ROBERT HALL & ASSOCIATES
TAX CONSULTANTS
A Division of Montecito Financial Services, Inc.
300 West Glenoaks Boulevard, Suite 200
Glendale, CA 91202
Phone: 818.242.4888 Fax: 818.242.1060

December 31, 2017

Dear Client:

Thank you for your continued support as we approach our 47th year in business. Call us at (818) 242-4888 to make your tax appointment (if you don't already have your pre-booked appointment). We have a limited number of appointments available to properly serve all of our clients. **Please be aware that appointments with BOB HALL, STEPHEN HALL, ROBERT HALL, or MICHAEL WATSON will carry a $100.00 surcharge. Appointments with TONY WATSON, PHILIP DUNCAN, DANIEL PASSON, or CHAD MOSELEY will carry a $75.00 surcharge. Appointments with TITO SPILSBURY or JAY KIM will carry a $50.00 surcharge.**

After receiving your appointment, remember that this time is reserved for you! If for any reason the appointment cannot be kept, notification must be made to our appointment desk at least 48 hours in advance so that someone else may be assigned your time. **If notification is not made 48 hours in advance, a fee of $85.00 will be imposed.**

A customized questionnaire containing your data from 2016 can be e-mailed or mailed to you by calling us.
Please bring the following items for your interview:

1. The attached worksheet filled out with your figures and the appropriate paperwork for backup.
2. ***A voided check for E-filing.***
3. ***All of your W-2 forms, 1099 forms and Schedule K-1's.***
4. Records of other income such as property sales, business and/or rental income and expenses.
5. Records of any expenses incurred for your employment.
6. Your house payment book or 1098 form from lender and record of property tax paid.
7. Loan or purchase contracts for business assets sold and/or purchased.
8. Escrow statements on real estate sold or purchased.
9. Copies of you and your children's Social Security cards.
10. **Health Insurance verification–Form 1095-A (from Exchange), Form 1095-B or Form 1095-C (From employer)**

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This year's Referral Program: Receive a $25 Visa gift card for each new client you refer in 2018! Refer 5 new clients and receive one of the following: an Apple iPad Mini, a $200 gift card, or a $200 credit on your next tax return.

As a bonus: Every new client you refer will receive a $50 discount on their tax preparation fee! A new client is defined as someone who has not filed their prior tax return with RHA, and files a long-form tax return (or incorporates) with us.

A HAPPY AND HEALTHY 2018 TO YOU AND YOUR FAMILY FROM OUR FAMILY,

Robert W. Hall, EA   Stephen E. Hall, EA   Robert Wm. Hall, EA

P.S.: Our 47th anniversary has been possible because of your continued support and referrals.

Please note any changes that happened this year 2017 or fill out if you are a new client.

CLIENT INFORMATION

	Taxpayer	Spouse
First Name & Initial		
Last Name		
Social Security Number		
Occupation		
Date of Birth		
Home Phone		
Work Phone		
Cell Phone		
Email Address		

Address	**Street Address**	
	Apartment Number	
	City	
	State	
	ZIP Code	

**** Social Security Numbers Mandatory at Birth (must be name on Social Security Card)****

Dependents Name in Full	Date of Birth	Social Security #	Relationship	Mos. In Home

The following questionnaire of special categories could lead to helpful deductions.
Please check the items that apply and bring supporting information to the interview.

	Check, if yes		Check, if yes
Did you pay premiums or receive long term care insurance or Medicare?	☐	Did you purchase any special clothing, tools or equipment required for your job?	☐
Were there any births, adoptions, marriages, divorces or deaths in your immediate family during the year?	☐	Did you purchase a new residence or sell your old residence?	☐
Did you have a second job at any time during the year?	☐	Did you receive a notice from the IRS or other taxing authority regarding a prior year tax return?	☐
Do you subscribe to or purchase trade journals, books, publications or other materials related to your job?	☐	Did you refinance your residence or take a home equity loan? If yes, bring all escrow closing papers.	☐
Were you job-hunting at any time during the year?	☐	Did you open a medical savings plan or health savings plan?	☐
Did you pay someone to care for your children while you worked or looked for work?	☐	Did you conduct business from your home?	☐
Did you adopt a child?	☐	Does anyone owe you money that has become un-collectible?	☐
Did you repay any unemployment or social security benefits?	☐	Did you convert a Traditional IRA to a Roth IRA?	☐
Did you earn income or pay taxes in another state?	☐	Did you exchange funds from a pension or IRA plan?	☐
Did you earn income or pay taxes in another country?	☐	Did you exchange funds from one mutual fund to another?	☐
Did you incur a loss because of damaged or stolen property?	☐	Did the IRS disallow EIC in a prior year?	☐
Do you own any worthless securities? If yes, bring them.	☐	Did you purchase a new hybrid vehicle?	☐
Did you or your spouse make any gifts to an individual that total more than $13,000, or any gifts in a trust?	☐	Did you add any energy efficient improvements (insulation systems, exterior windows & doors, metal roofs) to your home?	☐
Did you have any children under age 18 on Jan. 1, 2017 with interest & dividend income in excess of $850?	☐	**Did you, your spouse, and your dependents have health insurance coverage all 12 months of 2017? (Health insurance includes Blue Cross, Kaiser, Medicare, etc.)**	☐
Did you (or someone your behalf, incl. your employer) make contributions to a health savings account this year?	☐		☐

www.RobertHallTaxes.com
818.242.4888

REQUIRED- ENTER PAYMENTS MADE TOWARD 2017 TAXES

	IRS AMT. PAID	DATE PAID	STATE AMT. PAID	DATE PAID
April 15, 2017	$		$	
June 15, 2017	$		$	
September 15, 2017	$		$	
January 15, 2018	$		$	
Total	$		$	

INCOME BRING ALL 1099'S

PENSION 1099	TAXPAYER	SPOUSE	MISCELLANEOUS INCOME	AMOUNT
Social Security			Unemployment Compensation	
Distribution from Pension			Alimony Received	
Distribution from IRA			Gambling Winnings	
			Gambling Losses	( )

INTEREST 1099 - INT	AMOUNT	Bring 1099-INT, OID, etc.	

Seller Financed Mortgages. **Include Name, address AND ID of Payer!**	Name:	Amt.	Seller Financed Mortgages. **Include Name, address AND ID of Payer!**	Name:	Amt.
	Address:			Address:	
	SS# or Federal ID#			SS# or Federal ID#	

DIVIDENDS 1099 – DIV	Ordinary Dividends	Cap. Gains Dividends	Non-Taxable Dividends

STOCKS, BONDS, OTHER 1099-B **(BRING COST BASIS ON ALL SALES & YEAR END STATEMENTS. IF YOU WORK WITH A FINANCIAL INVESTMENT GROUP, BRING THE REALIZED CAPITAL GAIN/LOSS REPORT FOR 2017)**

Description	Date Acquired	Date Sold	Sales Price	Cost & Expense

BRING K-1'S FROM PARTNERSHIPS, ESTATES, TRUSTS AND S-CORPORATIONS

If you Bought or Sold an investment which includes a K-1 during 2017, please list the entity name:

DEDUCTIONS **REQUIRED**

MEDICAL EXPENSES		AMOUNT
Medicine, Drugs, Insulin		
Total Insurance Premiums		
Total Doctors, Dentists, etc.		
Total Hospitals, Clinics & Hospice		
Glasses, Hearing Aids, Batteries		
Orthopedic Equipment, Lab Fees, X-Rays		
Stop Smoking Programs, Products		
Travel expense ($0.17 / mile)		
Long Term Care Premiums		
Insurance Reimbursement		( )
*****New in 2014: there is a penalty for not**		
maintaining proper health insurance.***		
TAX EXPENSES		**Required**
State Tax for Prior Years		
Real Estate Taxes, Home		
Real Estate Taxes, Investment		
DMV Fees	No. of Vehicles:	
Boat Licensing Fees		
Personal Property Tax (Boat, Office Equipment)		
Sales Tax Paid – on All Items i.e. clothing, sundries		
Sales Tax Paid – Lg. Purchases i.e. Boats, Autos, etc.		
INTEREST EXPENSES		**Required**
Home Mortgage Interest to Banks, 1st		
Name of Bank		
Home Mortgage Interest to Banks, 2nd		
Name of Bank		
Loan Balances	1.	
	2.	
Mortgage paid to Indiv.	Name of Payee:	
	Address	Social Security #
Loan Points Paid in 2017		
Investment Interest, Brokerage		
Investment Interest, Land		
CHARITABLE CONTRIBUTIONS		
CASH OR CHECKS		
House of Worship		
Payroll Deductions		
Cancer/Heart Fund		
United Way Fund		
Other (please list)		
NON-CASH – **BRING RECEIPTS**		**Required**
Goodwill/Salvation Army		
Other (please list)		
Travel ($0.14/mile) (If a single donation is $250 or more, please bring docs)		

EXPENSES INCURRED **AMOUNT**

AS AN EMPLOYEE	Taxpayer	Spouse
Bond of Employment		
Business Gifts ($25 /person per year)		
Business Telephone		
Cellular Charges (Business Only)		
Clerical Services		
Computer (Upgrades, Software, etc.)		
Credential Renewal		
Income Protection Expense (Legal,etc.)		
Investment Income Expense		
Job Search Mileage		
Laundry & Uniform Expense		
Meals & Entertainment (Business only)		
Military- Cleaning		
Military- Lodging		
Military-Uniforms		
Online Fees/ Internet Fees		
Pager Fees		
Postage/deliver		
Printing		
Professional Dues & Publications		
Professional Supplies		
Promotion		
Research expense		
Safe Deposit Box Rental		
Safety Equipment		
Tax Preparation Fees		
Technical References		
Trade Journals		
Typing Services		
Union Dues		
Work Tools		
Square Footage of NEW Home Office		
Square Footage of Entire Home		
Office in the home- Repairs & Maint.		
Office in the home-Utilities, Insurance		
Office in the home- Rent		

CASUALTY- THEFT

Bring Police or Insurance Report & List of Damages

NOTES:

CHILD CARE EXPENSES

CHILD CARE INFORMATION **(NOTE: THE ID# IS MANDATORY IF YOU HAD CHILD CARE)**	
Care Provider's Name:	Care Provider's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone#:
Identifying Number (95# or SS#):	Identifying Number (95# or SS#):
Amount incurred in 2017 & paid in 2018:	Amount incurred in 2017 & paid in 2018:
Amount incurred in 2016 & paid in 2017:	Amount incurred in 2016 & paid in 2017:

ADOPTION EXPENSES		
Child's First Name:	Social Security #:	Adoption Expenses:
Child's Last Name:	Date of Birth:	Circle One: Special Disabled Foreign

EDUCATION EXPENSES

Did you or your spouse have any **work related** Education Expenses?	Amount	Did you, your spouse or your children have any other Education Expenses?	Amount
Total Miles Driven		Total Miles Driven	
Tuition & Registration		Tuition & Registration	
Books & Supplies		Books & Supplies	
Printing & Copying		Printing & Copying	
Transcripts		Transcripts	
Parking & Tolls		Parking & Tolls	
Other Transportation		Other Transportation	
Other (please list)		Other (please list)	

STUDENT LOAN INTEREST DEDUCTION	
Student Name:	Interest Amount:

OTHER EXPENSES

MOVING EXPENSES			TRAVEL EXPENSES	Amount
Date Left: / /2017 State:			Meals & Entertainment	
Date Arrived: / /2017 State:			Local Transportation	
Miles from Former Residence To:	New Job Site (Miles):		Parking Fees and Tolls	
	Old Job Site (Miles):		Lodging	
Travel & Lodging (No Meals)		Amt:	Car Rental	
Transportation- Household Goods			Airfare	
Storage Fees			Laundry & Cleaning	
Other			Tips & Baggage	
			Other	

ADJUSTMENTS TO INCOME

	Amount		Amount
Contributions to Taxpayer's IRA		Contributions to Spouse's IRA	
Contributions to Taxpayer's Roth IRA		Contributions to Spouse's Roth IRA	
Contributions to Taxpayer's SEP		Contributions to Spouse's SEP	
Contributions to Taxpayer's Keogh		Contributions to Spouse's Keogh	
Contributions to Education IRA		Contributions to Education IRA	
Alimony Paid			
Ex-Spouse's Name & Social Security #			

AUTOMOBILE DETAILS **(Business mileage rate for 2017: $0.535 cents / mile)**

VEHICLE #1				VEHICLE #2			
Total Miles Driven	Amt:	Repairs	Amt:	Total Miles Driven	Amt:	Repairs	Amt:
Total Business Miles		Tires & Batteries		Total Business Miles		Tires & Batteries	
Total Commute Miles		Interest		Total Commute Miles		Interest	
Other (please list)		Lease Payments		Other (please list)		Lease Payments	
		Gasoline & Oil				Gasoline & Oil	
Insurance		Other (please list)		Insurance		Other (please list)	
Parking & Tolls				Parking & Tolls			

HOUSEHOLD EMPLOYEE EXPENSES

DID YOU HAVE HOUSEHOLD EMPLOYEE EXPENSES?	State Reporting Number:
Employee:	Employee:
Amount:	Amount:
Social Security #:	Social Security #:
Dates Worked: / /2017 To / /2017	Dates Worked: / /2017 To / /2017

Bring Payroll Records

RENTER’S CREDIT - CALIFORNIA	CLEAN FUEL VEHICLE
Landlord’s Name:	Date acquired in 2017:
Property Address:	Cost:
Landlord’s Address:	
Rented From: To:	
Landlord’s Phone #:	

NOTES	

***DISLAIMER* NEW HEALTH INSURANCE REQUIREMENTS WENT INTO FULL EFFECT IN 2014!**
AFFORDABLE CARE ACT REQUIREMENTS IMPLEMENTED IN 2017! ARE YOU PROTECTED?
WE MUST REPORT ON YOUR TAX RETURN AND CALCULATE A PENALTY, IF YOU, YOUR
SPOUSE OR ANY OF YOUR DEPENDENTS DID NOT HAVE INSURANCE FOR ANY FULL MONTH
IN 2017. IF YOU DID NOT HAVE INSURANCE FOR EACH MONTH OF 2017, PLEASE PROVIDE
DETAILS OF INSURANCE COVERAGE FOR EACH FAMILY MEMBER BY MONTH. (IF YOU
BELIEVE YOU QUALIFY FOR AN EXEMPTION IN THE PENALTY, LET US KNOW. (EXCEPTIONS
TO THE HEALTH INSURANCE MANDATE ARE EXPLAINED AT www.healthcare.gov/exemptions)

RENTAL INCOME & EXPENSES BRING ALL 1099'S

Location & Description of Property	Date Acquired	No. Days Personal Use	Ownership Percentage	% Owner Occupied
Prop #1				
Prop #2				
Prop #3				
Prop #4				
Prop #5				
Prop #6				

Enter Income & Expenses Amount at 100%	**Prop #1**	**Prop #2**	**Prop #3**	**Prop #4**	**Prop #5**	**Prop #6**
Total Gross Income Received						
Advertising						
Association Dues						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest- Mortgage Paid to Banks						
Interest- Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Office Expenses						
Pest Control						
Repairs- Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Salaries & Wages (**Bring Payroll Records- Required**)						
Security & Safety						
Supplies						
Taxes- Property/Real Estate						
Other						
Trash Removal						
Telephone						
Utilities						
Replacements						
Depreciation (Bring Schedules)						
Totals						

Be sure to bring your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.

THE FOLLOWING IS A GUIDELINE, BRING YOUR P & L OR INCOME STATEMENT

SOLE BUSINESS OWNER/SOLE PROPRIETORSHIP

BUSINESS INCOME & EXPENSE – SCHEDULE C

Business Name:	Business Activity Including Product or Service:
City, State, Zip:	Accounting Method: □ Cash □ Accrual □ Other
Employer ID#	Inventory Method: □ Cost □ Lower C/M □ Other
	Who operates This Business (please circle):
	□ Taxpayer □ Spouse

BRING ALL 1099'S

Gross Receipts/ Total Income		Office Expense	
Returns & Allowances	( )	Outside Services/Contract Services	
Beginning Inventory		Parking	
Purchases		Pension & Profit Sharing Plans	
Cost of Items for Personal Use		Postage	
Cost of Labor		Printing	
Materials & Supplies		Rent or Lease of Machinery/Equipment	
Other Costs		Rent or Lease of Other Business Property	
Ending Inventory	( )	Repairs	
Accounting		Research Expense	
Advertising		Security & Safety	
Amortization (Bring Schedule)		Storage	
Bad Debts		Supplies	
Bank Service Charges		Taxes- Business	
Car & Truck Expenses		- Payroll	
Cellular Phone Charges		- Property	
Collection Expenses		- Other	
Commissions		Telephone	
Computer Upgrade		Tools	
Computer Software		Travel- Airfare	
Online Charges		- Lodging	
Depreciation (Bring Schedules)		- Meals	
Dues & Publications		- Other	
Education Expenses		Utilities	
Employee Benefit Programs		Wages (**Bring Payroll Records- Required**)	
Freight & Delivery		**Office in Home- Sq. Footage of Office**	
Gifts		**Office in Home- Total Sq. Footage of Home**	
Insurance		**Office in Home- Rent**	
Interest Expense - Mortgage		**Office in Home- Insurance**	
Interest Expense - Other		**Office in Home- Utilities**	
Janitorial Service		**Office in Home- Repairs & Maintenance**	
Laundry & Cleaning		**Office in Home- Supplies**	
Legal & Professional Fees			
Licenses & Permits		Purchase of Home	
Meals & Entertainment		Other (please list) Go to pg 6 under notes	

List all Assets Bought or Sold by the Business during 2017.