

2017 Tax Organizer

Personal and Dependent Information

Personal Information

Name	SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer				
Spouse				

Daytime Phone	Evening Phone	Cell Phone	Email
Taxpayer			
Spouse			

Street address, city, state, and ZIP

Marital Status at end of 2016

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er), Date of Spouse's Death _____

Taxpayer

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

- ☐ Yes ☐ No You are blind?
☐ Yes ☐ No You are disabled?
☐ Yes ☐ No You are a full-time student
☐ Yes ☐ No You want \$3 to go to the Presidential Election Camp Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Other Information

Information to bring to your appointment

- ☐ **1st Time Clients:** Copy of 2016 and if available, 2015 income tax return
☐ All income statements (Forms W-2, 1098s, 1099s, etc.)
☐ All healthcare coverage statements (Forms 1095-A, 1095-B, 1095-C)
- ☐ Canceled checking or savings slip (for direct deposit or debit of refund or balance due)
☐ Documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.)

Select all items that apply to you, your spouse, or dependent

- ☐ You can be claimed as a dependent by someone else
 If yes, explain _____
- ☐ Another person qualifies to claim any dependent listed above
☐ You have a child under 19 or a full-time student under 24 with more than \$1,900 of unearned income
☐ You are self-employed or received hobby income during 2017
☐ You received income from farming during 2017
☐ You received income from rental property during 2017
☐ You received income from timber, minerals, oil, gas, copyrights, etc. during 2017
☐ You have a financial interest in or signature authority over a financial account located in a foreign country during 2017
☐ You received a distribution from, were a grantor of, or transferor to a foreign trust during 2017
- ☐ You receive income from or pay taxes to a foreign country
☐ You sold a principal residence during 2017
☐ You foreclosed or abandoned a principal residence during 2017
☐ You had debts canceled or forgiven during 2017
☐ You engaged in a bartering transaction during 2017
☐ You gave a gift of more than \$14,000 to 1 or more people during 2017
☐ You paid student loan interest during 2017
☐ You paid tuition expenses required to attend classes beyond high school during 2017
☐ You incurred a loss due to damaged or stolen property during 2017
☐ You paid wages to a household employee during 2017
☐ You received a notice from IRS or a state taxing authority

2017 Tax Organizer Income

Wages & Salaries

Attach all copies of Form W-2

Employer name	2017 federal wages

Form 1099-Misc Income

Attach all copies of Form 1099-MISC

Payer name	2017 amount

Interest Income

Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income

Payer name	2017 interest

Retirement

Attach all copies of Form 1099-R

Payer name	2017 distribution

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address.

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

Payer name	2017 ordinary dividends	2017 qualified dividends	Payer name	2017 ordinary dividends	2017 qualified dividends

Sale of Capital Assets (Not reported on Form 1099-B)

Also provide all brokerage statements

Description of property	Date purchased	Date sold	Cost	Sales price

2017 Tax Organizer Other Income & Adjustments

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN	Entity Name	EIN

Other Income

	2017 Taxpayer	2017 Spouse
Scholarships or grants not reported on W-2		
State income tax refund (attach Forms 1099-G)		
Alimony received		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2016		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Other income _____		

Adjustments

	2017 Taxpayer	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Contributions made to a Self-Employed Pension plan (SEP)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid Name: _____ SSN: _____		
Name: _____ SSN: _____		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Contributions made to a myRA		
Interest paid on a student loan		
Other adjustments _____		

2017 Tax Organizer
Schedule A - Itemized Deductions

Medical and Dental Expenses

Health insurance premiums (paid by you) _____

Long-term care premiums (you) _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes _____

Medical and dental expenses (list)

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses and contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest paid

Mortgage interest paid (attach Form 1098) _____

Mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Qualified mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

Donations to Charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations _____

 Books & subscriptions _____

 Other _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income (list)

 Safe deposit box fees _____

 Investment expenses _____

 Other _____

Other Misc. Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

2017 Tax Organizer Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2017

Business _____ Commuting _____ Total _____

Garage rent	Property tax
Gas	Repairs
Insurance	Tires
Licenses	Tolls
Oil	Other expenses _____
Parking fees	_____
Lease payments	_____
Interest	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities, not used exclusively for business, complete the following questions

How many days during the year was the area used _____ How many hours per day was the area used _____

- ☐ The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Employee Business Expense Not Reimbursed by Your Employer

Rural mail carrier expenses Other business expenses

Parking fees, tolls, local transportation

Meals & entertainment

Overnight business travel expenses
(Do not include meals & entertainment) _____

- | | |
|---|--|
| <input type="checkbox"/> You used your personal vehicle in your job during 2017 | |
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a member of the clergy | |

2017 Tax Organizer Other Information

Job-related Moving Expenses

Amount

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace. _____

Expense to move household goods & personal effects _____

Lodging expenses while traveling to your new home
(Do not include cost of meals) _____

☐ This was a military move

Education Expenses

Attach all copies of Form 1098-T

Student Name _____

Type of Expense	Amount
_____	_____
_____	_____
_____	_____

Student Name _____

Type of Expense	Amount
_____	_____
_____	_____
_____	_____

Casualties and Thefts

Property description _____

Property location _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Amount of damage _____

Insurance reimbursement _____

Mortgage Interest

Attach all copies of Form 1098

Lender's name	2017 Mortgage Interest Received	2017 Mortgage Insurance Premiums	2017 Real Estate Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimated payments

Federal	Date Paid	Amount
Overpayment applied from 2016	_____	_____
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____
Additional Payments	_____	_____

Resident State	Date Paid	Amount
Overpayment applied from 2016	_____	_____
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____
Additional Payments	_____	_____

Resident City	Date Paid	Amount
Overpayment applied from 2016	_____	_____
First Quarter	_____	_____
Second Quarter	_____	_____
Third Quarter	_____	_____
Fourth Quarter	_____	_____
Additional Payments	_____	_____