

The Strebel Planning Group
944 Dryden Road, Ithaca, N.Y. 14850 (607) 275-1275
2017 TAX GUIDE AND ORGANIZER

Use this organizer to assist you in compiling your income tax data for preparation of your income tax return. This information will assure that all income, credits and allowable deductions are accounted for and assist us in keeping your fee as low as possible. Please provide all supporting documentation requested.

TAXPAYER INFORMATION

Name _____ Social Security # _____ / _____ / _____
 Occupation _____ Date of Birth _____ / _____ / _____ Blind? Y N
 Home Address _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 E-Mail _____ Would you like to receive your copy of the returns to this e-mail address? Y N

SPOUSE INFORMATION

Name _____ Social Security # _____ / _____ / _____
 Occupation _____ Date of Birth _____ / _____ / _____ Blind? Y N
 Home Address (if different) _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 E-Mail _____ Would you like to receive your copy of the returns to this e-mail address? Y N

If married but filing separately, list name of spouse _____ and SS# _____ / _____ / _____
 If filing Head of Household and qualifying person is your child but not your dependent listed below, enter your child's name here _____

Did your name, address, or marital status change during the year? Yes No
 Are you being claimed as a dependent on another tax return? Yes No
 Did you carry forward or incur any adoption expenses during the year? Yes No

DEPENDENT INFORMATION

* Place an asterisk by any dependent attending college or post-secondary school.

Full Name	Date of Birth	Social Security #	Relationship	# of Months In Home
_____	_____ / _____ / _____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____ / _____ / _____	_____	_____
_____	_____ / _____ / _____	_____ / _____ / _____	_____	_____

Health Insurance

Do you or your dependents have health insurance? Y N
 If you only had health insurance for part of the year, which months did each person have coverage? _____
 Did you receive any premium health insurance credits through a government exchange during the year? Y N
 If yes: A. Please provide Form 1095-A showing the amount of the premium credit you received.
 B. Did any of your dependents file or will they file a tax return for 2017? Y N

DRIVERS' LICENSES

Please provide a copy, front and back, of each tax filer's driver's license.

WAGES - Please provide all W-2s

of W-2s provided by Taxpayer _____ by Spouse _____

Are there any W-2s missing or inaccurate? _____
 Explain _____

MISCELLANEOUS INCOME - Please provide all 1099s and W-2s

	T S J *	Amount
Alimony Received (not child support)	_____	_____
If you pay alimony - list on page 7		
Jury Duty (or other public service)	_____	_____
Tips, Gratuities (not reported on W-2)	_____	_____
Prizes, Awards, Gambling Winnings	_____	_____
Commissions, Bonuses (not reported on W-2)	_____	_____
Pensions, Annuities	_____	_____
IRA / Keogh / 401k Withdrawals	_____	_____
Retirement Plan Distributions rolled over	_____	_____
Unemployment Compensation	_____	_____
Forgiven Debt	_____	_____
Disability Income	_____	_____
Social Security (attach SSA-1099)	T	_____
Social Security (attach SSA-1099)	S	_____

The following are generally non-taxable, but may be required to justify deductions, etc.

Cash Gifts, Inheritance	_____	_____
Insurance or Court Settlements	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Worker's Compensation	_____	_____

Partnerships, Estates, Trusts (please provide all K-1s)
 Sub Chapter S Corporations (please provide all K-1s)
 Self-Employed Business (see page 8)
 Rental Income (see page 9)

STATE INFORMATION

State of Residence _____ County of Residence _____ School District Name _____

FEDERAL, STATE AND LOCAL INCOME TAXES PAID (not including withholding from W-2's and 1099s)

	Due	Federal		State		Local	
	Date paid	Date paid	Amount	Date paid	Amount	Date paid	Amount
1st qtr.	(4/18/17)	____/____/____	_____	____/____/____	_____	____/____/____	_____
2nd qtr.	(6/15/17)	____/____/____	_____	____/____/____	_____	____/____/____	_____
3rd qtr.	(9/15/17)	____/____/____	_____	____/____/____	_____	____/____/____	_____
4th qtr.	(1/16/18)	____/____/____	_____	____/____/____	_____	____/____/____	_____
Other payments		____/____/____	_____	____/____/____	_____	____/____/____	_____

* T - taxpayer, S - spouse, J - joint

SALE OF PERSONAL RESIDENCE - Please provide copy of real estate closing papers and Form 1099-S

Date old residence acquired ___ / ___ / ___ Cost or basis _____
 Improvements (additions, landscaping, new roof, etc.) _____
 Fixing-up expenses (painting, repairs, etc., to prepare for sale) _____
 Date old residence sold ___ / ___ / ___ Selling Price _____
 Expenses of sale (commissions, legal fees, etc.) _____

Was any part of residence rented or used for business? Y N
 Was it your principal residence for 2 of the last 5 years? Y N
 Was the sale of the residence required due to a job transfer, medical or
 unforeseen circumstance? Y N
 Have you deferred a gain from the sale of a personal residence into the home
 sold? Y N

If so, please provide Form 2119 from tax return for year prior home sold.

NEW RESIDENCE

Date new residence acquired ___ / ___ / ___ Cost of new residence _____

IRA / KEOGH / SEP RETIREMENT CONTRIBUTIONS

If you want the maximum, write MAX in the appropriate space. We will calculate your contribution limits for you. A maximum \$5,500 (plus \$1,000 if age 50 or over) contribution to an IRA is permitted even if not deductible.

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you covered by a qualified retirement plan at work?				
2017 Traditional IRA contribution (Deductible)	_____		_____	
2017 Roth IRA contribution (Nondeductible)	_____		_____	
2017 Keogh / Sep contributions	_____		_____	
Have you made your 2017 IRA / Keogh / Sep contribution yet?	Yes	No	Yes	No
If not, do you plan on making a 2017 contribution in 2018?	Yes	No	Yes	No
Total value of <u>all</u> your IRA's as of 12/31/17	_____		_____	
Do you need advice on choosing your retirement investment?	Yes	No	Yes	No

CHILD AND DEPENDENT CARE

A credit for child and dependent care expenses is available for qualified taxpayers who incur expenses for the care of dependents who are under age 13 or handicapped. You must be gainfully employed or a full-time student.

Number of qualifying persons cared for in 2017 _____

Care Provider's Name	Address	Identifying Number (SSN) or (EIN)		Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Child Care Paid During 2017 _____

ITEMIZED DEDUCTIONS

Medical Expenses:

Only unreimbursed medical expenses that exceed 10% of adjusted gross income are allowed, (7.5% if age 65 or older).

Doctor and dental fees	_____	Nursing home, nursing care	_____
Prescribed drugs and medicine	_____	Medical equipment and supplies	_____
Hospital, medical and dental insurance premiums paid by you (after tax)	_____	Physical therapy	_____
Long term care insurance premiums	T _____	Ambulance	_____
	S _____	Lab and x-ray fees	_____
HSA - Contributions	_____	Glasses, hearing aids, batteries	_____
Distributions	_____	Parking fees, taxi, bus	_____
Lodging while away from home (\$50 per day per person maximum)	_____	Smoking Cessation Program	_____
Total number of miles driven for medical reasons	_____		
Above amounts reimbursed by insurance	_____		

Comments: _____

Taxes Paid:

Real estate - primary residence (include whether itemizing or not)	_____
Real estate - other (not including rental property)	_____
Property tax rebates, if any	_____
State and local income taxes <u>paid in 2017</u> (other than on Page 2)	_____
Personal Property Tax (if any)	_____
State Sales tax paid on vehicles and boats	_____

Interest Paid:

	Primary Residence	Second Residence
Mortgage interest - 1st mortgage (1098)	_____	_____
Mortgage interest - 2nd mortgage (1098)	_____	_____
Home equity loan (1098)	_____	_____
Points (1098)	_____	_____
Interest paid to an individual	_____	_____
Name _____		SS# <u> / / </u>
Address _____		
Mortgage insurance premiums paid (new policies issued after 2006)		_____
Investment Interest (Interest paid for investments, such as land, stocks, etc.)		_____
	Paid to	Reason for loan
_____	_____	Amount
_____	_____	_____
Interest you or your spouse paid on Student Loans		_____

Charitable Contributions:

- Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.
- All charitable contributions exceeding \$249 have to be substantiated in writing by the charity. The written acknowledgement must state whether any goods or services were provided. You must obtain the substantiation by the time you file your tax return or, if earlier, the due date of your return. A cancelled check is not considered sufficient substantiation.

Total Cash Contributions (Church, Red Cross, United Way, Payroll Deduction, etc.) _____

Total Non-Cash Contributions (Clothing, Furniture, Food, etc.) _____

If above non-cash donations have a total value over \$500 or more, please provide a detailed list of items. The list must include: cost, fair market value, date acquired, date contributed, and name and address of organization. Donated clothing and household items must be in good condition. Items valued over \$5,000 require an appraisal.

Expenses as a Volunteer

Miles	_____	Travel: Meals	_____
Parking, tolls	_____	Lodging	_____
Phone	_____	Transportation	_____
Supplies	_____	Miscellaneous	_____
Uniforms	_____	Other:	_____

Casualty and Theft Losses:

Generally, the total amount of all the losses are deductible only to the extent they exceed 10% of adjusted gross income. If more than one loss, provide similar detail for each.

Kind of property or item _____	Date acquired ____ / ____ / ____	Date of loss ____ / ____ / ____
Fair market value before loss _____	Cost or basis _____	
Fair market value after loss _____	Insurance reimbursement _____	
Describe how or what happened _____		

Moving Expenses:

Must be business related and new job location must be 50 miles further from old home than old job location.

Miles from old home to old job _____ Miles from old home to new job _____

Date hired for new job ____ / ____ / ____ Date of move ____ / ____ / ____

Qualifying moving expenses that aren't employer-paid may be deducted as an "above-the-line" deduction, thus lowering your AGI. If you move due to a job change, you may deduct the reasonable costs of (1) moving household goods and personal effects from the old to the new residence and (2) traveling (including lodging, but not meals) from the old residence to the new residence.

Actual Move	Auto travel (miles)	_____
	Transportation other than auto	_____
	Lodging during move	_____
	Cost to pack and ship household goods	_____

Amount reimbursed by employer _____ Included in Form W-2? Y N

Miscellaneous Deductions:

List only those expenses related to your employment. For self-employed business expenses see page 8.

All automobile expenses should be listed under the Business Mileage section on Page 10. Do not enter expenses listed elsewhere in this organizer.

	Taxpayer	Spouse
Attorney fees (to protect taxable income)	_____	_____
Business gifts	_____	_____
Dues: union and professional	_____	_____
Employment related education and seminars	_____	_____
Tuition and fees	_____	_____
Books and supplies	_____	_____
Travel (other than auto)	_____	_____
Meals and entertainment	_____	_____
Gambling losses (limited to winnings)	_____	_____
Business insurance (malpractice, E & O, etc.)	_____	_____
Job seeking expenses in same field	_____	_____
Employment and resume fees	_____	_____
Other: _____	_____	_____
Licenses and fees	_____	_____
Publications, books, etc., used in business	_____	_____
Telephone (itemized business calls only)	_____	_____
Tools, supplies, equipment	_____	_____
Uniforms - purchase and cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Investment related expenses:

IRA and Keogh fees paid by you	_____	_____
Investment counsel fees	_____	_____
Publications and journals	_____	_____
Safe deposit box	_____	_____
Tax preparation fees	_____	_____
Travel (other than auto)	_____	_____
Telephone (itemized investment use)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Alimony Paid

Recipient's SSN _____ - _____ - _____

OFFICE IN THE HOME EXPENSE

If you own your home and this is your first year for home office expenses, please provide information to determine the adjusted basis of your home. (closing statements, capital improvements, etc.)

Date acquired home _____	Cost of home not including land _____
Cost of land _____	Cost of improvements thru 2017 _____
Total square footage of entire living area _____	Rent _____
Total square footage of office space & storage _____	Utilities _____
	Homeowners Insurance _____
	Home Repair & Maintenance _____
Capital improvements made in 2017 _____	Other _____

Day care providers - If the use of part of your home as a day care facility is regular, but not exclusive, please provide the number of days during the year the rooms were used and the amount of time spent daily in each room.

Number of days used: _____ Amount of time spent daily in each room: _____

SELF EMPLOYED BUSINESS INCOME AND EXPENSES

Please provide the following information for each separate business. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10.

Name of proprietor _____ Business or activity _____
 Business name _____ Product or service _____
 Business address _____ Federal I.D. number _____

Do you use any part of your home for business? Y N (If yes, please complete Office in the Home section on page 7)

How many months in business during year? _____

Have you filed all required Forms 1099? Y N

Gross receipts/sales (net of sales tax) _____

Returns and allowances _____

Other: _____

Beginning of year inventory _____

Purchases _____

Withdrawn for personal use _____

Cost of labor _____

Materials, supplies _____

End of year inventory _____

Advertising _____

Bad debts _____

Commissions paid _____

Employee benefit programs _____

Insurance (other than health) _____

Interest (other than mortgage) _____

Legal and professional fees _____

Office expense _____

Pension / profit sharing plans _____

Rent or lease:

Vehicles / equipment _____

Other business property _____

Repairs and maintenance _____

Supplies (other) _____

Taxes:

Payroll (provide all reports) _____

Other: _____

Travel See Page 11

Meals and entertainment (100%) _____

Utilities _____

Wages _____

Other expenses:

Bank charges _____

Dues and publications _____

Postage and freight _____

Laundry and cleaning _____

Telephone _____

Other: _____

Other: _____

If during the year you purchased or disposed of equipment, furniture, capital improvements, please list below. (List vehicle information under Business Mileage section on Page 10)

Description	Date Acquired	Cost	Date Disposed	Amount Received
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____

Comments: _____

RENTAL INCOME AND EXPENSES

Please provide the following information for each separate rental property. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10. List all travel expenses on Page 11.

Property description _____ Number of days used personally _____ Ownership percentage _____ %

Property address _____

Was the property purchased during the current year? Y N If yes, please provide closing statements.

Was the property disposed of during the current year? Y N If yes, please provide closing statements for both the purchase and sale of the property along with other documents needed to determine the adjusted tax basis.

Rents received	_____	Supplies	_____
Other income: _____	_____	Real estate taxes	_____
		Utilities	_____
		Wages and salaries	_____
Advertising	_____	Other expenses:	
Travel	See Page 11	Bank charges	_____
Cleaning and maintenance	_____	Gardening and landscaping	_____
Commissions	_____	Dues and fees	_____
Insurance	_____	Licenses and permits	_____
Legal and professional fees	_____	Management fees	_____
Mortgage interest paid to banks, etc.	_____	Office expenses	_____
Other interest	_____	Pest control	_____
Repairs:		Telephone	_____
Carpentry, hardware	_____	Other: _____	_____
Electrical	_____	Other: _____	_____
Painting and decorating	_____	Other: _____	_____
Plumbing	_____	Other: _____	_____
Appliances	_____	Other: _____	_____
Miscellaneous	_____	Other: _____	_____

If during the year you purchased or disposed of equipment, furniture, appliances, capital improvements (carpets, fence, roof, driveway, etc.), please list below.

Description	Date Acquired or Completed	Cost	Date Disposed	Amount Received
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____

Comments: _____

BUSINESS MILEAGE

This section must be completed for every vehicle that is used in business. A mileage log is the best means of supporting your vehicle use for business.

Vehicle description:	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Driver (taxpayer, spouse)	_____	_____	_____	_____
Date purchased / placed in service	____/____/____	____/____/____	____/____/____	____/____/____
Cost of vehicle	_____	_____	_____	_____
Total miles driven during year	_____	_____	_____	_____
Business miles driven during year:				
For your employer (not commuting)	_____	_____	_____	_____
To professional meetings	_____	_____	_____	_____
Between 1st and 2nd job	_____	_____	_____	_____
From job to school	_____	_____	_____	_____
Job seeking	_____	_____	_____	_____
For investment / tax preparation	_____	_____	_____	_____
Self employed business #1	_____	_____	_____	_____
Self employed business #2	_____	_____	_____	_____
Rental property activity #1	_____	_____	_____	_____
Rental property activity #2	_____	_____	_____	_____
Medical treatment	_____	_____	_____	_____
Charitable / volunteer work	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Average daily round trip commuting distance	_____	_____	_____	_____
Number of days vehicle was driven to work	_____	_____	_____	_____
If disposed, date of disposition	____/____/____	____/____/____	____/____/____	____/____/____

ACTUAL AUTOMOBILE EXPENSES

This section is not required if you are using the government's "standard mileage rate". However, this section must be completed if you are using the actual expense method, or if you ever depreciated your vehicle under the ACRS / MACRS method. If this is the first year of business use for your vehicle, please provide a copy of the purchase or lease contract. Amounts included in this section should not be included anywhere else in this organizer.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Gasoline, oil, lubrication	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____
Tires, batteries, etc.	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
License and taxes	_____	_____	_____	_____
Auto loan interest	_____	_____	_____	_____
Wash and wax	_____	_____	_____	_____
Lease payments	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Comments: _____

AWAY FROM HOME TRAVEL EXPENSES

Amounts included in this section should not be included anywhere else in this organizer.

	Self Employed Taxpayer	Business Spouse	Rental Property	Other	Other
Airfare, train, bus	_____	_____	_____	_____	_____
Auto rental, taxi, etc.	_____	_____	_____	_____	_____
Meals	_____	_____	_____	_____	_____
Lodging	_____	_____	_____	_____	_____
Laundry	_____	_____	_____	_____	_____
Tips	_____	_____	_____	_____	_____

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled at least half time in a qualified post-secondary institution.

*Please provide 1098-T

	1 st Student	2 nd Student	3 rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)	_____	_____	_____
Tuition (Tuition paid during the year for at least half-time enrollment)			
Post-Secondary Years 1 thru 4	_____	_____	_____
Post-Secondary Years after Year 4	_____	_____	_____
Graduate School	Y N	Y N	Y N
Other Expenses			
Tuition Fees	_____	_____	_____
Room and Board	_____	_____	_____
Books and Supplies	_____	_____	_____
Amount of any Grants, Scholarships or tax-free educational Funds	_____	_____	_____
2017 Contributions to NYS Savings Plans (529 Plans)	_____	_____	_____
2017 Distributions from NYS Savings Plans (529 Plans)	_____	_____	_____

JOB RELATED EDUCATION

(Enter amounts only if job/career-related and only for you and your spouse)

	Taxpayer	Spouse
Tuition	_____	_____
Room and Board	_____	_____
Books and Supplies	_____	_____
Travel	_____	_____

MISCELLANEOUS INFORMATION

	Circle one		
1. Were you notified by the IRS or STATE of any changes to a prior year tax return in the past three years? Please provide copy of notices.	Yes	No	
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes	No	N/A
3. Do you have any foreign income or a foreign bank account or any other foreign assets?	Yes	No	
4. Do you have any worthless stocks or uncollectible bad debts or the victim of a Ponzi scheme? Yes	No		
5. Did you or your spouse receive any distribution from an IRA, Profit Sharing or Pension Plan?	Yes	No	
6. Do you expect to start a new business this coming year?	Yes	No	
7. Did you receive any reimbursement from a prior year casualty, theft loss or medical deduction?	Yes	No	
8. Did you or your spouse receive any income not otherwise detailed in this organizer?	Yes	No	
9. Do you have any children under age 19 (age 24 if a dependent student) with investment income of more than \$2,100?	Yes	No	
10. If you (or your spouse) reached the age of 70½ do you have a plan for your mandatory retirement saving withdrawals?	Yes	No	N/A
11. Did you buy a qualified clean fuel vehicle or a hybrid car during the year? (If yes, provide details)	Yes	No	
12. Do you anticipate a substantial change in your income, deductions, or withholding for next year?	Yes	No	
13. For same sex couples, are you and your domestic partner legally married?	Yes	No	N/A
14. Did you roll funds into a Roth IRA or re-characterize a Roth IRA in the past 2 years?	Yes	No	

- | | | |
|---|-----|----|
| 15. Do you wish to designate \$3.00 to the Presidential Campaign Fund? | Yes | No |
| 16. Does your spouse wish to designate \$3.00 to the Presidential Campaign Fund? | Yes | No |
| 17. Did you have a Medical or Health Savings Account during the year? | Yes | No |
| 18. Did you or your spouse receive employer provided educational assistance? | Yes | No |
| 19. Did you or your spouse pay long-term healthcare insurance premiums or receive benefits during the year? | Yes | No |
| 20. Are you a teacher (K-12) who paid for classroom materials without reimbursement? Please provide recap of expenses and amounts. | Yes | No |
| 21. Did you purchase any qualifying solar energy efficient equipment/home improvements for your principal residence? (solar water heaters and solar panels) Please provide description and costs. | Yes | No |
| 22. Have you or your dependents taken a distribution from a qualified tuition program of an educational institution during the year? | Yes | No |
| 23. If over age 70½, did you make a direct contribution to a charity from an IRA? | Yes | No |
| 24. Did you have any out of state purchases on which state sales tax is owed? | Yes | No |
| 25. Did you pay anyone (over 18) \$2,000 or more as a household employee? | Yes | No |
| 26. Did you live or incur a loss in a presidentially declared disaster area? | Yes | No |

* Please use the space below to comment on any of the above questions or on any other issue you wish.

FINAL REMINDERS CHECKLIST

Please be sure you have included the following items with your organizer.

- | | |
|---|---|
| <input type="checkbox"/> All W-2 forms for wages and salaries | <input type="checkbox"/> Purchase and sales statements for real estate purchases and sales. |
| <input type="checkbox"/> All 1099 forms for interest and dividend income. | <input type="checkbox"/> All K-1 forms and instructions for partnerships, trusts, estates, S corporations, and joint ventures. |
| <input type="checkbox"/> All 1099-R forms for pension and retirement income. | <input type="checkbox"/> Submit other supportive documents that may be requested or necessary to help justify or clarify a deduction, transaction, sale, etc. |
| <input type="checkbox"/> All 1099-S and 1099-B forms for sales of securities and real property. | <input type="checkbox"/> Copy of prior year's tax return, <u>if you are a new client.</u> |
| <input type="checkbox"/> Social Security forms SSA-1099 | |
| <input type="checkbox"/> Health Insurance 1095 Forms | |
| <input type="checkbox"/> Drivers' License(s) | |
| <input type="checkbox"/> Purchase and sales statements for stock sales. | |

DIRECT DEPOSIT

Please complete the section below and attach a void check if you would like your refund directly deposited into your bank account.

Bank Name _____ Name on Account _____

Bank Routing # _____ Taxpayer Account # _____

Type of account: Checking or Savings

To pay using a credit card, please complete the following:

Name on card: _____ **Card number:** _____

CVV security number (4 digit number on the front of Am-EX, 3 digit number on the back of all others)

Expiration date: _____ **Type of card: (circle one) Visa MasterCard American Express Discover**

Signature: _____

* Billing will appear on your statement as "Strebel & Strebel, CPAs"

The Strebel Planning Group

We provide income tax preparation and planning for individuals, partnerships, corporations, trusts and estates. Additionally, we provide a wide range of advisory services including:

**Comprehensive Financial Planning
Investment Strategies
IRA Rollover Strategies
Education Planning**

**Projections, Budgets, Goals
Business Coaching
Real Estate Investment Advice
Charitable Donation Strategies**

**Estate Planning
Sales Tax Reporting
Payroll Tax Reporting**