



THANK YOU

for choosing Semmax Tax to prepare and complete your personal tax return for 2016!

We appreciate your allowing us to assist you with such an incredibly important and extremely personal task. It is our goal to provide the best tax and financial services in the Triad at the most affordable price available!

ATTENTION NEW TAX CLIENTS

If you are a new tax client with Semmax Tax, please bring your 2015 tax return with you to the appointment. We will not be able to prepare your 2016 return without this information.

Please Bring the Following for Your Personal Tax Return (\$125 fee):

- Last year's tax return if you are a New Tax Client with Semmax Tax
- Reportable Documents (1099-R, W2, etc.)
- 1040 Tax Filer Information Form completed and signed (Fill out as much as you can.)
- Cash and non-cash charitable fill in form or bring receipts totaled for contributions over \$500
- Medical Deductions totaled
- Mileage deductions totaled

A photo ID is required to file your taxes, as an added level of protection to you against identity theft.

If you are filing a joint return, both parties are required to be present at your final appointment.



Semmax Tax Fee Structure 2016

Tax Prep – Basic Forms

\$125

(Includes: Schedules A, B, D, & Obamacare)

Included	Schedule A	Itemized Deductions
Included	Schedule B	Interest and Ordinary Dividends
Included	ACA	Obamacare
Included	Schedule D	Capital Gains and Losses

Additional Costs for the Following Schedules:

Schedule C	Profit/Loss from Business	\$69
Schedule C-EZ	Net Profit from Business	\$49
Schedule E	Supplemental Income & Loss	\$49
Schedule F	Profit or Loss from Farming	\$49
Form 2441	Child & Dependent Care Expenses	\$10
Form 4797	Sales of Business Property	\$20
	Amended Returns	\$49
	Small Home Based Business	\$69
	One Rental Property	\$49
	Additional 2 properties	\$49

Thank you again for the opportunity to work with you and to prepare your 2016 tax returns. If you are not already one of our financial clients, we would like to offer you an opportunity to set up a free, no obligation consultation financial review which will include a fee report to sort through your current advisor costs, a tailored plan to guard your investments, a tax analysis to reduce liability and increase cash flow, a custom income plan to boost retirement, plus a budget assessment to save more retirement funds today.

Please let us know and we would be happy to help!

336-856-0080



1040 Tax Filer Information 2016

Thank you for choosing Semmax Tax for your 2016 tax preparation needs. It is our desire to help you receive the most accurate tax return possible. Please fill out the following information prior to meeting with the preparer.

If you have any questions about any item on this list, simply leave it blank and ask the preparer.

The names and Social Security Numbers you provide below must be written as they appear on the Social Security Card(s) issued by the Social Security Administration

TAX FILER #1

Last Name _____ First Name _____ MI _____ Suffix _____

Preferred Name _____ SSN _____ Birthday _____ Occupation _____

Can you be claimed as a dependent on another individual's tax returns? yes no

TAX FILER #2

Last Name _____ First Name _____ MI _____ Suffix _____

Preferred Name _____ SSN _____ Birthday _____ Occupation _____

Can you be claimed as a dependent on another individual's tax returns? yes no

Address _____ City _____ State _____ Zip _____

County _____ Country _____

Email _____ Email #2 _____

Home Phone _____ Cell Phone _____ Work Phone _____ Fax _____

Are you a first time Semmax Tax Client? yes no

How did you hear about us? Radio Seminar Mailer Client Website Referral (by whom?)



Filing Status

If you need assistance choosing a filing status, please wait to speak with the preparer.

_____ **Single**

Your filing status is single if, on the last day of the year, you are unmarried or legally separated from your spouse under a divorce or separate maintenance decree, and you do not qualify for another filing status. (If under a separation decree, please discuss with the preparer)

_____ **Married Filing Jointly**

You can choose married filing jointly as your filing status if you are married and both you and your spouse agree to file a joint return. On a joint return, you report your combined income and deduct your combined allowable expenses. You can file a joint return even if one of you had no income or deductions. Once you file a joint return, you cannot choose to file separate returns for that year after the due date of the return.

_____ **Married Filing Separately**

You can choose married filing separately as your filing status if you are married. This filing status may benefit you if you want to be responsible only for your own tax or if it results in less tax than filing a joint return.

Did your spouse file a tax return for Tax Year 2016? yes no

Did you and your spouse live together at any time during the last six months of 2016? yes no

Your spouse's name _____ Your spouse's SSN _____

If you choose married filing separately as your filing status, the following special rules apply. Because of these special rules, you will usually pay more tax on a separate return than if you used another filing status that you qualify for.

- Your tax rate generally will be higher than it would be on a joint return.
- Your exemption amount for figuring the alternative minimum tax will be half that allowed to a joint return filer.
- You cannot take the credit for child and dependent care expenses in most cases, and the amount that you can exclude from income under an employer's dependent care assistance program is limited to \$2,500 (instead of \$5,000 if you filed a joint return). If you are legally separated or living apart from your spouse, you may be able to file a separate return and still take the credit. See Joint Return Test in Publication 503, Child and Dependent Care Expenses, for more information.
- You cannot take the earned income credit.
- You cannot take the exclusion or credit for adoption expenses in most cases.
- You cannot take the education credits (the American opportunity credit and lifetime learning credit), the deduction for student loan interest, or the tuition and fees deduction.
- You cannot exclude any interest income from qualified U.S. savings bonds that you used for higher education expenses.
- If you lived with your spouse at any time during the tax year:
 - You cannot claim the credit for the elderly or the disabled, and
 - You will have to include in income more (up to 85%) of any social security or equivalent railroad retirement benefits you received.
- The following credits are reduced at income levels that are half of those for a joint return:
 - The child tax credit, and
 - The retirement savings contributions credit.
- Your capital loss deduction limit is \$1,500 (instead of \$3,000 if you filed a joint return).
- If your spouse itemizes deductions, you cannot claim the standard deduction. If you can claim the standard deduction, your basic standard deduction is half the amount allowed on a joint return.

_____ **Head of Household**

You may be able to file as head of household if you meet all the following requirements.

- You are unmarried or "considered unmarried" on the last day of the year.
- You paid more than half the cost of keeping up a home for the year.
- A "qualifying person" lived with you in the home for more than half the year (*except for temporary absences, school*).



However, if the "qualifying person" is your dependent parent, he or she does not have to live with you. At the end of tax year 2016, were you

_____ **Widowed**

_____ **Legally Separated**

_____ **Unmarried or Considered unmarried**

You are considered unmarried on the last day of the tax year if you meet all the following tests.

- You file a separate return
- You paid more than half the cost of keeping up your home for the tax year.
- Your spouse did not live in your home during the last 6 months of the tax year. Your spouse is considered to live in your home even if he or she is temporarily absent due to special circumstances.
- Your home was the main home of your child, stepchild, or foster child for more than half the year.
- You must be able to claim an exemption for the child. However, you meet this test if you cannot claim the exemption only because the noncustodial parent can claim the child using the rules described later in Children of divorced or separated parents or parents who live apart under Qualifying Child or in Support Test for Children of Divorced or Separated Parents or Parents Who Live Apart under Qualifying Relative.

_____ **Married to a Nonresident Alien**

_____ You claimed your married child, grandchild, great-grandchild, etc., to include stepchild or adopted child who qualifies as your dependent.

_____ You claimed your married child, grandchild, great-grandchild, etc., adopted child, or stepchild who is not claimed as a dependent, due to your divorce or separation from the other parent who is claiming the child as a dependent

_____ You claimed your foster child who is qualified as your dependent.

_____ You claimed any other relative who is qualified as your dependent.

_____ The household is one you maintained for your parent who can be claimed as your dependent

_____ Qualifying widow(er) with dependent child

What year did your spouse die? _____



1040 Tax Filer Information 2016

If you would like assistance with these questions, please wait to speak with the preparer. All returns are filed electronically. *(In some limited cases, returns may have to be filed by mailing a paper copy.)* If you choose not to file electronically, please let your preparer know.

YES NO

- Do you want to designate your own PIN's for electronic filing purposes or have one automatically generated by the tax preparer?
- Do you have any dependents you would like to claim on your 2016 tax returns? This could be a qualifying child or relative.
- Do you wish to designate a Third Party to be able to discuss your return with the IRS?
- Does Tax Filer #1 want \$3 to go to the Presidential Election Campaign Fund?
- Does Tax Filer #2 want \$3 to go to the Presidential Election Campaign Fund?
- If you are going to receive a refund, do you wish to have it Direct Deposited into your account?
Routing Number _____
Account Number _____
Name of Institution _____
- If you have a tax liability, will you be requesting an Installment Agreement?
- Is Tax Filer #1 retired on total and permanent disability?
- Is Tax Filer #2 retired on total and permanent disability?
- Did you Itemize Deductions in 2016?
- Did you pay quarterly tax estimates, other estimates or apply previous years' tax refunds to your 2016 tax liability?
- Did you pay or receive alimony in 2016?
- Were there any estimated Federal or State tax payments made during 2016?
- Do you have any Loss Carry Forwards, Net Operating Losses, Loss Carry Forwards from Business Use of Home, Charitable Contributions or any other Carry Forward from prior years?
- Did you make a contribution to a Traditional IRA in 2016?
- Are you going to make a contribution to a Traditional IRA by April 15th, 2017 that you wish to deduct on your 2016 tax return?
- Did you convert a Qualified Retirement Plan; Traditional, SEP, or SIMPLE IRA to a Roth IRA in 2016?
- Did you convert a Qualified Retirement Plan; Traditional, SEP, or SIMPLE IRA to a Roth IRA in 2015 where the income was spread over 2015 and 2016?
- At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?
- Do you have any foreign source income?

How much did you pay for your 2015 tax return preparation? _____



Questions for the Preparer

Please write down any questions you may have for the preparer.

I (We) understand and acknowledge my (our) filing responsibilities. I (We) understand that if I (we) fail to submit all documents needed to prepare my (our) 2016 tax return and must have an amended return completed, I (we) agree to pay Semmax Tax an additional \$49.

Tax Filer #1 _____ Date _____

Tax Filer #2 _____ Date _____

Pick Up Taxes M T W TH F

Date: _____ Time: _____

Payment Received:

By _____ Amount: _____ Check#: _____ Cash: _____



2016 Income Tax Preparation
List of Items to Bring

1) Completed Tax Filers Form:

2) Income:

- Wages (W-2)
- SSA Social Security Income (1099 -R)
- Gambling Income (if any, W-2G)
- Retirement Income (1099 - R)
- Dividend Income (1099 - Div.)
- Interest Income (1099 - Int)
- All Miscellaneous Income (1099)
- All **K -1** Statement

3) Estimated Taxes:

Information on any Estimated taxes paid in 2016

4) Deductions:

- All documents related to itemized deductions
 - Donations to church lists of cash (lists)
 - Items/Goods donations (name of organizations, etc)
 - Vehicle Taxes paid document
- All Investment Expenses paid
- Any and All Business related expenses (if any)

5) Real Estate Investment:

- Rental Income
- Rental Property Taxes paid
- Rental Property Insurance paid
- Rental Property Repairs and all related expenses
- Note: If new client, please bring copy of depreciation statement from previous tax return.**

6) Year End Statements from you investments (all pages)

I.E.: Fidelity and etc.

**** New Tax Clients Must Bring copy of last years Income Tax return. ****

If you have any tax relate questions or any miscellaneous items,
please make note of it to discuss

HealthCare Coverage Questionnaire

Name: _____

SSN: _____

HealthCare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all

YES NO Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

YES NO Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained?
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2016?

YES NO Was coverage offered by your employer or your spouse's employer?

YES NO Are you a member of a federally recognized Indian tribe?

YES NO Are you eligible for services through an Indian healthcare provider?

YES NO Are you a member of a healthcare sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Became homeless |
| <input type="checkbox"/> | Evicted in the past six months, or facing eviction or foreclosure |
| <input type="checkbox"/> | Received a shut-off notice from a utility company |
| <input type="checkbox"/> | Recently experienced domestic violence |
| <input type="checkbox"/> | Recently experienced the death of a close family member |
| <input type="checkbox"/> | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
| <input type="checkbox"/> | Filed for bankruptcy in the last six months |
| <input type="checkbox"/> | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt |
| <input type="checkbox"/> | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member |