

SUN-KAP ENTERPRISES,LLC

TAX AND FINANCIAL PLANNING
 1260 Huntington Dr., Suite 205
 South Pasadena, CA 91030
 Phone 323-254-2729 Fax 323-254-2739

NOTE: REMEMBER TO BRING ALL OF YOUR W-2, 1099, 1098, K-1 AND ESCROW FORMS AND ALL OF YOUR YEAR END BANK STATEMENTS AND LOAN STATEMENTS. PLEASE FILL OUT BOTH SIDES OF EACH PAGE COMPLETELY.

APPOINTMENT INFORMATION

DAY: DATE: TIME:

| | | | |
|-------------------|--|------------|-------------|
| Taxpayers Name: | | Last Name: | |
| Spouses Name: | | Last Name: | |
| Address: | | | Home Phone: |
| City, State, Zip: | | | Cell Phone: |

| GENERAL | Birth Date | Social Security Number | Occupation |
|-----------|------------|------------------------|------------|
| Taxpayer: | | | |
| Spouse: | | | |

| DEPENDENTS | | Note: Social Security Numbers Mandatory | | | | E-Mail: | |
|--------------|------------|---|--|--------------|----------------|---------|--|
| Name In Full | Birth Date | Social Security No. | | Relationship | Months At Home | | |
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|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|--|--|--|--|
| HEALTH INSURANCE | | | | | | | | | | | | | DID YOU HAVE HEALTH INSURANCE AT ANY TIME DURING THE YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| INSURANCE WAS PROVIDED BY?: EMPLOYER <input type="checkbox"/> PRIVATE PLAN <input type="checkbox"/> MARKETPLACE (COVERED CA) <input type="checkbox"/> | | | | | | | | | | | | | Note: Please bring all Form 1095's | | | | |
| INSURED DURING | All | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | |
| EMPLOYED DURING | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| WAGES, SALARIES, AND TIPS RECEIVED | Please Bring Your W-2's, 1099's, and K-1's |
|---|--|

| AMOUNTS PAID ON ESTIMATED TAX | | | | |
|-------------------------------------|---------------|------------|-------------|------------|
| Due Date: | Federal Paid: | Date Paid: | State Paid: | Date Paid: |
| 1 st Payment Due 4/15/17 | | | | |
| 2 nd Payment Due 6/15/17 | | | | |
| 3 rd Payment Due 9/15/17 | | | | |
| 4 th Payment Due 1/15/18 | | | | |
| Extention Payment Due 4/15/18 | | | | |

| PENSION AND RRETIREMENT PLAN INCOME | | | MISCELLANEOUS INCOME | |
|-------------------------------------|----------|--------|----------------------------|--|
| Type of Fund | Taxpayer | Spouse | State Income Tax Refund: | |
| Distributions From an IRA: | | | Unemployment Compensation: | |
| Disributions From a Keough: | | | Unemployment Repaid: | |
| Distributions From a Pension: | | | Alimony Received/Paid: | |
| Distributions From a SEP: | | | State Lottery Winnings: | |
| Social Security Benefits: | | | State Lottery Losses: | |
| Other: | | | Gambling Winnings: | |
| | | | Gambling Losses: | |
| | | | Other: | |

SUN-KAP ENTERPRISES, LLC

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|----------------------------------|-------------|----------------------|-------------|----------------------------------|-------|---------|
| INTEREST INCOME | | Bring 1099-INT, -OID | | Payer | | Amount: |
| Payer | | Amount: | | | | |
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| Seller-Financed Mortgages | Name: | Amount: | | Seller Financed Mortgages | Name: | Amount: |
| | Address | | Address: | | | |
| | SS# or EIN# | | SS# or EIN# | | | |

| | | | | | | | | | |
|------------------------|--|----------------------|--|--------------------|---------------------|--------------|-----------|----------|----------------|
| DIVIDEND INCOME | | Bring 1099-DIV, etc. | | Ordinary Dividends | Qualified Dividends | Capital Gain | 1250 Gain | US Bonds | In State Bonds |
| Payer: | | | | | | | | | |
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| SALE OR EXCHANGE OF STOCKS, BONDS, OR OTHER | | | | Bring 1099-B and Confirmations | | | |
|--|-------------|---|---------------|--------------------------------|-------------|------------|--|
| QTY | Description | <small>Basis to IRS=B, Not to IRS=1 No 1099=2</small> | Date Acquired | Date Sold | Sales Price | Cost & Exp | |
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| PARTNERSHIP, ESTATE, TRUST, S-CORP | Bring K-1 Forms |
| If you bought or sold a K-1 during 2017, please list the entity name | |
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SUN-KAP ENTERPRISES, LLC

| MEDICAL EXPENSES | | | CASUALTY-THEFT | |
|--|------------------|--|--|------------------|
| Medicine, Drugs, and Insulin | | Amount | Bring Insurance or Police Report and List of Damages | |
| Total Insurance Premium | | | MISCELLANEOUS DEDUCTIONS | |
| Total Doctors, Dentist, etc. | | | Bond for Employment | Amount |
| Total Hospital, Clinics and Hospice | | | Business Gifts (\$25 per person per year) | |
| Glasses, Hearing Aids, Batteries, etc. | | | Business Telephone | |
| Orthopedic Equipment | | | Cellular Charges (Business Only) | |
| Lab Fees and X-Rays (Actual Miles) | | | Clerical Services | |
| Travel Expenses | | | Computer | |
| Other | | | Credential Renewal | |
| Insurance Reimbursement | | | Income Protection Expense (Legal, etc.) | |
| TAX EXPENSE | | | Investment Income Expense | |
| State Tax for Prior Years | | Amount | Job Search Mileage | |
| Real Estate Taxes, Home | | | Laundry & Uniform | |
| Real Estate Taxes, Investment | | | Meals & Entertainment (Business Only) | |
| Auto, Truck Licensing Fees | | Number of Vehicles | Military - Lodging | |
| Boat Licensing Fees | | | Military - Uniform | |
| Personal Property Tax (Boat or Office Equipment) | | | Military - Cleaning | |
| Other | | | On-line Service | |
| INTEREST EXPENSE | | | Postage / Delivery | |
| Home Mortgage Interest | | | Printing | |
| Name | | Amount | Professional Dues & Subscriptions | |
| | | | Professional Supplies | |
| | | | Promotion | |
| | | | Research Expense | |
| | | | Safe Deposit Box Rental | |
| Mortgage Paid to Individual | Name | | Safety Equipment | |
| | City, State, Zip | | SS# | Tax Consultation |
| Loan Points Paid in 2017 | | | Tax Preparation Fee | |
| Investment Interest, Brokerage | | | Technical References | |
| Investment Interest, Land | | | Trade Journals | |
| CHARATABLE CONTRIBUTIONS | | | Work Tools | |
| House of Worship | | Amount | Other | |
| Payroll Deductions | | | | |
| Cancer/Heart Fund | | | | |
| United Way | | | | |
| Goodwill/Salvation Army | | Please bring receipts | | |
| Other | | | | |
| Travel (Actual Miles _____) | | If a single donation is \$250 or more, Please bring written verification | | |

SUN-KAP ENTERPRISES, LLC

| MOVING EXPENSE | | | TRAVEL EXPENSE | | EDUCATION EXPENSE | | |
|----------------------------------|--------------|--------|----------------|-----------------------|-------------------|------------------------|--------|
| Date Left | / | / 2017 | State: | Meals & Entertainment | Amount | Total Miles Driven | Miles |
| Date Arrived | / | / 2017 | State: | Local Transportation | | Tuition & Registration | Amount |
| Miles From Former Residence to | New Job Site | Miles | | Parking Fees & Tolls | | Books & Supplies | |
| | Old Job Site | | | Lodging | | Printing & Copying | |
| Pre-Move House-Hunting | | Amount | | Car Rental | | Transcripts | |
| Travel to New Home | | | | Airfare | | Parking & Tolls | |
| Meals Away From Home | | | | Laundry & Cleaning | | Other Transportation | |
| Transportation - Household Goods | | | | Tips & Baggage | | Other | |
| Temporary Quarters | | | | Other | | | |
| Storage Fees | | | | | | | |
| Other | | | | | | | |
| | | | | | | | |

| AUTOMOBILE EXPENSE – VEHICLE #1 | | | | AUTOMOBILE EXPENSE – VEHICLE #2 | | | |
|---------------------------------|--------|-------------------|--------|---------------------------------|--------|------------------|--------|
| Total Miles Driven | Miles | Repairs | Amount | Total Miles Driven | Miles | Repairs | Amount |
| Total Business | | Tires & Bstteries | | Total Business | | Tires & Bateries | |
| Total Commute | | Interest | | Total Commute | | Interest | |
| Gasoline & Oil | Amount | Lease Payments | | Gasoline & Oil | Amount | Lease Payments | |
| Insurance | | Other | | Insurance | | Other | |
| Parking & Tolls | | | | Parking & Tolls | | | |

| RENTER'S CREDIT | | HOUSEHOLD EMPLOYEES | |
|-------------------------|----------------------|-------------------------|----------------------|
| Landlords Name: | | Name: | |
| Property Address: | | Address: | |
| Landlord's Address: | | Amount Paid: | |
| Landlord's Telephone #: | | Social Security Number: | |
| Dates Rented | / / 2017 to / / 2017 | Dates Worked | / / 2017 to / / 2017 |

| CHILD & DEPENDENT CARE INFORMATION | | EDUCATION CREDITS | |
|---|--|--|--|
| Number of Qualifying Dependents (Required): | | Students Name: | |
| Caretakers Name: | | Schools EIN#: | |
| Address: | | Amount of Education Expense: | |
| City, State, Zip: | | Year in College: 1 2 3 4 Phd Other | |
| Identifying Number (required): | | STUDENT LOAN INTEREST | |
| Amount Paid in 2017: | | Interest Amount: | |
| Phone Number: | | Date the Loan Started Accruing Interest: | |

| ADJUSTMENTS TO INCOME | | | |
|-----------------------------------|------------|---------------------------------|---------|
| Contributions to Taxpayer's IRA | Amount | Contributions to Spouse's IRA | Amount |
| Contributions to Taxpayer's Keogh | | Contributions to Spouse's Keogh | |
| Contributions to Taxpayer's SEP | | Contributions to Spouse's SEP | |
| Alimony Paid | Ex-spouse: | Ex-spouse: | |
| SS#: | Amount: | SS#: | Amount: |

BUSINESS INCOME AND EXPENSE – SCHEDULE C

| | | | |
|--|----------|---|-------------------------|
| Business Name: | | Business Activity: | |
| Address: | | Accounting Method: Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/> | |
| City, State, Zip: | | Inventory Method: Cost <input type="checkbox"/> Lower C/M <input type="checkbox"/> Other <input type="checkbox"/> | |
| Employer ID#: | | Who Operates This Business: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> | |
| Gross Receipts / Total Income | | Outside Services | |
| Returns & Allowances | () | Parking | |
| Beginning Inventory | | Pension & Profit Sharing Plans | |
| Purchases | | Postage | |
| Cost of Items for Personal Use | | Printing | |
| Cost of Labor | | Rent or Lease of | Machinery / Equipment |
| Material & Supplies | | | Other Business Property |
| Other Costs | | Repairs | |
| Ending Inventory | () | Security & Safety | |
| Accounting | | Storage | |
| Advertising | | Supplies | |
| Amortization (Bring Schedule) | | Taxes | Business |
| Bad Debt | | | Payroll |
| Bank Service Charges | | | Property |
| Car & Truck Expense | | | Other / Total |
| Cell Phone | | Telephone | |
| Computer | | Tools | |
| Commissions | | Travel | Airfare |
| Depreciation | | | Lodging |
| Dues & Publications | | | Meals |
| Education Expense | | | Other / Total |
| Employee Benefit Programs | | Utilities | |
| Freight & Delivery | | Wages | |
| Insurance | | Other: | |
| Interest Expense | Mortgage | | |
| | Other | | |
| Janitorial Service | | | |
| Laundry & Cleaning | | | |
| Legal & Professional | | | |
| License & Permits | | | |
| Meals & Entertainment (@ 100%) | | | |
| Office Expense | | | |
| List here all assets bought or sold by the business during 2017: | | | |
| | | | |
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RENTAL INCOME AND EXPENSE

| Location & Description of Property | | Date Acquired | No. Days Personal Use | Ownership Percentage | Percent Owner Occupied | | |
|--|------------------------|---------------|-----------------------|----------------------|------------------------|--------|---------|
| Property No. 1 | | | | | | | |
| Property No. 2 | | | | | | | |
| Property No. 3 | | | | | | | |
| Property No. 4 | | | | | | | |
| Property No. 5 | | | | | | | |
| Property No. 6 | | | | | | | |
| Enter Income and Expense Amounts 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 | | | | | | | |
| Insurance | | | | | | | |
| Interest | Mortgage Paid to Banks | | | | | | |
| | Other | | | | | | |
| Legal & Professional | | | | | | | |
| Licenses & Permits | | | | | | | |
| Management Fees | | | | | | | |
| Office Expense | | | | | | | |
| Pest Control | | | | | | | |
| Repairs | Carpenter & Screens | | | | | | |
| | Plumbing & Electrical | | | | | | |
| | Painting & Decorating | | | | | | |
| | Roof Repair | | | | | | |
| Salaries & Wages | | | | | | | |
| Security & Safety | | | | | | | |
| Supplies | | | | | | | |
| Taxes | Property / Real Estate | | | | | | |
| | Other | | | | | | |
| Trash Removal | | | | | | | |
| Telephone | | | | | | | |
| Utilities | | | | | | | |
| Replacements | | | | | | | |
| Gardening & Landscape | | | | | | | |
| Depreciation | | | | | | | |
| TOTALS | | | | | | | |

Be sure to bring your Escrow Papers, County Tax Bill or other proof of costs, and receipts for any large purchases