HARRY M. SAMUELS
ACCOUNTANT & FINANCIAL ADVISOR

December 29, 2017

Hello and Happy New Year,

As 2017 comes to a close, we are looking forward to many dramatic changes in the tax code as well as many major shifts in how society is dealing with issues that previously were overlooked or ignored.

The media has given so much distorted and "fake" news that it is difficult to decipher what is real and what is fictitious. That means that you have to be careful what you read and especially what you believe to be true and applicable to you and your situation.

The bottom line, from a taxation perspective, is that the new law will help some more than others and if you are prudent in your planning and decisions, the law should work for you.

Fortunately, my client base is predominantly entrepreneurs, so the new laws will be beneficial to most of my clients and my staff is already studying the new laws and getting ready for tax season.

We will not know the full extent of the impact of the new changes until we start applying them but 2018 will be significantly different than 2017 was and I strongly suggest that you take some time and review your business and tax model to ensure that you are making the right choices and using the laws to your advantage.

The 2017 returns will be based on the same laws as the 2016 returns but the sooner you update your plan, in anticipation of the new laws, the sooner you will be able to set the stage for the tax savings.

The 2018 returns will be vastly different than 2017 returns will be and if you wait to make changes, you will be throwing away tax dollars.

As in previous years, it is highly beneficial to get your records in to me at your earliest convenience. If we are also maintaining and/or updating your bookkeeping files, the sooner we have them, the sooner we can work on them.

I have two new staff members, Hagar and Kyle, and Ramona is still my staff manager and senior assistant. I am sure you will enjoy working with them all.

We have added a direct line to the bookkeepers. The back office line is 954-966-8635.

We expect a very busy tax season and the queue fills up quickly, so get in the queue early to avoid delays.

I highly recommend that you have your tax refunds deposited into your accounts and pay your taxes electronically, when you file. To do so, I need your banking info or a copy of a blank check.

I hope that you had a great 2017 and wish you a happy, healthy and prosperous 2018.

Sincerely,

Harry

2901 Stirling Road #307, • Ft. Lauderdale, Florida 33312 • Fax: (954) 966-1390
3155 Blue Sky Circle #16-207 • Erie, Colorado 80516 • Fax: (303)933-6438
harry@samuelsaccounting.com • (954) 966-1350 • www.samuelsaccounting.com

HARRY M. SAMUELS
ACCOUNTANT & FINANCIAL ADVISOR

2901 Stirling Road
Suite 307
Ft Lauderdale, FL 33312

3155 Blue Sky Circle
Suite 16-207
Erie, CO 80516

(954) 966-1350
(954) 966-1390 FAX
harry@samuelsaccounting.com

TAX QUESTIONNAIRE

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NAME ______________________________ Home Phone ______________________
Social Security # ______________________ Date of Birth ______________________
Occupation ______________________ Business Phone ______________________
SPOUSE______________________________ Home Phone ______________________
Social Security # ______________________ Date of Birth ______________________
Occupation ______________________ Business Phone ______________________
HOME ADDRESS ____
City ______________________ State ________ Zip Code ______________
County ______________ School District ____________ Code ______________
Email Address____

DEPENDENTS

Name	Date of Birth	Relationship	Soc. Sec. #	Lives w/ you?

If we did not prepare your returns for the last three years, please provide a copy of those returns

OFFICE USE ONLY - PLEASE LEAVE BLANK

Date Received ______________________ Processing Charge ______________________
Set-Up ______________________ Total Charges ______________________
Extension ______________________ Less: Retainer Pd. ______________________
Preparation ______________________ Balance Due ______________________
______________________ Express Charge ______________________
______________________ Total Charge ______________________
______________________ C.C. Fee ______________________
Final Review ______________________ Total Due: ______________________

Date Mailed/Delivered: ______________________

I. **INCOME SOURCES** (Do not list Self Employment/Business Income)

A. **SALARIES & WAGES** (Attach ALL copies of ALL W-2's) Taxpayer __________Spouse ___________

B. **INTEREST INCOME** (Attach ALL 1099's and proof of Interest Earned)

Payer of Interest	Amount Recd.	T/F	Payer of Interest	Amount Received	T/F

Do you have signature authority over a foreign bank account? Yes ______ No ______

C. **MORTGAGES PAID TO YOU BY OTHERS BY OTHERS**

Name of Payer	Address of Payer	Social Security #	Amount Paid to You

D. **DIVIDEND INCOME** (Attach ALL 1099's and proof of Dividends Earned)

Name of Payer	Ord. Div	Qual. Div.	LTCG	Tax Exempt	PAB	Foreign Div	Foreign TP

E. **ALIMONY RECEIVED BY YOU**

Name & Address of Person Paying You	Social Security No.	Amount Received

F. **I.R.A.'s, PENSIONS and PROFIT SHARING DISTRIBUTIONS**

Source of Payments	Amount Recd.	Taxable Portion	FWT	SWT

G. **SOCIAL SECURITY BENEFITS**

Taxpayer____________________ Spouse ____________________ Dependents ____________________

Medicare Prem. ______________Medicare Prem. _____________Medicare Prem . _________________

Other Adj ___________________Other Adj ________________ Other Adj ___________________________

H. **OTHER SOURCES OF INCOME**

Unemployment Benefits ____

State Tax Refunds ____

Gambling Winnings (Attach W-2G) ____

Gambling Losses (Total) ____

Child Support Payments ____

Debt Forgiveness (Attach 1099's) ____

Other Sources ____

II. INCOME ADJUSTMENTS

A. I.R.A./KEOGH/S.E.P. PAYMENTS

Are you (or Your Spouse) actively involved in a Retirement Plan? ____________

Have you made any payments to a Self-Funded Plan this year? ______________

If you haven't made a payment yet, are you planning to do so? _____________

TYPE OF PLAN	TAXPAYER'S PYMTS	FMV	SPOUSAL PYMTS	FMV
I.R.A'S				
KEOGH'S				
S.E.P.'S				
ROTH I.R.A.'S				

B. MEDICAL SAVINGS ACCOUNT PAYMENTS ____

C. PENALTY FOR EARLY WITHDRAWAL OF SAVINGS ______________________________________

D. ALIMONY PAYMENTS TO FORMER SPOUSE

Name of Former Spouse	Address of Recipient	Social Security #	Amount Paid

E. MOVING EXPENSES (Do not include Cost of Meals)

How far is your old home from your old office? ______________________________

How far is your new home from your old office? ______________________________

Cost of pre-move travel and lodging (No Food) ______________________________

Cost of food during move to new home ______________________________

Cost of moving your personal belongings to your new home (No Food) ____________________

Cost of moving yourself and your family to your new home (No Food) ____________________

Cost of temporary housing while waiting for your new home ______________________

Cost of lost security deposits and housing penalties ______________________

F. PURCHASE & SALE OF PRINCIPAL RESIDENCY

SALE OF OLD HOME

Date of Sale_________________________________

Cost of Old Home_____________________________

Type & Cost of Improvements

____

____

____

____

Type & Cost of Fixing Up Exp

____

____

PURCHASE OF NEW HOME

Date of Purchase_____________________________

Cost of New Home ____________________________

PLEASE PROVIDE COPIES OF ALL CLOSING STATEMENTS (HUD 1) AND REFINANCE DOCUMENTS

IF YOU HAVE THE HUD 1 FOR THE PURCHASE OF THE HOME SOLD PLEASE PROVIDE

G. STUDENT LOAN INTEREST

Name of Student	Name of School	Interest Paid

III. ITEMIZED DEDUCTIONS

A. MEDICAL EXPENSES

Prescriptions ________________________________ Medical Supplies ________________________________
Doctors ________________________________ Eye Care ________________________________
Dentists ________________________________ Medical Travel ________________________________
Chiropractic ________________________________ Health Insurance________________________________
Hospitals/Labs ________________________________ Dental Insurance________________________________
Other Medical Exp ________________________________ Long Term Insurance________________________________

Did you have health insurance all 12 months? (Attach 1095A) ________________________________

B. TAXES

Payments to state for prior year liability – **NOT TO IRS**

Type of Tax Pd ____________________ Period Covered ________________ Amt Paid ____________________
Type of Tax Pd ____________________ Period Covered ________________ Amt Paid ____________________
State Estimated Tax Payments ________________________________
School & County Real Estate Taxes on Home ________________________________
School & County Real Estate Taxes On Vacation Home ________________________________
School & County Real Estate Taxes on Investment Property ________________________________
Personal Property Taxes ________________________________
Other State and Local Tax Payments ________________________________
Sales Tax Paid on Major Purchase ________________________________

C. INTEREST PAYMENTS

Mortgage Payments on Principal Residence   Balance at 12/31

Bank Name________________________________ Interest Paid ________________________________
Bank Name________________________________ Interest Paid ________________________________
Bank Name________________________________ Interest Paid ________________________________
Bank Name________________________________ Interest Paid ________________________________

Home Equity Loans

Bank Name________________________________ Interest Paid ________________________________
Bank Name________________________________ Interest Paid ________________________________

Privately Held Mortgages

Name of Person Paid	Address	Social Security #	Total Paid	Interest Paid

D. CHARITABLE DONATIONS (LIST ALL OVER $1000.00 SEPARATELY)

____
____
____
____

E. NON-CASH DONATIONS (ATTACH RECEIPT IF OVER $1000.00)

Name of Organization	Description of Property	Value of Property

F. OTHER DEDUCTIONS

Safety Deposit Box____________________________ Union/Professional Dues________________________________
Tax Preparation Fees ____________________________ Job Search Costs_ ________________________________
Uniform Cost/Maint____________________________ IRA Custodial Fees________________________________
Educator Expense____________________________

IV. SELF EMPLOYMENT INCOME (Use separate sheet for each business)

Description of Business ____ TP __________ SP __________

Do you have signature authority on a foreign bank account? Yes ______ No______

A. **INCOME SOURCES**

Sales ______________________________ Commissions/Bonuses ______________________________

Interest Income ______________________ ______________________________

Other Income ______________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

B. **COST OF SALES & PRODUCTS SOLD**

Purchases ______________________ Beginning Inventory ______________________

Less: Personal Usage ______________________ Ending Inventory ______________________

Samples & Demos Exp ______________________ Sold but Uncollectible ______________________

Damaged/Obsolete Goods ______________________ MTR Adjustments ______________________

Management Fees ______________________ LBA Payments ______________________

Subcontract Labor ______________________ Other Expenses ______________________

Client Expenses ______________________ Refunds & Discounts ______________________

C. **OPERATING EXPENSES**

Advertising/Promos/Gifts ______________________ Meetings & Presentations ______________________

Bad Debt Exp ______________________ Moving & Archival Storage______________________

Bank Svc Chgs ______________________ Office Décor ______________________

Bonuses ______________________ Office Supplies & Expenses ______________________

Bookkeeping Exp ______________________ Office Rent ______________________

Business Telephone ______________________ Other Rent ______________________

Casual Labor ______________________ Officer Draw (Mgmt Fees) ______________________

Cellular Phone ______________________ Payroll ______________________

Charge Discounts ______________________ Payroll Taxes ______________________

Commissions ______________________ Postage ______________________

Computer/Software Exp ______________________ Printing/Secretarial______________________

Consulting Fees ______________________ Repairs/Maintenance______________________

Conferences/Seminars ______________________ Small Tools/Accessories ______________________

Donations ______________________ Tolls & Parking ______________________

Dues/Subscriptions ______________________ Training Tapes/Literature ______________________

Equipment Lease ______________________ Travel Expense ______________________

Equipment Repairs ______________________ Website Develop/Internet Fees ______________________

Family Labor ______________________ Office in Home Expense (______%)

Insurance ______________________ Rent ______________ Utilities ______________

Interest Exp ______________________ HO Ins ______________ Water/Sewer______________

Legal/Accounting ______________________ RE Tax ______________ Mtg Interest ______________

Licenses/Fees______________________ Security ______________ Lawn/Snow ______________

Meals & Entertainment ______________________ Repairs ______________ Maint. Fees ______________

Medical/Wellness ______________________ HOA Fees ______________ Other Exp ______________

____

____

____

AUTO EXPENSES ARE RECORDED ON THE NEXT PAGE

V. AUTOMOTIVE EXPENSES

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Description of Vehicle	____________	____________	____________	____________
Odometer @ 12/31	____________	____________	____________	____________
Total Miles Driven	____________	____________	____________	____________
Total Business Miles	____________	____________	____________	____________
Commuting Miles	____________	____________	____________	____________
Miles Per Gallon	____________	____________	____________	____________
Type of Expense	____________	____________	____________	____________
Lease Payments	____________	____________	____________	____________
Loan Payments	____________	____________	____________	____________
Gasoline Purchased	____________	____________	____________	____________
Oil Changes	____________	____________	____________	____________
Repairs/Maintenance	____________	____________	____________	____________
Tires/Accessories	____________	____________	____________	____________
Insurance	____________	____________	____________	____________
Tags & Licenses	____________	____________	____________	____________
Car Wash/Detailing	____________	____________	____________	____________
Other Auto Exp.	____________	____________	____________	____________
	____________	____________	____________	____________
	____________	____________	____________	____________
Total Auto Exp.	____________	____________	____________	____________
	X___________%	X__________%	X__________%	X__________%
Deductible Amount				
	________________	________________	________________	________________

***Do NOT include Loan Payments. If you own the vehicle, provide purchase info and/or documents**

VI. UNREIMBURSED EMPLOYEE EXPENSES (These are not for Small Businesses - Use Pg 5 Instead)

Total Miles ___________________ Bus. Miles for Job______________ Commuting Miles _______________

Business Supplies & Accessories ____

Business Long Dist. Phone ____

Business Phone Line _______________________ Meals & Entertainment ___________________________

Cell Phone/Pager _________________________ Postage & Stationary _____________________________

Internet/Website __________________________ Seminars/Conferences ___________________________

Cost of Travel (Plane, Train, Bus, Taxi)________ Tolls & Parking __________________________________

Lodging & Other Travel Exp ________________ Training Tapes/Literature _________________________

Reimbursements from Employer ____

Office in Home Expenses (_________%)

HO Insurance ______________________ Rent ___________________ Utilities _______________________

Lawn/Snow Care ___________________ Repairs _________________ Water/Sewer __________________

Maintenance ______________________ Security _________________Cable/DSL _____________________

Other Costs ____

VII. PURCHASE & SALE OF ASSETS (ATTACH STOCK TRADE INFO)

Description of Asset	Date Purch.	Cost	Date Sold	Sale Price	Wash/ADJ	Profit/Loss

VIII. RENTAL PROPERTIES

	Property #1	Property #2	Property #3	Property #4
Address of Property				
Rent Received				
Advertising Exp				
Appliances				
Auto/Travel				
Cable				
Carpentry				
Cleaning Exp				
Commissions				
Electrical				
HOA Fees				
Insurance Exp				
Internet Exp				
Landscaping				
Legal Fees				
Licenses/Fees				
Maintenance Exp				
Management Fees				
Mortgage Interest				
Office Expenses				
Painting				
Pest Control				
Plumbing				
Repairs				
Other Repairs				
Roofing				
Security				
Supplies				
Taxes				
Utilities				
Water/Sewer				
Other Exp				

IX. **MISCELLANEOUS ITEMS**

A. **FEDERAL & STATE ESTIMATED TAX PAYMENTS**

Federal Payments to I.R.S. (NOT WITHHOLDINGS)

Date	Amount Paid	Date Paid	Amount Paid

Refund Applied ____

____

____

State Payments (NOT WITHHOLDINGS) ______________________

Date	Amount Paid	Date Paid	Amount Paid

Refund Applied ____

____

____

B. **CHILDCARE EXPENSES**

Name of Provider	Address of Provider	Soc Sec # / Fed ID #	Amount Paid

C. **OTHER SOURCES OF INCOME**

Partnerships (Attach K-1's or Tax Returns)

____

____

____

Estates or Trusts (Attach K-1's or Tax Returns)

____

____

Farming

Type of Farming Income ____________________ TP _____________ SP ________________

(ATTACH COPIES OF YOUR CALCULATIONS)

D. **COLLEGE TUITION PAID**

Student Name	Name of School	Tuition Paid

E. **OTHER QUESTIONS AND MISCELLANEOUS ITEMS**

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THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE!