

The Associates, LLC

Tax & Accounting Professionals

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www.theassociatetax.com

Dear Client,

Thank you for your interest in our firm. The Associates look forward to continuing a strong ongoing professional relationship with you.

April 15th will be here before you know it. If you haven't already scheduled an appointment, please call as soon as possible so that we may accommodate you.

If you are unable to meet with us at our office, you can mail your tax information to us. After we review your information, we will contact you to discuss.

Please note that we require payment in full before returns are released.

The following is a list of information necessary to prepare a complete and accurate tax return:

1. **Copy of last year's Federal and State tax returns (*new clients only*)**
2. Completed worksheets
 - a) *Client Data Sheet*
 - b) *Expense Worksheet*
 - c) *E-file Authorization forms*
3. Copy of taxpayer and spouse driver's License (front and back) Federal and state estimated taxes paid (date and amount of each payment)
4. W2s
5. 1099 MISC
6. 1099 INT
7. 1099 DIV
8. 1099 B - please have the cost basis and purchase date for all sales
9. 1099 G - last year's state refunds
10. 1099 R - distribution from retirement/pension
11. K-1s (Partnership, S-Corp, Estate & Trust)
12. Rental property information
13. 1099 G - Unemployment information
14. 1098 Mortgage interest paid and real estate taxes paid
15. Medical expenses/Health Insurance Premiums- not reimbursed
16. Form 1095-A Obamacare Insurance Statement, 1095-B, 1095-C
17. Charitable contributions
18. IRA contribution amount (Trad, ROTH, SEP, SIMPLE)
19. Dependent information - social security # and DOB
20. Child care information (amount paid, address & tax ID # of care giver)
21. Business expense worksheet (download at www.theassociatetax.com)
22. Direct deposit worksheet (if interested in having refunds directly deposited)

If you know you will be unable to meet the April 17th filing deadline, please let us know so that we may file an extension for you. If you don't ask for an extension, we do not file one for you.

Client Data Sheet

The Associates, LLC

Accountant:	
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Taxpayer:	First Name	
	Middle Name	
	Last Name	
	Social Security #	
	Date of Birth	
	Occupation	

Spouse:	First Name	
	Middle Initial	
	Last Name	
	Social Security #	
	Date of Birth	
	Occupation	

Mailing Address:	Street	
	City, State & Zip	

Resident State:		Resident County:	
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Dependents:	Name	DOB	SS#

Telephone:	Cell	
	Home	
	Work	
	Other	

E-mail Address:	
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Current Employer:	
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Referred by:	
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The Associates LLC Client Expense Worksheet 2017

Name: _____

Year: _____

SS#: _____

	Amount
Agent/Manager Commissions	_____
Accompanist and/or Assistant Fees	_____
Advertising:	_____
Headshots	_____
Resumes	_____
Business Cards	_____
Promotional Tickets	_____
Other/IMDB	_____
Business Gifts (limited to \$25 per person per yr)	_____
Backstage Tips	_____
Books/Plays/Scripts	_____
iTunes/CDs/Netflix, etc	_____
Tickets (Concert/Film/Theatre/Rentals)	_____
Demo Expense	_____
Arrangements/Sheet Music/Score	_____
Classes/Seminars/Workshops/Trade Shows	_____
Business Meals	_____
Costumes / Dancewear / Blacks	_____
Hair Care/Makeup Supplies	_____
Materials & Supplies/Tools	_____
Computer Software/Supplies	_____
Office Expense (Copies/Postage/Stationery)	_____
Rehearsal / Rental Space for Business	_____
Unions - Initiation Fees/Dues	_____
Tax Preparation paid in 2017	_____
Trade Papers/Magazines	_____
Cell Phone (total)	_____
Home Phone (total)	_____
Internet Service	_____
Business Equipment - Repairs	_____
Business Equipment - Purchases	_____
Other - _____	_____
Other - _____	_____

Charitable Contributions	_____
Medical Expenses (unreimbursed)	_____
Health Insurance	_____

	Amount
<i>Local Travel</i>	
Total Auto Mileage	_____
Business miles	_____
Parking	_____
Tolls	_____
Cabs/Fares/Ubbers	_____
Travel:	
<i>Tour Travel - national, regional and other out of town W2 work</i>	
# of Days out of town	_____
Per Diem received per week	_____
Hotel Exp (if not covered by P/D)	_____
Air fare	_____
Airfare reimbursed for driving	(_____)
Car Rental	_____
Gas	_____
Parking	_____
Tolls	_____
Telephone	_____
Cab fare	_____
Train fare	_____
Baggage Fees	_____
Other -	_____
<i>Business Travel - 1099misc, job search (not paid), not W2 work</i>	
# of Days out of town	_____
Meal Expense	_____
Hotel Expense	_____
Air fare	_____
Car Rental Fee	_____
Gas	_____
Parking	_____
Tolls	_____
Telephone	_____
Cab fare	_____
Train fare	_____
Baggage Fees	_____
Other -	_____

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In order to combat identity theft Federal Law requires that you show either a current Driver's License or state issued identification card to your tax preparer. This information now must be a part of your Federal Tax Return. Both Taxpayer and Spouse must complete this.

Please also provide a copy (front and back of your driver's license) both taxpayer and spouse.

Name _____

ID TYPE

Driver's License **State Issued ID**

ID Number _____

Issuing State _____

If NY or VA License additional code _____

Expiration Date _____

Issue Date _____

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SPECIAL SERVICES AVAILABLE

1. E-FILING

PLEASE CHECK ONE:

I WISH TO HAVE MY RETURN ELECTRONICALLY FILED (E-FILED)

YES _____

NO _____

If you choose to have your return electronically filed (E-Filed) your return will be electronically transmitted to both the Internal Revenue Service and to the States that are able to be e-filed. Some states do not allow non-residents to electronically file. In that case you will have to mail a paper return to that particular state. Please note that you will receive a paper copy of your tax return even if you e-file.

2. DIRECT DEPOSIT – please note if you want direct deposit you MUST complete all fields below.

You can choose to have your refunds directly wired into your checking account even if you do not E-File. If you wish to do so you must provide us with the following:

BANK NAME _____

ROUTING NUMBER *(be sure to print very neat so that we can clearly read the numbers)*

ACCOUNT NUMBER *(be sure to print very neat so that we can clearly read the numbers)*

PLEASE DOUBLE CHECK THE ROUTING AND ACCOUNT NUMBERS ABOVE TO ENSURE THEY ARE CORRECT AND THEN SIGN BELOW

CLIENT SIGNATURE: _____

by signing here you are confirming that the above routing and bank account numbers are accurate

PRINT NAME HERE: _____