Tax Organizer For 2017 Income Tax Return

Prepared For:		`
SAMPLE		
Prepared By:		

This Tax Organizer can be used to help identify information needed to prepare your 2017 income tax return. Enter your 2017 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2017 income tax return.

If you have any questions, please feel free to contact us.

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORM	ATION																
															, 1		
Name		SS	N or ITIN	Da	te of E	sirth	Date o	of Do	eath		Occ	upation	1	Blin	id	Disa	bled_
Taxpayer Spouse														+	+		<u> </u>
Street Address		Apt.	City or	town			State			Zip	Code			Cou	nty		
G GG. 7 (GG.)																	
Foreign country		Forei	gn provinc	ce/state						For	eign p	ostal c	ode				
E-mail Address(es)					Home	Dhan					Mahi	ile Phor					
L-mail Address(es)					ПОП	e Phon	ie				IVIODI	ile Prior	ne				
2. FILING STATUS																	
Single	Check i	f parer	nt (or som	neone els	se) can	claim	you as	a d	epen	dent	on the	eir retur	'n.				
☐ Married Filing Joint☐ Married Filing Separate	☐ Chook i	f vou l	ived energy	t from wo		uoo fo	r all of f	204	7								
Head of Household	Crieck	ı you ı	ived apart	t iroin yo	ui spo	use 10	i ali oi z	201	۲.								
Qualifying Widow(er)	Year spous	e died															
	. ca. opcus	- C - C - C - C - C - C - C - C - C - C	•														
3. DEPENDENTS																	
Name	Relationship	Date	e of Birth	SSN or	ITINI	Month	s Lived	Die	ahlac	Full	Time	Dener	ndent's	<u> </u>	Chil	d Ca	re
Name	Relationship	Dai	o Diltii	3314 01	''''		n You	סוס	abiec	ı		Gross					
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								Ī									
A DEFUND INFORMATI	ION																
4. REFUND INFORMAT	ION																
1. Would you like to have an	v rofunds direct	ly don	ocitod inte	a vour ba	nk oc	2011pt2								$\overline{\Box}$	Yes		No
1. Would you like to have all	y refulius ullect	iy uep	ositeu iiit	J your ba	alik acı	Journ:		•						ш	1 63	ш	INO
Bank Account					ļ	Bank A	Accoun	t									
Ownership	Taxpayer 🗌	Spous	e 🗌 Jo	int	(Owner	ship			T	ахрау	er 🗌	Spou	se [Join	t
Type	Checking	Saving	js			Туре				□ C	heckir	ng 🗌	Savir	ıgs			
Bank name						Bank n											
Routing number							g numb										
Account number		0.		7			nt numb									$\overline{}$	
Account outside the jurisd	iction of the Un	ited St	ates? L	Yes	1	Accou	nt outsic	de ti	ne jui	ISCIIC	tion of	the Ur	nited S	states	s?	Ш	Yes
5. IDENTIFICATION INF	ORMATION																
Taxpayer						Spous							_				
	Driver's license	: <u> </u> S	State-issue	ed ID	-	Гуре о	f ID:			=		license	e 📋	State	e-is	sued	ID
	No ID					D ~	hor		ļ	N	o ID						
ID number Location of issuance						D num	nber on of iss	מפווי	ice.								—
Issue date						ssue c		uai	ic c								—
Expiration date							ion date	_									—

PERSONAL INFORMATION ORGANIZER

TEST HUSBAND and WIFE TEST

6. HEALTH CARF INFORMATION

6	ΛI	TU	<u></u>	INIE	AT	

O. HEAETH GARE IN GRIMATION	
Tax household - Includes the taxpayer, spou	ave qualified health insurance for all 12 months of 2017? Yes No se (if filing joint), and any individuals claimed as a dependent
on your return. It also generally includes each	individual you can, but do not claim as a dependent on your return.
1a. If No above, please check which month	s your tax household had qualified health insurance in 2017.
NAME	ALL JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC
Taxpayer:	
Spouse:	
Dependent:	
Employer Governme 3. Do you qualify for any exemptions from	Ir health insurance from for all members of your tax household. nt-Sponsored Marketplace Private Exchange (Individual Insurance Company) the individual shared responsibility payment (penalty)? Yes No emptions through the government-sponsored marketplace? Yes No
	mption from the health care mandate and for which months.
NAME	ALL JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC
Taxpayer:	
Spouse:	
Dependent:	
7. MISCELLANEOUS PERSONAL IN	FORMATION QUESTIONS
	contribute \$3 to the Presidential Election campaign fund. Taxpayer Spouse
-	ve you been contacted by the IRS? Yes
	sued to you by the IRS
	a nonresident alien for any part of 2017?
	pondences from the IRS or state in the past 3 tax years? Yes
5. Do you have any children age 18 or unde	er (or student under age 24) who had unearned income of more
6. If any of your children are required to file dividends on your return?	a return, do you elect to report your child's interest and
	· · · · · · · · · · · · · · · · · · ·
7. Did you give a gift of more than \$14,000	to one of more people?
8. COMMENTS	
1	

INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
	F
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
Unreported tip income received:	
	5. CAPITAL GAINS AND LOSSES
A INTEREST AND DIVIDEND INCOME	Aug. 1, 4000 B.
2. INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
Attack 4000 INT 4000 DIV on other statements	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	
Payer Name Taxpayer Spouse	
	L L
	C OTHER INCOME
	6. OTHER INCOME
	Description
	Description Amount State income tax refund
	Alimony received
	Unemployment compensation
	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
3. RETIREMENT DISTRIBUTIONS	Hobby income
Attach 1099-R & 5498 Roth Other	Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
Attach SSA 1099 or RRB 1099 Yes No	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
Did you receive railload retirement benefits?	
7. MISCELLANEOUS INCOME QUESTIONS	
1. Did you sell your home?	
2. Did you earn any foreign income or pay any foreign taxes?	
3. Do you have a health savings account (HSA), Archer MSA or Med	licare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account in a forei	
If Yes, did the aggregate value of all financial accounts exceed \$	S10,000 at any time during 2017? Yes No
E Didwey have any debt first or first that	
ן ב. טום you nave any debt forgiven (i.e. student loans, home mortgagi	e, etc.)?

BUSINESS INCOME AND EXP	ENSES (Sche	dule C,)					
Indicate the owner of this busine	ess: X Tax	payer		Spouse	∍ ∏Jo	int		
Business Name:	<u></u>	. ,		•	<u>—</u>			
Business product or service:								
Business Address:								
City, State, and Zip Code:								
Did you start or acquire this bus	iness durina 20)17?	□Yes	□ No	 O			
Accounting Method:					er (describe)			
Method used to value inventory	: Cost	ΗÜ	ower of o	ost or n	narket	er (des	cribe)	
						J. (4.55	·············	
Income and Cost of Goods S	old					201	7 Amount	2016 Amount
Gross receipts or sales								
Returns and allowances								
Other income (enclose descri								
Inventory at beginning of year	•							
Purchases less cost of items								
Cost of labor	•							
Materials and supplies								
Other costs								
Inventory at end of year								
						Į.		
Expenses	2017 Amount	2016	Amount				2017 Amou	nt 2016 Amount
Advertising				Wages				
Commissions and fees				Other:				
Contract labor				•				
Depletion								
Employee benefits								
Insurance (other than health)								
Mortgage interest								
Other interest								
Legal and professional fees.								
Office expenses								
Pension and profit sharing.						,		
Rent - Vehicle, machinery								
Rent - Other								
Repairs and maintenance								
Supplies								
Taxes and licenses								
Travel								
Meals and entertainment								
Utilities								
Vehicle Information								
Vehicle description			Date pla	ced in s	ervice		Cost or ba	asis
	Com	nmutin	g miles _.		Parking fees	Othe	r miles	
Actual expenses such as gas,	oil, repairs, etc	:			Parking fees	and toll	s	
Sales, Purchases, and Dispos	sition of Asset	s in 20					iable assets.)	
Asset description			Date a	cquired	Purchase pric	е С	Date sold	Sales Price
<u> </u>								
Business Use of Home								
Area used exclusively for busi			Total are	ea of ho				
Was the home used as a day	care facility?		es 🗌	No	Date home pla			
		rance				Ren		
Mortgage interest			d mainte				of home	
Real estate taxes paid			d other ex			Valu	ie of land	
Carryover of unallowed expenses	to 2017	Yes	∐ No (if yes, ent	er amount)		_	

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.

Itemized Deduction Organizers are on separate pages.

1. EDUCATION

1. EDUCATION

1. EDUCATION		
Attach 1098-Ts, 1098-E's and Student Name	I 1099-Q's: Educational Institution	Student Loan Books, Supplies Fr So Jr Sr Oth Tuition & Fees Interest Paid & Equipment 529 Plan
2. JOB-RELATED MOVI	NG EXPENSES	4. OTHER DEDUCTIONS
Gas and Oil	new workplace	Educator expenses
	Amount	Otilei
5. MISCELLANEOUS DE	EDUCTION QUESTIONS	
, ,		oaid a large amount of sales tax?

Medical and Dental Exp	oenses (not including re	elmbursements)			017 ount	2016 Amount
Medical/dental care ins	urance premiums (oth	er than self-emple	oved)	<u> </u>	Juint	Amount
Medicare B and D prem						
Qualified long-term care						
Doctor, dentist, and hos	•					
Prescription medicines						
Medical aids such as ey						
Total transportation exp						
Other medical and dent	al expenses					
axes Paid					017	2016
Ctata and local income	tayon noid (athor than	n withholdings on	d actimates)	Am	ount	Amount
State and local income						
Actual state and local g						
Personal state/local proper			<u> </u>			•
reisonai state/local prope	erry taxes (iist type or ta.	x paiu)				
nterest Paid				20	017	2016
				Am	ount	Amount
Home mortgage interes	st paid to financial inst	titution (enclose For	m 1098 or statement) .			
Troine interigage interes						
Home mortgage interes	st paid to individual .					
	st paid to individual .					
Home mortgage interes	st paid to individual .					
Home mortgage interes	st paid to individual .					
Home mortgage interes Individual's name Individual's address						
Home mortgage interes Individual's name Individual's address Individual's ID number	urance premiums (VA	., FHA, RHS, or p	rivate) · · · · · ·			
Home mortgage interest Individual's name Individual's address Individual's ID number Qualified mortgage ins	urance premiums (VA	., FHA, RHS, or p	rivate) · · · · · ·			
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Home mortgage interest Individual's name Individual's address Individual's ID number Qualified mortgage instances Investment interest expensions of Cash of Contributions of Cash of C	urance premiums (VA pense	similar statement)	rivate)		Date give	en FMV

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property dar					
Enclose supporting documentation of what is written he			•	ot repairs.	
(If additional losses were incurred, please attach a so				Desidential muses	
Location of property:				Residential prope	· —
Description of property:				Business property	′
Date of loss:				Federal Disaster	
Amount of damage C	ost basis of pro	perty		Repair Costs	
Insurance reimbursement FI	MV of property b	efore los	S	Other	
Federal monies received F	MV of property a	fter loss		Other	
Unreimbursed Employee Business Expen	ses T = Tax	paver	S = Spouse T	or S	
(if any depreciable assets were sold (including the vehicle), pleas					
D (1 (1 (1 1)			Information		
Subscriptions related to your work			e description		
l :			laced in service		
		Cost o	r booic		
Tools and supplies used in your work Work clothes, uniforms if required		COSt 0			
Medical exams required by your employer		Miles	of vehicle		
Work related education (books, tuition)			singer miles		
Land for a malata dita visioni lab					
Job search expenses (current occupation)			ner miles		
*In home office:		Oti			
Total aguara factors		Expe	neae		
Office agreement feetens		-			
Office square footage	_		ual expenses		_
Office square footage			as, oil, repairs, etc)		
Rent		Par	king fees and tolls	S	
Insurance					
modiano	_	Tra	vel expenses		<u> </u>
Insurance	_	Tra	vel expenses		_
Repairs/Maintance	_		·		_
Othities	_		·		_
Repairs/Maintance *Questions relating to mortage interest, taxes, and	 - casualty losses w		·		_
Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.)	casualty losses w	ere asked _l	previously	Dete sold	
Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse	casualty losses w	ere asked _l	·	Date sold	Sales price
Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.)	casualty losses w	ere asked _l	previously	Date sold	Sales price
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Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.) S Asset description Investment Related Expenses	casualty losses w	cquired Othe	Purchase price	ns	
Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.) S Asset description Investment Related Expenses Tax preparation fees	casualty losses w	cquired Othe	Purchase price r Misc. Deductio	ns	
Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.) S Asset description Investment Related Expenses Tax preparation fees Safe deposit box	casualty losses w	cquired Othe Gam Estat	Purchase price r Misc. Deductio bling losses e tax deduction (ir	ns	
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Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.) S Asset description Investment Related Expenses Tax preparation fees Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income	casualty losses w	cquired Othe Gam Estat Portf Unrec	Purchase price Purchase price Purchase price Purchase price Purchase price Purchase price	ns orespect of a decede e K-1 in a pension taxable bonds	ent)
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Repairs/Maintance *Questions relating to mortage interest, taxes, and Sales, Purchases, and Disposition of Asse (New clients, enclose detailed listing of all depreciable assets.) S Asset description Investment Related Expenses Tax preparation fees Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income Legal fees related to producing taxable income Other	casualty losses w	cquired Cquired Gam Estat Portf Unrec Amor Disabl Othe	Purchase price Purchase price If Misc. Deduction bling losses e tax deduction (ir olio from Schedule covered investment tizable premium on ed persons work expen r	ns orespect of a decede e K-1 in a pension taxable bonds	ent)

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

TEST HUSBAND and WIFE TEST Please complete this Orga

Attach Daycare Provider Statement(s):	· · · · · · · · · · · · · · · · · · ·			
Attach Daycare Provider Statement(s):				
		Telephone	Identification	
Care Provider Name Address	Tax-Exempt	Number	Number	Amount Paid
	— H -			
	一			
	ㅡ 片 -			
	ㅡ 닏 -			
	_			
2. RESIDENTIAL ENERGY CREDIT				
Description Amount	Description			Amount
Solar electric property	Metal or asphalt re	oof		
Solar water heating	Exterior windows			
Small wind energy	Electric heat pum			
Geothermal heat pump	Natural gas, propa			
Fuel cell property	Biomass fuel stov			
Insulation material	Natural gas, propa			
Exterior doors	Advanced main ai	r circulating fa	an	
1. Were the qualified improvements for your main home in the United	States?			Yes No
2. Were any of the improvements related to the construction of this m	ain home?			Yes No
3. MISCELLANEOUS CREDIT QUESTIONS				
1. Did you now any expanses related to the adention of an eligible shild	2			☐Yes ☐No
1. Did you pay any expenses related to the adoption of an eligible child'				= =
2. Are you currently repaying the First-Time Homebuyer Credit?				∐Yes ∐No
$\ensuremath{3}.$ Do you (and your spouse) have a social security number that allows				Yes No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or lo	ocal governmental u	nit or agency?		= = = = = = = = = = = = = = = = = = = =
		int of agonoy.		Yes No
			·	= = = = = = = = = = = = = = = = = = = =
4 FOUNTED TAY DAYMENTO		- agonoy .)	= = = = = = = = = = = = = = = = = = = =
4. ESTIMATED TAX PAYMENTS		agonoy)	= = = = = = = = = = = = = = = = = = = =
,				Yes No
Federal estimated payments		Dati	e Paid	= = = = = = = = = = = = = = = = = = = =
,		Dati		Yes No
Federal estimated payments		Dat		Yes No
Federal estimated payments Applied from 2016 federal refund		Date:		Yes No
Federal estimated payments Applied from 2016 federal refund		Dat		Yes No
Federal estimated payments Applied from 2016 federal refund		Dat		Yes No
Federal estimated payments Applied from 2016 federal refund		Dat		Yes No
Federal estimated payments Applied from 2016 federal refund		Dat		Yes No
Federal estimated payments Applied from 2016 federal refund		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund		Date		Yes No
Federal estimated payments Applied from 2016 federal refund		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund		Dat	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund 1st quarter payment		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund 1st quarter payment		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund 1st quarter payment		Date	e Paid	Yes No
Federal estimated payments Applied from 2016 federal refund 1st quarter payment		Date	e Paid	Amount Paid Amount Paid
Federal estimated payments Applied from 2016 federal refund 1st quarter payment		Date Date Date Date Date Date Date	e Paid	Amount Paid Amount Paid
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