



**CREATIVE
PLANNING**

Tax

Individual Tax Planner 2017

Name: _____

Your tax return will be filed electronically with the IRS and applicable states. In an effort to save time and resources we would like to deliver your copy of the tax return to you electronically as well. If, instead of a password encrypted PDF delivered via email, you would prefer a paper copy of the return, please let us know here.

_____ Yes, I would prefer to receive my copy of the tax return on paper.

In order to help prevent identity theft and protect your tax information many states have begun requiring driver's license numbers in order to electronically file your tax return. The IRS and other states recommend including this information. To ensure that we can electronically file your return, please include the following information or provide a copy of your driver's licenses. Please note this information changes often and information we have on file may be expired.

Taxpayer:

Driver's License Number: _____

Issuing State: _____

Issue Date: _____

Expiration Date: _____

Spouse:

Driver's License Number: _____

Issuing State: _____

Issue Date: _____

Expiration Date: _____

*New York residents please provide a copy of the front & back of your license

Tax Payments:

If you made estimated tax payments (Including January of 2018) list them below:

Federal payments:

Amount _____	Date _____	Amount _____	Date _____
Amount _____	Date _____	Amount _____	Date _____

State payments: State _____

Amount _____	Date _____	Amount _____	Date _____
Amount _____	Date _____	Amount _____	Date _____

State payments: State _____

Amount _____	Date _____	Amount _____	Date _____
Amount _____	Date _____	Amount _____	Date _____

If you are due a Federal or State tax refund we will request that you are sent a check. If you would like any refunds to be directly deposited to your bank account, please list your bank account information below:

Name of Bank _____	Account Number _____
Routing Number _____	Checking or Savings? _____

Please circle either yes or no for each question listed below and provide additional information as needed.

1. Yes No Did your marital status change in 2017?
2. Yes No Did your address change in 2017? Please provide new address and date of move.

3. Yes No Did you have (or adopt) a child in 2017? Please include their name, date of birth, and SSN.

4. Yes No Did any of your dependents move out on their own in 2017?
5. Yes No Did any of your dependents have earned income that will require a 2017 tax return prepared?
6. Yes No Is anyone listed on your 2016 tax return deceased?
7. Yes No Did any of your children under age 23 have more than \$2,100 in interest, dividend, or capital gain income in 2017?
8. Yes No Did you receive any disability income in 2017?
9. Yes No Did you start a business, farm, purchase rental property or acquire an interest in a partnership, S corporation, or trust in 2017?
10. Yes No Did you sell any stock, bonds, or property outside of Creative Planning in 2017?
11. Yes No Did you purchase or sell a home in 2017? Please enclose a copy of the closing statement(s).
12. Yes No Did you add any solar, fuel cell or geothermal energy efficient improvements to your home in 2017? Please provide receipts/invoices of improvements.
13. Yes No Did you convert part or all of an IRA to a Roth IRA in 2017?
14. Yes No Did you, your spouse, or a dependent incur any tuition expenses to attend a college or university?
15. Yes No Did you incur a loss because of damaged or stolen property, including natural disasters?
16. Yes No Did you distribute any amounts from your IRA directly to a non-profit organization?
17. Yes No Were you involved in a bankruptcy in 2017?
18. Yes No Did you have any debts cancelled or forgiven in 2017?
19. Yes No Did you incur moving expenses due to a move related to work?
20. Yes No Did you or your spouse make a gift to any individual over \$14,000?
21. Yes No Did you inherit money or property in 2017?
22. Yes No Was your home rented out or used for business?
23. Yes No Did you receive any notices from the Internal Revenue Service or a State/City Department of Revenue? Please include a copy for our records.
24. Yes No Did you have signature authority over any foreign financial accounts during 2017?
25. Yes No Did you or your spouse begin collecting Social Security benefits in 2017?

Please give us a copy of the following forms you or your spouse received (if applicable):

- W-2's received from employers
- Form 1099's received for other sources of income (investments, independent contractor, social security, etc.)
 - Note: You do not need to send any 1099's received from accounts managed by Creative Planning Wealth Management
- Schedule K-1's received
 - Note: You do not need to send any K-1's for publicly traded partnerships (Master Limited Partnerships)
- IRS letters with Personal Identification PIN, applicable only if you have previously been a victim of ID theft
- 1098 forms you received for all homes showing interest paid
- 1098-E showing student loan interest you paid in 2017
- W-2G forms from gambling income
- 1098-Q
- 1095-A received for health insurance exchange subsidies

Itemized Deductions:

Medical expenses not covered by insurance policies:

Prescription medicines and drugs _____
Doctor, dentist, specialists, nurses, etc. _____
Hospitals & nursing homes _____
Health insurance premiums – other than employer provided/Medicare _____
Long term care premiums Taxpayer: _____ Spouse: _____
Number of medical miles driven _____
Other, please explain _____

Real estate taxes paid on all homes owned _____
Personal property taxes paid for vehicles _____
Sales taxes paid on large purchases _____
Required expenses you incur for work such as uniforms, tools, etc. _____
Unreimbursed business expenses _____
Union and professional dues _____
All gambling losses incurred in 2017 _____
Safe Deposit Box fees _____
Tax preparation fees (if not paid to Creative Planning) _____

Charitable Contributions:

Cash contributions to charities (or send receipts, donation letters, or cancelled checks):

Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____

Non-cash contributions to charities, (or send receipts with description and value of items donated):

Charity _____	Date _____	Value _____
Item Description _____		
Charity _____	Date _____	Value _____
Item Description _____		
Charity _____	Date _____	Value _____
Item Description _____		

Did you make any contributions **directly** from a qualified retirement account to charity? Yes No

Number of Charitable miles driven _____

Other Information:

Did you make any contributions to an IRA/Roth IRA for 2017? Please circle type of plan and provide the amount.

Taxpayer _____ IRA/Roth IRA Spouse _____ IRA/Roth IRA

Did you make any contributions to any 529 college savings plan in 2017?

Beneficiary _____ Amount _____
Beneficiary _____ Amount _____
Beneficiary _____ Amount _____

Did you pay any fees to a day care provider so you could work or attend school?

Amount paid _____
Name, address and Tax ID number of provider: _____

Did you pay or receive any alimony during 2017 pursuant to a divorce decree?

Amount Paid _____ Amount Received _____
Recipient Name _____
Recipient SSN _____

Did you make contributions to or take distributions from a Health Savings Account (HSA)?

- Please provide copies of form 1099-SA you received showing Health Savings Account distributions.
- Please note if your qualified high deductible insurance plan covers an individual or a family
- 2017 Contributions _____
 - Were the contributions made through employee payroll? Yes No

Affordable Care Act Information:

Were you covered by one of the following for all of 2017:

- An employer-provided health insurance plan meeting minimum federal standards
- A private health insurance plan meeting minimum federal standards
- Medicare
- Medicaid
- Veteran’s Coverage

Taxpayer Yes/No Spouse Yes/No
Dependent Yes/No Dependent Yes/No

If no, please provide details below and we will contact you to discuss.

If you had a health plan through the Marketplace exchange, **you must provide us with Form 1095-A** which will be mailed to you in late January. You can also access this form online by logging in to your Marketplace account.

Rental Property & Business Income (only complete if applicable)

If you have this information summarized in a different format, please feel free to send it in that manner or add additional pages.

Rental Property Information:

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Address	_____	_____	_____
Income	_____	_____	_____
Advertising	_____	_____	_____
Auto Mileage	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
*Please enclose Form 1098 for Mortgage Interest			
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other Expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other information:

Self Employed / Business Income

Income	_____		
Advertising	_____	Travel	_____
Auto & Travel	_____	Meals & Entertainment	_____
Contract Labor	_____	Telephone	_____
Commissions	_____	Internet	_____
Insurance (Other than Health)	_____	Other Expenses	_____
Legal & Professional Fees	_____	_____	_____
Office Expense	_____	_____	_____
Rent	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____		
Taxes & Licenses	_____	Health Insurance Premiums	_____

Other information:
