b> DL/ID# _____ STATE: _____	<b>NEW:</b> DL/ID# _____ STATE: _____
Issued: _____ Expires: _____ refuse to provide <input type="checkbox"/>	Issued: _____ Expires: _____ refuse to provide <input type="checkbox"/>
WHO IS THE PRIMARY CONTACT? <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
HOW DO YOU PREFER WE CONTACT YOU? <input type="checkbox"/> DAYTIME PHONE <input type="checkbox"/> EVENING PHONE <input type="checkbox"/> EMAIL	
HOME ADDRESS: _____	
Is this a change of address from last year? <input type="checkbox"/> YES <input type="checkbox"/> NO      Did your email address or phone numbers change? <input type="checkbox"/> YES <input type="checkbox"/> NO	
State of Residence on Dec. 31, 2018: _____	
Were you (and your spouse) a resident of this state for all of 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO      If NO, date of move: _____	
Did you (or your spouse) work in any state other than your resident state during 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO	

AFFORDABLE CARE ACT (HEALTH INSURANCE COVERAGE)			
If you had Minimum Essential Coverage (MEC) for everyone in your household for the full year, we only need to "check the box" on your tax return. We must either have proof of insurance (Form 1095-A, Form 1095-B, or 1095-C) <b>OR</b> you must fill out the table below.			
<b>If everyone in your household did not have MEC health care insurance for the entire year</b> , please fill out our Extended Health Insurance worksheet.			
I (we) have provided Form 1095-A, Form 1095-B, 1095-C, or other proof of insurance for all members of your household for the entire year. -OR-	YES		
<b>OR</b> For the ENTIRE year, did the following person(s) have MEC health care coverage provided by either an employer, the government (Medicare, Medicaid, or VA), purchased through the exchange, or purchased privately?	ALL 12 MONTHS		
Taxpayer			
Spouse			
All dependents in household			
<b>If you have any insurance policies through the EXCHANGE: We cannot complete your return without the information on Form 1095-A.</b> Have you provided Form 1095-A, Health Insurance Marketplace Statement? (Mandatory)	YES	NO	N/A

FOREIGN ACCOUNTS AND ASSETS	YES	NO	NOT SURE
Have you ever lived in, worked in, or were you born in, any foreign country (including Canada)? Do you have any connection with any foreign countries such as bank accounts, retirement accounts, real estate owned, business interests, relatives or close friends living abroad? Did you have any foreign income or pay any foreign taxes (other than mutual funds) during 2018? <b>If YES to any of these, please fill out our extended Foreign Interest Questionnaire.</b>			
<i>The following questions appear on your return and must be answered:</i>			
<b>At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?</b>			
<b>During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?</b>			

Estimated Taxes			
A significant portion of IRS or state correspondence is due to inaccurate reporting of estimated tax payments. Did you pay any 2018 estimated taxes to the IRS or any state? If so, provide details below.			
Federal		State _____	
Date paid	Amount paid	Date paid	Amount paid
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Income Statements	
How many tax statements do you and your spouse (if applicable) have this year?	
W-2s	
1099-R (retirement distributions)	
1099-INT (interest)	
1099-DIV (dividends)	
brokerage statements	

If you are deducting charitable contributions		
<b>Monetary donations less than \$250:</b> All charitable donations of money <b>require</b> proof of payment (cancelled check, credit card receipt, etc.). <i>Cash donations without a receipt are not deductible.</i>		
<b>Donations greater than \$250:</b> Proof of payment <b>AND an acknowledgement letter</b> from the charity is required. The letter <b>must state</b> <i>"No goods or services were provided in exchange for this donation."</i> You must have this letter in hand before your return is filed or the deduction will not be allowed. You may provide us with a list of donations, however you must initial that you have the documentation described above.		
<b>Political contributions are not tax deductible.</b>		
	YES	Initials
<b>Do you have all required documentation</b> for the charitable donation deductions you are claiming?		
<b>Non-cash donations</b> require a list of each item donated with the thrift store value and a donation receipt (if possible). If the total non-cash donations are more than \$500, the IRS requires donations to be individually listed with the date, charity name & address, description of items, and thrift store value. We must put this on the return.		
<b>Do you have all required documentation</b> for the charitable donation deductions you are claiming?		

ADMINISTRATIVE		YES	NO
Do you want your payment due the IRS and/or state <b>withdrawn</b> from your checking account?			
If you get a refund (IRS or state), do you want the funds direct deposited into your bank account?			
If yes, please provide:			
Bank Name: _____ Routing #: _____ Account #: _____			
OR <input type="checkbox"/> I have provided voided check <input type="checkbox"/> My routing & account number are the same as last year			
Our online signature process for e-filing requires a 5-digit PIN. Please enter your chosen 5-digit PIN below:			
Taxpayer: _____ Spouse: _____ OR, <input type="checkbox"/> Use the generated PIN shown on my 2018 Form 8879 <input type="checkbox"/> will sign in person			
Will you be picking up your tax return and tax documents at our office?			
<input type="checkbox"/> Yes, I will pick up at the office <input type="checkbox"/> no, I prefer returns/documents mailed to me. (A minimum fee of \$7 may apply)			
Do you understand that <b>if your documentation is not complete by March 22</b> your return could be put on extension and you could be subject to late payment penalties? (We will endeavor to estimate your tax liability to avoid/reduce penalties)			
Have you received and read our Privacy Policy?			
I understand my return will not be filed with the IRS or any state <i>until I pay my tax preparation fees in full.</i> We prefer checks (for returning clients only) but also accept cash and credit cards. You may pay by credit card by calling our office, 410-884-0317.			
I am going to be out of town at some point during the tax season and/or I need a "rush job."			

Please complete our Tax Interview Sheet (next page). If your personal return includes Schedule C or E, please also complete our Business Interview Sheet. If you are eligible for the Child Tax Credit, Education Credits, Earned Income Credit or Head of Household filing status, **we have a new "Due Diligence" interview worksheet that is required.**

Signed:

Spouse (must also sign if applicable):

\_\_\_\_\_  
Date: \_\_\_\_\_ Digital Signature

\_\_\_\_\_  
Date: \_\_\_\_\_ Digital Signature