



Tax Organizer

for Tax Year 2016



Name:
 Taxpayer _____ SS No. _____ Birthdate/Age _____
 Spouse _____ SS No. _____ Birthdate/Age _____
 Address: _____ Telephone (Home) (____) _____
 _____ Telephone (Work) (____) _____
Cell Phone: Taxpayer _____ Spouse _____
Email Address: Taxpayer _____ Spouse _____
Occupation: Taxpayer _____ Spouse _____

Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

Dependents

Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2016	No. of Months of Qualifying Healthcare Coverage

***A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**
 Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students _____
Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2016.**

- YES NO**
- Did you receive any employer-provided educational assistance? \$ _____
 - Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
 - Did you contribute to a Qualified State Tuition Plan?
 - If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____
 - Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
 - If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st?
 - Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 Were any funds withheld? Yes No Amount: \$ _____
 Were the withdrawn funds used to pay medical expenses? Yes No
 - Were you called to active duty before you withdrew the amounts?
 - If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: \$ _____
 - Did you pay alimony? If yes, paid to: _____
 SS no.: _____ Amount Paid: \$ _____

YES NO

- Did you receive alimony, if so how much? \$ _____
- Did you have any adoption expenses? \$ _____
- Did you receive gifts in excess of \$15,671 from a foreign entity?
- Did you receive gifts in excess of \$100,000 from a foreign person?
- Did your college student receive educational benefits under a prepaid tuition program?
- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- Did you receive an advance child tax credit payment? If yes, how much? \$ _____
- Have you ever qualified for the Earned Income Tax Credit?
- Did you purchase an alternative fuel motor vehicle?
- Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.
- Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
- Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- Did you receive a Form 1099-A and/or Form 1099C? If so, please provide any Form(s) 1099 you received.
- Did you or your spouse contribute to a Health Savings Account?
- Did you or your spouse pay any interest on a student loan?

Health Care Reform

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
 If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.
- Did anyone in your family qualify for an exemption from the health care coverage mandate?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

Estimated Tax Payments

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

Wage Income

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Retirement Benefits Received (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage		Early Withdrawal Penalty		Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2016: \$ _____

For seller financed mortgage: Buyer's name, Social Security number and addresses: _____

Dividend Income (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account? Yes No

Did you have any stock sales in 2016? If yes, submit all 1099B forms. Yes No

Installment Sale Payments Received: Interest \$ _____ Principal \$ _____

Buyer's name: _____ SS # _____ Address: _____

Other Benefits/Income Received (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

Taxpayer	Social Security		Unemployment		Alimony		State Refund		Schedule K Income		Other	
Spouse												

Capital Assets Sold (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

Rental Income (Attach 1099 Forms)

Property Description																		
Gross Income																		
Expenses																		
Advertising																		
Auto & Travel																		
Cleaning & Maintenance																		
Commissions																		
Insurance																		
Professional Fees																		
Mortgage Interest																		
Other Interest																		
Repairs																		
Supplies																		
Taxes																		
Utilities																		
Wages/Schedule																		
% Occupancy by Taxpayer																		

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

Improvements to Personal Residence Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

Business Income (Attach 1099-MISC Forms)

Business Name _____
 Federal ID No. _____
 Principal Business Activity _____
 Principal Product _____
 Method Used to Value Inventory _____
 Accounting Method: Cash Accrual

Gross Income **Amount**

Gross Income.....	
Less Returns/Allowances.....	

Cost of Sales

Beginning Inventory.....	
Purchases.....	
Cost of Labor.....	
Materials and Supplies.....	
Freight In.....	
Other.....	
Ending Inventory.....	

Deductions

Advertising.....	
Auto-Truck Expense.....	
Bad Debts.....	
Collection Expense.....	
Commissions.....	
Professional Dues & Subscriptions..	
Employee Benefit Program.....	
Freight & Express.....	
Utilities.....	
Insurance.....	
Interest—Mortgage.....	
Interest—Other.....	
Janitorial & Cleaning.....	
Laundry.....	
Legal & Accounting Fees.....	
Office Expense.....	
Postage.....	
Rent.....	
Repairs.....	
Salaries.....	
Supplies.....	
Telephone.....	
Travel.....	
Total Meals & Entertainment.....	
.....	
.....	

Farm Income (Attach 1099 Forms)

Farm Name _____
 Principal Activity _____
 Accounting Method: Cash Accrual

Income

Sales of Items Bought for Resale.....	
Cost of Items Bought for Resale.....	

Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves.....	
Pigs & Sheep.....	
Poultry & Eggs.....	
Dairy Products.....	
Corn, Peas, etc.....	
Wheat, Oats, Hay & Straw.....	
Fruit.....	
Patronage Dividends.....	
Agricultural Program Payments.....	
Commodity Credit Loans Neglected....	
CCC Loans: Forfeited.....	
Repaid with Certificates.....	
Crop Insurance Proceeds.....	
Federal Gasoline Tax Credit.....	
Other.....	

Deductions

Breeding Fees.....	
Chemicals.....	
Conservation Expenses.....	
Custom Hire (Machine Work).....	
Employee Benefits Programs.....	
Feed Purchased.....	
Fertilizers & Lime.....	
Freight & Trucking.....	
Gasoline, Fuel, Oil.....	
Insurance.....	
Interest—Mortgage.....	
Interest—Other.....	
Labor Hired.....	
Pension & Profit Sharing Plans.....	
Rent of Farm, Pasture.....	
Repairs, Maintenance.....	
Seeds, Plants Purchased.....	
Storage, Warehousing.....	
Supplies Purchased.....	
Taxes.....	
Utilities.....	
Veterinary Fees, Medicine.....	
.....	
.....	

Did you have business start-up costs in 2016? Yes No
 If so, was the business running by the end of 2016? Yes No
 Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2016? Provide all copies of K-1.

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
 Nature of Business Activity Performed in Home: _____
 Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Retirement Contributions for 2016 Do you want to make any nondeductible IRA contributions? Yes No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.*.....	
.....	

*Not yet extended

Charitable Contributions

Cash Contributions*.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
_____ Miles for Charity.....	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings).....	
.....	
.....	

Household Employee Information

Household Employer EIN: _____

Did you pay any one household employee \$2,000 or more in 2016? Yes No

Did you withhold Federal income tax during 2016 at the request of any household employee? Yes No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2016 to household employees? Yes No

Was the employee under age 18? Yes No Student? Yes No

Do you have a Form I-9 on file for your household employee? Yes No

Household Employee Name: _____ Social Security Number: _____

Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____.

Enter No. of miles from your old home to your *old* workplace _____.

Date of Move _____ Arrival at New Location _____

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging during Move.....			

Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

	Amount
Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	
.....	
.....	
.....	

Automobile Expense

	Car 1	Car 2
Total Miles Driven		
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

	Car 1	Car 2
Actual Automobile Expenses		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ _____

Sale of Personal Residence (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Signature

Date