

OASIS FINANCIAL

2017 TAX RETURN CUSTOMER DATA SHEET

<p><u>Primary</u></p> <p>Name _____</p> <p>SSN _____</p> <p>Birth Date _____</p> <p>Occupation _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>E-mail _____</p>	<p><u>Spouse</u></p> <p>Name _____</p> <p>SSN _____</p> <p>Birth Date _____</p> <p>Occupation _____</p> <p>Cell Phone _____</p> <p>Home Phone _____</p> <p>E-mail _____</p>
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HOME Address _____ City _____ State _____ Zip _____

Filing Status Single Married Filing Jointly Married Filing Separately
 (Circle your status) Head of Household Qualifying Widow(er)

State Info

What state(s) did you live in during the tax year?

State _____ Beginning ___/___/___ Ending ___/___/___ State _____ Beginning ___/___/___ Ending ___/___/___

Dependent's Name (first, initial, last) (as on SS card) <i>See * below</i>	Month and year of birth	Dependent's SSN	Relationship	Number of months lived in your home

***- NEED a School Grade Report or other document showing your Child resided with you in 2017.**

If your child lived with you but cannot be claimed as a dependent check here and by their name above _____
 If your child did not live with you, but is claimed as a dependent check here and by their name above _____
 If someone else can claim you as a dependent check here _____

<u>Child Care Information</u> (This is required for each provider, use back if necessary)	
Provider's Name _____	SSN/EIN _____
Address _____	City _____ Zip _____
Amount Paid to Provider \$ _____	

Osberger Accounting Services and Investment Solutions
 Conveniently located: 17903 S.R. 23 South Bend, IN 46635
 Mailings: P.O. Box 485 Notre Dame, IN 46556 O: (574)246-1165

2017 TAX RETURN CUSTOMER DATA SHEET - page 2

HEALTH INSURANCE INFO: The new Affordable Care Act (Obamacare) requires that each tax return includes information on coverage for the past year. If you and all your Dependents were covered for the entire year of 2017 please indicate here _____ and provide a copy of tax Form 1095.

If you had insurance coverage for all of 2017 by Medicare/Medicaid indicate here: _____

If you ***did not*** have coverage for all of 2017 indicate here: _____ and call our office 574-246-1165 to discuss. We want to be pro-active so your tax return filing is not delayed.

Which items pertain to you? Please include documents for each item checked representing income:

- | | | |
|---|--|---|
| <input type="checkbox"/> Wage Statement (W-2) | <input type="checkbox"/> 1099-Misc | <input type="checkbox"/> Pensions (1099R) |
| <input type="checkbox"/> Sale of Stocks/Bonds | <input type="checkbox"/> Installment Sales | <input type="checkbox"/> IRA /401k distribution |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Estates/Trusts | <input type="checkbox"/> I Rental Income |
| <input type="checkbox"/> Interest (1099 Int) | <input type="checkbox"/> Sale of Residence | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Student Loan Interest Paid | <input type="checkbox"/> Partnership/S Corp (K-1) |
| <input type="checkbox"/> Dividends (1099 Div) | <input type="checkbox"/> Alimony Rec'd – Amt. \$ _____ | <input type="checkbox"/> Tip Income |
| <input type="checkbox"/> Any other income | <input type="checkbox"/> Alimony Paid – Amt. \$ _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> Operate My Own Business | |

Can I Itemize My Deductions? Please include documents for each item checked:

- | | |
|--|---|
| <input type="checkbox"/> Did you itemize deductions last year? Yes _____ No _____ | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> Estimated Taxes Paid – Please List Each on Page 3 | <input type="checkbox"/> Medical Expenses (over 10% AGI) |
| <input type="checkbox"/> Theft/Casualty Losses | <input type="checkbox"/> Home Mortgage Interest (Form 1098) |
| <input type="checkbox"/> Auto Excise Tax \$ _____ | <input type="checkbox"/> Charitable Gifts |
| <input type="checkbox"/> Unreimbursed Employee Expense (Please List) | <input type="checkbox"/> Investment/Tax Fees |
| <input type="checkbox"/> Deduct Sales Tax – Amt. of Sales Tax on Car / Boat Purchases \$ _____ | |

Other Tax Preferences – Please note if you may wish to claim one of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Job-Related Moving Cost | <input type="checkbox"/> College Tuition Paid | <input type="checkbox"/> Educator Expenses (Teachers only) |
| <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> IRA Contribution | <input type="checkbox"/> Health Savings/Self-Employed Insurance |
| <input type="checkbox"/> IRA Early Withdrawal | <input type="checkbox"/> Other | <input type="checkbox"/> Self-Employed SEP, SIMPLE contributions |

Direct Deposit Information for Refunds:

Federal Refund Direct Deposit – Yes _____ No _____ State Refund Direct Deposit – Yes _____ No _____

Name of Institution _____

Routing # _____ Account # _____

Checking _____ or Savings _____ (please check one)

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INDIANA RESIDENTS: List Property Tax Paid on your Home – this is a State Tax Deduction _____.
If you Rent, provide Name & Address of Landlord. Also list Monthly Rent and # Months Rented below.

MICHIGAN RESIDENTS: Provide copies of each Property Tax Bill. May be able to claim a
Rebate of some of this tax paid.

ESTIMATED TAX PAYMENTS (Sent by Mail):

	<u>Federal</u>	<u>State</u>
Quarter 1 – Date: _____	_____	_____
Quarter 2 – Date: _____	_____	_____
Quarter 3 – Date: _____	_____	_____
Quarter 4 – Date: _____	_____	_____

Out-of-State Purchases: _____ None or Amount of Purchases: \$ _____

Note: States now require that this be reported on the state tax return and that Use (sales) taxes be paid.

Other Matters - Please list below any you wish to discuss:

All of the above information was provided by: _____

(Signature)

(Date)

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