# AMR Tax Services, Inc.

932 Straka Terrace
OKLAHOMA CITY, OK. 73139
Phone (405) 605-3716 Fax (405) 605-3718
www.amrtax.com

January 01, 2018

Dear Friends,

Thank you all so much for a successful tax season last year. Each year brings new growth and possibilities. This is another exciting year and we look forward to seeing you.

The 2017 tax year has only a few changes. The Affordable Care Act Individual Mandate is still in effect. Last year, there was a workaround that enabled those without coverage to not answer the question. For 2017 taxes, that is not an option. Without insurance coverage, you'll have to pay the penalty. We will need proof of insurance for each person listed on your return. Each person should receive form 1095 from their employer or insurance company with their health insurance information. Those who purchase from the exchange will receive form 1095-A. *Your insurance card is NOT proof*.

The word from IRS is tax filing will begin on January 22, 2018. We sure hope so…We believe with all the changes this year, significant delays in processing are bound to happen. In addition……IRS is conducting extensive identity theft checks this year. We believe this will result in further delays in processing. If you've received an Identity PIN from IRS, be sure to bring it with you.

We (AMR) have many additional compliance requirements and may need to make additional copies of your records. We will need to make a copy of your ID. Be sure to bring a copy of your spouse's ID if they are not coming to the appointment. If you have a new child for 2017, please bring a copy of the birth certificate and SS card. Please help us by taking the time to fill out a worksheet.

We have online booking available through our website. For those we served last year, you are already registered. You can log in using your last name as the user name and your house number as the password or you may use the user name and password you have created. When you book online you will receive a confirmation e-mail and a reminder the day before your appointment. Please refer your friends to our web site: www.amrtax.com .

AMR Tax Services, Inc. is an Authorized E File Provider and we are REQUIRED to E-File all our returns. Please be sure to verify the names and social security numbers on your return. The IRS verifies these on all returns. If these items are wrong, there could be a delay in the amount of time it takes you to receive your refund. **EARNED INCOME CREDIT, CHILD TAX CREDIT, AND COLLEGE CREDITS RECIPIENTS SHOULD BE AWARE THE IRS IS EXPANDING THE VERIFICATION CHECKS. THIS COULD RESULT IN A DELAY IN PROCESSING ANY REFUND EXPECTED.** If you owe any amounts to the IRS or Oklahoma Tax Commission, you have until April 17, 2018 to pay even though your return has already been filed.

We look forward to seeing you during this filing season. Please book your appointments in advance whenever possible. You may use our online scheduling at www.amrtax.com .

Respectfully,

Adam Roberts EA
President

Roxanne Zardo CPA
Vice President

**DEPENDENTS**

| Name | SS# | Relationship | Birth-date | College Tuition |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**DON'T FORGET AMR'S REFERRAL PROGRAM. CASH BACK TO YOU FOR YOUR REFERRALS NO COUPON REQUIRED.**

List **INTEREST** and/or **DIVIDEND** income by source and amount (Please Bring The 1099 Forms):

________________ $ ________ ________________ $ ________ ________________ $ ________

List **Other Income:** ____________________________________________ $ ________

List **UNEMPLOYMENT COMPENSATION RECEIVED**.....Husband or Single $ ________ Wife........... $ ________

List **SOCIAL SECURITY BENEFITS RECEIVED**............ Husband or Single $ ________ Wife.............$ ________

List amounts **contributed** to **IRA ACCOUNTS** ............ Husband or Single $ ________ Wife..........$ ________

**Check Box** if you **Itemized Your Deductions** last year.......................................................................... ☐

**Student Loan Interest Paid....**.............................................................................................$ ________

**************************************************************************************

**MEDICAL EXPENSES:** Please **DO NOT** include amounts paid by **PRE-TAX PAYROLL DEDUCTION.** (Cafeteria Plan)

Did you have Medical Insurance? We will need proof of coverage. Your insurance card is NOT proof of coverage.

PRESCRIPTION DRUGS $ HOSPITALIZATION INS. $ DENTAL ................. $

EYE GLASSES............ $ ________ HOSPITALS ............. $ ________ DR. ________________$ ________

MISCELLANEOUS....... $ ________ DR. ________________$ ________ MEDICAL EQUIPMENT $ ________

**TAXES PAID:**

REAL ESTATE TAX....... $ ________ EXCISE TAX $ ________ ________________ $ ________

ADDITIONAL STATE TAX PAID WITH LAST YEARS RETURN $ ________ ________________$ ________

**HOME MORTGAGE INTEREST** (List Mortgage Company or individual and amount)

________________ $ ________ ________________ $ ________ ________________$ ________

**CHARITABLE DONATIONS** (List Non-Profit Organization and amount)

CHURCH................ $ ________ ________________ $ ________ ________________$ ________

UNITED WAY/CFC........$ ________ ________________ $ ________ ________________$ ________

**MISCELLANEOUS EXPENSES**

UNION DUES............ $ ________ PROF. BOOKS........... $ ________ TOOLS FOR JOB......... $ ________

SAFETY SHOES .......... $ ________ GLOVES.................. $ ________ UNIFORM EXPENSES.... $ ________

PROF. EDUCATION..... $ ________ SAFE DEPOSIT BOX...... $ ________ TAX SERVICE FEE......... $ ________

*************************************************************************************************************

**TRAVEL OR AUTO EXPENSES INCURRED ON YOUR JOB**

MOTELS & AIRFARE......$ ________ CAR RENTAL.............$ ________ TOTAL MILEAGE......... ________

MEALS (ACTUAL AMOUNT OR NUMBER OF DAYS AWAY)..................... $ ________ BUSINESS MILEAGE..... ________

LONG DIST/CELLULAR...$ ________ INSURANCE, REPAIRS, GAS, OIL, ETC............................. ________

PARKING & TOLLS $________ LOCAL TRANSPORTATION (Taxi, Bus, Train, etc)........$ ________

**ENERGY EFFICIENT HOME IMPROVEMENTS**:

WINDOWS.....$________ STORM DOORS.....$________ HIGH EFFICIENCY HVAC SYSTEM (16 SEER OR BETTER).....$________

INSULATION.$________ OTHER...................$________ HIGH EFFICIENCY WATER HEATER (16 SEER OR BETTER)..$________

**CHILD CARE EXPENSES**LIST NAME, ADDRESS, SOCIAL SECURITY NO. OR FEDERAL ID NO. OF PROVIDER AND AMOUNT PAID

LIST AMOUNTS PAID THROUGH **PRE-TAX PAYROLL DEDUCTION**...(CAFETERIA PLAN) .........$ ________

| NAME | ADDRESS | ID NUMBER | AMOUNT PAID |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**RENTAL INCOME AND EXPENSES** (Worksheet available if more than one property)

INCOME COLLECTED...$ ________ LEGAL EXPENSE$ ________ REAL ESTATE TAXES..... $ ________

ADVERTISING............ $ ________ UTILITIES........ $ ________ MORTGAGE INTEREST $ ________

TRAVEL EXPENSES....... $ ________ REPAIRS......... $ ________ CLEANING & MAINT.... $ ________

INSURANCE.............. $ ________ SUPPLIES........ $ ________ ________________ $ ________