

# TAX ORGANIZER

Dear Client,

This Tax Organizer is provided to help you gather the information needed to prepare your 2017 income tax return. The 2016 amounts are printed for your convenience. Enter this year's information in the area provided on the following pages. If any printed information is incorrect please make the necessary corrections.

The next page contains a checklist. Please check the appropriate boxes and attach supporting documents, if applicable. Make a note of anything you may want to discuss during our meeting.

Please attach the following items:

- ▶ Forms W-2 for Wages, Salaries and Tips.
- ▶ All Forms 1098 and 1099 for Interest, Dividends, Miscellaneous Income, etc.
- ▶ Brokerage Statements showing Investment transactions (stocks, bonds, etc.).
- ▶ Schedules K-1 showing income from Partnerships, S Corporations, Estates and Trusts.
- ▶ Statements supporting deductions for mortgage interest and taxes
- ▶ Any tax notices sent to you by the IRS, State Tax Board, or other taxing authorities.
- ▶ A copy of your income tax return from last year, if not on file in our office.
- ▶ A copy of all escrow statements for purchases and sales of real estate.
- ▶ Forms 1095-A for subsidies received for marketplace health insurance.
- ▶ Any documentation that reports an exemption from health coverage.
- ▶ Forms 1095-B and/or 1095-C for health insurance offered by employers (used for informational purposes only).
- ▶ School records, child care records, or other documents that show the residency of dependent child(ren).
- ▶ Doctor statement or other medical documents that validate a disability, if any, of a disabled dependent child.

Looking forward to meeting with you.  
YOUR APPOINTMENT IS SCHEDULED FOR:

This information is complete and correct to the best of my (our) knowledge.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL INFORMATION:**

**YES NO**

- Did your marital/filing status change during the year? . . . . .
- Did your address change during the year? . . . . .
- Can you or your spouse be claimed as a dependent on another return? . . . . .
- Have all prior year returns been filed? . . . . .

**DEPENDENT INFORMATION:**

- Were there any changes in the number of dependents claimed in prior years? . . . . .
- Do you have any children under age 18, or age 19-23 and are a student, with unearned income more than \$2,000? . . . . .
- Are any of your dependents enrolled in college? . . . . .

**PURCHASES AND SALES INFORMATION:**

- Did you start a new business, farm or purchase rental property during the year? . . . . .
- Did you acquire an interest in a Partnership or S Corporation? . . . . .
- Did you sell, exchange or purchase any real estate property during the year? . . . . .
- Did you acquire or dispose of any stock during the year? . . . . .
- Did you take out a home equity loan or refinance an existing loan during the year? . . . . .
- Did you sell an existing business, rental property or other property during the year? . . . . .
- Did you buy or sell your home during the year? . . . . .

**INCOME INFORMATION:**

- Did you receive any income from property sold in a prior year? . . . . .
- Did you make any withdrawals from a retirement plan during the year? . . . . .
- Did you receive any disability income during the year? . . . . .
- Did you receive any court awards or settlements during the year? . . . . .
- Did you receive any payments from pensions, profit sharing or 401(k) plans during the year? . . . . .
- Did you receive any alimony, jury pay, lottery winnings, state tax refund or unemployment during the year? . . . . .
- Did you receive any tip income? . . . . .
- Did you receive any non-taxable earned income during the year? . . . . .
- Did you own any bad debts or worthless securities during the year? . . . . .

**ITEMIZED DEDUCTIONS INFORMATION:**

- Did you incur a personal casualty or theft loss during the year? . . . . .
- Did you contribute property (other than cash) with a fair market value of more than \$500 to a charity? . . . . .

**MISCELLANEOUS INFORMATION:**

- Did you work or operate a business in more than one city or state during the year? . . . . .
- Did you have a second job during the year? . . . . .
- Did you receive a mortgage credit certificate? . . . . .
- Did you receive any letters from the IRS or other taxing authority? . . . . .
- Did you give gifts of more than \$14,000 to an individual during the year? . . . . .
- Did you have household help that was paid over \$1,000 in any quarter this year? . . . . .
- Did you have someone do house cleaning of your home office that was paid over \$1,800 this year? . . . . .
- Did you have any business losses in the past 5 years? . . . . .
- Did you inherit any property during the year? . . . . .
- Did you pay rent during the year? . . . . .
- Did you have any moving expenses resulting from a change in employment? . . . . .
- Did you have any Health Savings Accounts in tax year 2016? . . . . .
- Did you sell a home in 2016 that you received a "First-time homebuyer" credit for in a prior year? . . . . .
- Did you receive a "First -Time" homebuyers credit in tax year 2008? . . . . .

**MILITARY:**

- Did you serve in a combat zone during the prior year? . . . . .
- Did you sell a primary home that you occupied 2 of the last 10 years? . . . . .





## SCHEDULE A PAGE 1

### MEDICAL AND DENTAL EXPENSES

List medical, dental, vision, prescriptions less insurance reimbursements

**Current**

**Prior**

**Miles total incurred / parking fees and tolls**

<b>Total</b>			

### TAXES

**Current**

**Prior**

**State or local income taxes (Not reported in W-2 information)**

**State general sales taxes**

**Real estate taxes** (Do not include taxes paid for business or rental properties)

**Personal property tax** (i.e. - Auto license)


### INTEREST

**Current**

**Prior**

**Home mortgage interest paid to a financial institution**

(Reported on Form 1098)

**1st**

**2nd**

**Other home mortgage interest paid** (Not reported on Form 1098)

**If paid to an individual, enter the following information:**

**Name**

**TIN**

**Address**

**Points paid** (If refinance, enter loan origination and term)

Date

Term

**Points paid** (If refinance, enter loan origination and term)

Date

Term

**Mortgage Insurance Premiums**

**Investment Interest Expense**


**SCHEDULE A - CHARITABLE CONTRIBUTIONS PAGE 2**

<b>Cash Contributions</b>		(Code: Blank=50%, 1=30%, 2=20%)		<b>Code</b>	<b>Current</b>	<b>Prior</b>
<b>Miles X 14 cents per mile</b>						
<b>Non-Cash Contributions</b>		Less than \$500.00		<b>Code</b>	<b>Current</b>	<b>Prior</b>
<b>Non-Cash Contributions</b>		Greater than \$500.00		<b>Code</b>	<b>Current</b>	<b>Prior</b>
(a) Name and address of the donee organization		(b) Description of donated property				
1						
2						
3						
(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired purchase, etc.	(f) Your cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value	
1						
2						
3						
<b>CARRY OVER FROM PRIOR YEARS</b>					<b>Current</b>	<b>Prior</b>
<b>Subject to 50% Limitation</b>						
<b>Subject to 30% Limitation</b>						
<b>Subject to 20% Limitation</b>						
<b>Total Carryover of Prior Years Contributions</b>						







## SCHEDULE C PAGE 1 - BUSINESS INCOME AND EXPENSES

<b>Business Name</b>		<b>EIN</b>	
----------------------	--	------------	--

<b>Street Address</b>	
-----------------------	--

<b>City, State, Zip</b>	
-------------------------	--

Accounting Method:     Cash     Accrual     Other

Method used to value closing inventory:     Cost     Lower of cost or market     Other

Was there any change in determining quantities, costs, or valuations between opening and closing inventory?    . . .     Yes     No

Did you materially participate?    . . . . .     Yes     No

Did you start or acquire this business during this year?    . . . . .     Yes     No

Is all investment at risk?    . . . . .     Yes     No

Allocate expenses for minister worksheet?    . . . . .     Yes     No

No self employment tax due to religious exemption    . . . . .     Yes     No

Prior year unallowed loss    \_\_\_\_\_

Business Income	Current	Prior
<b>Gross receipts</b>		
<b>Returns and allowances</b>		
<b>Beginning inventory</b>		
<b>Merchandise purchased</b>		
<b>Cost of labor</b>		
<b>Materials and supplies</b>		
<b>Other costs</b>		
<b>Ending inventory</b>		
<b>Other income</b>		
Business Expenses	Current	Prior
<b>Advertising</b>		
<b>Car and truck expense</b>		
<b>Commissions and fees</b>		
<b>Contract labor</b>		
<b>Depletion</b>		
<b>Depreciation</b>		
<b>Employee benefit program</b>		
<b>Insurance</b>		
<b>Interest - Mortgage</b>		





## SCHEDULE E PAGE 1 - RENTAL AND ROYALTY INCOME AND EXPENSES

<b>Property Address</b>		<b>TS</b>	
<b>Property Type</b>	Property Types: 1 SINGLE FAMILY RESIDENCE 2 MULTI-FAMILY RESIDENCE 3 VACATION/SHORT-TERM RENTAL 4 COMMERCIAL 5 LAND 6 ROYALTIES 7 SELF-RENTAL 8 OTHER (describe)	<b>State</b>	
	<b>OTHER Description:</b>		
Is all investment at risk?	. . . . .	( ) Yes	( ) No
Did you actively participate?	. . . . .	( ) Yes	( ) No
Do you qualify as a real estate professional?	. . . . .	( ) Yes	( ) No
Prior year unallowed loss	_____		

Rental / Royalty Income	Current	Prior
<b>Number of Days Rented at Fair Rental Value</b>		
<b>Number of Days with Personal Use</b>		
<b>Rental income</b>		
<b>Royalty income</b>		
Rental / Royalty Expenses	Current	Prior
<b>Advertising</b>		
<b>Auto and travel</b>		
<b>Cleaning and maintenance</b>		
<b>Commissions</b>		
<b>Depreciation</b>		
<b>Insurance</b>		
<b>Interest - Mortgage</b>		
<b>Interest - Other</b>		
<b>Legal and professional fees</b>		
<b>Management fees</b>		
<b>Repairs</b>		
<b>Supplies</b>		
<b>Taxes</b>		
<b>Utilities</b>		

## SCHEDULE F PAGE 1 - FARM INCOME AND EXPENSES

<b>Name</b>		<b>EIN</b>			
<b>Principal Product</b>		<b>Activity Code</b>		<b>State</b>	
<b>Accounting Method</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual				
Did you materially participate? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is all investment at risk? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
Prior year unallowed loss _____					

Farm Income - Cash	Current	Prior
Sale of livestock, grain, etc.		
Cost of items bought for resale		
Sale of livestock, etc. you raised		
Co-op distributions		
Agricultural program payments		
Total CCC loans		
Crop insurance proceeds		
Custom hire		
Other income		
Farm Income - Accrual	Current	Prior
Sale of livestock, grain, etc.		
Co-op distributions		
Agricultural program payments		
Total CCC loans		
Crop insurance proceeds		
Custom hire		
Other income		
Beginning inventory		
Cost of livestock, produce, grains, etc. purchased		
Ending inventory		

## SCHEDULE F PAGE 2 - FARM INCOME AND EXPENSES

Farm Expenses	Current	Prior
Car and truck expenses		
Chemicals		
Conservation expense		
Custom hire		
Depreciation		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (Other than health)		
Interest - Mortgage		
Interest - Other		
Labor hired		
Pension and profit-sharing		
Rent or lease - Capital		
Rent or lease - Capital, machinery, and equipment		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding, and medicine		

**SCHEDULE E PAGE 2 - PARTNERSHIPS, S CORPS, ESTATES, OR TRUSTS**

Enclose all Schedule K-1's and attachments

Name	Employer Identification Number	Prior Unallowed Loss		Remarks
		Rental Real Estate	Other Rental Activities	
<b>Part II - Partnerships</b>				
<b>Part II - S Corporations</b>				
<b>Part III - Estates and Trusts</b>				
<b>Part IV - Real Estate Mortgage Investment Conduits (REMIC)</b>				

### ESTIMATED TAX PAYMENTS

	Date	Amount
Amount from last year's return	4/15/2016	
1st quarter payment	4/15/2016	
2nd quarter payment		
3rd quarter payment		
4th quarter payment		
Late payment made in 2017 (prior to filing the 2016 tax year return)		

### FARM INCOME AVERAGING

	2013 Year	2014 Year	2015 Year
Taxable Income			
Tax			

### NET OPERATING LOSSES

Net operating loss	
Net operating loss from K-1	

### FORM 5405 - FIRST - TIME HOMEBUYER CREDIT INFORMATION

What tax year was the First-time Homebuyer Credit taken?	
What was the amount of credit taken?	
Purchase date of home	
Purchase price of home	
Was the home sold or disposed of in 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are filing MFJ, did you file jointly with the same spouse when you applied for the credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No



CHILDREN WHO LIVED WITH YOU AND ARE BEING CLAIMED ON ANOTHER RETURN								
First Name	Last Name	Birthdate	SSN	Relationship	# of Months		EIC	Dep. Care

FORM 2441 - CHILD AND DEPENDENT CARE EXPENSES				
Qualifying Persons				
First Name	Last Name	SSN	Current	Prior

Care Provider #1			
Name		SSN or EIN	
Address			
City/St/Zip		Amount Paid	

Care Provider #2			
Name		SSN or EIN	
Address			
City/St/Zip		Amount Paid	

Care Provider #3			
Name		SSN or EIN	
Address			
City/St/Zip		Amount Paid	

Dependent Care Cafeteria Plan Benefits	Current	Prior
Employer paid benefits		
Amount forfeited		

## FORM 4835 PAGE 1 - FARM RENTAL INCOME AND EXPENSES

<b>Name</b>		<b>EIN</b>		<b>State</b>	
Did you actively participate? . . . . .					( ) Yes ( ) No
Did you materially participate? . . . . .					( ) Yes ( ) No
Is all investment at risk? . . . . .					( ) Yes ( ) No
Prior year unallowed loss _____					

Farm Rental Income	Current	Prior
Sale of livestock, grain, etc.		
Co-op distributions		
Agricultural program payments		
Total CCC loans		
Loans forfeited		
Crop insurance proceeds		
Other income		
Farm Rental Expenses	Current	Prior
Car and truck expenses		
Chemicals		
Custom hire		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel and oil		
Depreciation		
Insurance		
Interest - Mortgage		
Interest - Other		
Labor hired		

**FORM 4835 PAGE 2 - FARM RENTAL INCOME AND EXPENSES**

<b>Farm Expenses - Continued</b>	<b>Current</b>	<b>Prior</b>
<b>Pension plan</b>		
<b>Rental - Machinery</b>		
<b>Rental - Other</b>		
<b>Repairs and maintenance</b>		
<b>Seeds and plants purchased</b>		
<b>Storage and warehousing</b>		
<b>Supplies purchased</b>		
<b>Taxes</b>		
<b>Utilities</b>		
<b>Veterinary, breeding, and medicine</b>		
<b>Conservation Expenses</b>		

## FORM 2106 - EMPLOYEE BUSINESS EXPENSES

Name		Social Security Number	
Occupation		Current	Prior
<b>Parking fees and tolls</b>			
<b>Travel expenses on overnight trips (Airfare, Hotel, taxi, etc.)</b>			
<b>Other business expenses:</b>			
<b>Depreciation - other than vehicles</b>			
<b>Business mileage @ .54 cents per mile</b>			
<b>Meals and entertainment, enter 100% of the cost</b>			
<b>Reimbursements for meals and entertainment not included on Form W-2</b>			
<b>Reimbursements for other expenses not included on Form W-2</b>			

## FORM 3903 - MOVING EXPENSES

Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Transportation and storage of household goods and personal effects	
Travel and lodging expenses of moving from old home to new home	
Reimbursements from employer	
Personal Auto - Mileage (.19 cents a mile ) or actual expenses (gas, oil, etc.)	

## SALE OF PERSONAL RESIDENCE

Please attach all escrow statements

### Purchase Information

Date former main home was purchased	
Original purchase price of former main home	
Total costs of home improvements to former main home	

### Selling Information

Date former main home was sold	
Selling price of home	
Expenses of sale	
Number of years former home was used as primary residence	

## FORM 4684 - CASUALTIES AND THEFTS

Description	Date Acquired	Cost	Insurance Reimbursement	*FMV Before Casualty/Theft	FMV After Casualty/Theft
* Fair Market Value					

## FORM 8829 - BUSINESS USE OF HOME

<b>Schedule C Business Name</b>			
<b>Part of Your Home Used for Business</b>	<b>Current</b>	<b>Prior</b>	
Area used exclusively for business			
Total area of home			
Total hours home used for day-care during the year			

Expenses	Direct Expenses	Prior	Indirect Expenses	Prior
Casualty losses				
Deductible mortgage interest				
Real estate taxes				
Excess Mortgage Interest				
Insurance				
Repairs and maintenance				
Utilities				
Other expenses				
Excess Casualty Losses				

Depreciation of Your Home	Current	Prior
Basis of building		
Land		
Business basis of building		
Depreciation percentage		
Depreciation allowed		
Operating expenses		
Excess casualty losses and description		

List those expenses which only benefit the business part of your home as direct expenses. An example of this type of expense would be the cost of painting or repairs made to the specific area or room used for business. List those expenses required for keeping up and running your entire home as indirect expenses. An example of this type of expense would be real estate taxes.







## PERSONAL INFORMATION

### TAXPAYER

<b>Social Security Number</b>		<b>Birthdate</b>		<b>Deceased</b>		
<b>First Name</b>					<b>Initial</b>	
<b>Last Name</b>					<b>Suffix</b>	
<b>Occupation</b>		Dependent on another return?		<b>Blind</b>		<b>Disabled</b>
<b>Filing Status</b> (1=Single, 2=Married, 3=MFS, 4=HOH, 5=Widow)		<b>Home Phone</b>		<b>Work Phone</b>		
<b>E-Mail ID</b>				<b>TP Cell Phone</b>		
Check this box if married filing separately and you lived with spouse at any time during the tax year . . . . . ( )						
If so, did you live together during the last six months? . . . . . ( )						

### SPOUSE

<b>Social Security Number</b>		<b>Birthdate</b>		<b>Deceased</b>		
<b>First Name</b>					<b>Initial</b>	
<b>Last Name</b>					<b>Suffix</b>	
<b>Occupation</b>		Dependent on another return?		<b>Blind</b>		<b>Disabled</b>

### ADDRESS

<b>In Care Of</b>					
<b>U.S./Foreign Street Address</b>				<b>Apt. #</b>	
<b>City</b>		<b>State</b>		<b>Zip</b>	

### DEPENDENTS

\*1 - Dependent lived with taxpayer  
 2 - Dependent did not live with taxpayer  
 3 - Dependent is taxpayer's parent 4 - Other dependent

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	*Dep code	EIC	Dep. Care

**W-2, 1099R's, W-2G INFORMATION**

T/S	Issued By	Current	Prior	Comments

## 2016 Conversions and Rollovers to ROTH IRA

	Taxpayer	Spouse
<b>2016 Conversions from traditional, SEP, or SIMPLE IRA to a ROTH, IRA subject to tax</b>		
<b>2016 Rollovers from qualified retirement plans to a ROTH IRA subject to tax</b>		

## CAR & TRUCK EXPENSE WORKSHEET

General Information	Current	Prior
Vehicle description		
Date placed in service		
Total vehicle mileage during the year		
Business mileage during the year		
Average daily commuting distance		
Commuting mileage during the year		
Other personal mileage		
Actual Expenses	Current	Prior
Gas, oil, repairs, insurance, etc.		
Vehicle rentals		
Inclusion amount		
Value of employer provided vehicle		
Parking fees and tolls		
Total interest expense		
Total taxes		
Was the vehicle available for personal use during off-duty hours? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Was the vehicle used primarily by a more than 5% owner? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Is another vehicle available for personal use? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Do you have evidence to support your deduction? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
If "Yes", is this evidence written? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Do you own this vehicle? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Was this vehicle used for hire? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Was only one vehicle used for business at a time? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Was the standard mileage rate used the first year? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No
Was ACRS / MACRS used in a previous year? . . . . .	( ) Yes ( ) No	( ) Yes ( ) No

## Statement of Clergy Income

Taxpayer's Name	Social Security Number
<p>A. Did you receive a housing allowance or rent-free lodging as part of your compensation for performing religious duties? ( ) Yes ( ) No</p> <p>B. Are you authorized to and did you actually perform duties of an ordained, licensed, or commissioned clergy member or rabbi? ( ) Yes ( ) No</p> <p>C. Are you retired and receiving rental allowance or rent-free lodging for past services as a clergy member or a rabbi? ( ) Yes ( ) No</p>	

Part I - Housing Allowance	Current	Prior
<b>Rent paid</b>		
<b>Mortgage payments (principal, interest, and down payments to purchase)</b>		
<b>Real estate tax</b>		
<b>Dwelling and contents insurance</b>		
<b>Repairs and maintenance</b>		
<b>Payments for furnishings and appliances</b>		
<b>Utilities (heat, electricity, water, sewer, garbage pickup, phone)</b>		
<b>Other:</b>		
<b>Fair rental value of this lodging (include utilities, furnishings, etc.)</b>		
<b>Amount officially designated by employer as housing allowance</b>		

Part II - Gross Clergy Income	Current	Prior
<b>Value of furnished lodging</b>		

Part III - Professional Expenses	Current	Prior
<b>Office supplies</b>		
<b>Religious materials</b>		
<b>Subscriptions, expendable books, etc.</b>		
<b>Seminar / Conference registration dues</b>		
<b>Depreciation (library, equipment)</b>		
<b>Educational expenses</b>		
<b>Other:</b>		