TAX ORGANIZER FOR TAX YEAR 2016

Daniels Bookkeeping and Tax Service, Inc.
16600 Orange Avenue, Unite #146, Paramount, California 90723
Phone Number: 562-408-1500
Email: danielstaxlady@att.net Website: www.danielstaxlady.com

Please complete this Organizer before your appointment. Prior year clients will need to fill out this form each year.
If you are a **new** client, you must provide a **copy** of your last year's tax return.

#1 #2

Tax Payer:	Occupation:_____ S.S. # - -	Birth date: / /
Spouses Name: *Only if filing joint or married filing separate*	Occupation:_____ S.S. # - -	Birth date: / /
Mailing Address, City, State and Zip Code	Home Phone Number ( ) - Spouse Cell Number ( ) - Email address:	Cell Phone Number ( ) -

#3

Tax Payer	Circle One	Single	Head Of House Hold	Widow(er)	Date of Spouse's Death		Will File A Joint Return
Married	Yes No	Yes No	Yes No	Yes No			Circle One
Did you live with your	Yes No						Yes No
spouse after 7/1/2016?							

#4 DEPENDENTS, Children and Others "DEPENDENT on another Tax Return" Yes Name:

First Name, Last Name	S.S. #	D.O.B.	Relationship	Disabled Yes/No	Full Time Student Yes/No	Dependent Gross Income	# of Months Lived With You

#5 **File Banking Information**

Please Verify–Double Check all Banking Information
Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____
Checking ____ Savings ____

Do you owe back taxes to IRS or FTB- Yes/No
Do You Want to Pay Your Tax Preparation Fee From Your Refund-Yes/No
Do you want the balance of refund deposited to your bank account-Yes/No
Provide current copy of Driver License No._____Exp._____
Mothers Maiden Name _____

#6 **INCOME Wages, Salaries, W-2, 1099, and 1098**

Attach All W-2s for the current tax year of 2016), Initial here, _____, that all W-2's, and all Interest Income 1099-INT, Dividend Income, 1099-D, Partnership, Trust and Estate Income – K-1, S-Corporations, and 1098-Mortgage Interest are attached.
Pension Annuity Income 1099-R, 401K, IRA's, Lump Sum Distributions $_____, 1099-R.
Interest income from Seller-Financed Mortgages & Individuals Interests from Banks & Financial Institutions (Attach 1099 INT)
All Forms Must include your Social Security number on them.

NAME	AMOUNT		NAME	AMOUNT
	$			$
	$			$
	$			$
	$			$
	$			$

You must bring 2016 **final pay check stub**, ___ showing, Union Dues, Medical Deductions, Dental, Vision or United Way, etc.
How much were you reimbursed that was not included in your wages? $_____
Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE, or KEOGH? $_____
Do you or your spouse have a retirement plan at work? _____
Did you withdrawn from Pension or IRA, if so how much $_____
Submit your 1099 for form #5498, Current Fair Market Value

_____ _____ _____ _____
Clients Signature Date Spouse Signature, only if filing joint Date

Revision Date: December 2, 2016

Interview By:_____ Date:_____

#7 **CHILD OR DEPENDENT CARE EXPENSE**

Did you pay a baby-sitter last year? Yes No

Name of Child	Name of Care Giver	SS# or EIN#	Address, City, Zip code	Telephone#	Yearly Amt Pd

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want me to prepare these forms you must advise me before I complete your return.
Please initial here if you "DO NOT" want me to prepare the W-2 Forms. (Initial here)_____

#8 CONTINUING EDUCATION, COLLEGE STUDENT CREDIT

Name of Student: _____

Education Purpose: _____

Dates Attended: _____

Supplies Expense: _____
(Books, lab fees, computer, DSL)

Name of Institution: _____
Must have a 1098-T. Yes/No

Tuition Expense: _____

Travel Expense: _____

Additional Schedules:
If you own a business – Schedule C
If you have rental property – Schedule E
If you sold stock or other property, regardless whether you made or lost money on it – Schedule D
If you incurred business expenses that your employer did not reimburse you for, you will need to fill out additional forms.

ALL CALIFORNIA RENTERS:

If you do not own your own home and you are paying rent to a landlord, California Tax Returns are requiring the following information from you:

Landlord Name: _____

Phone Number: _____

Address: _____

School District you reside in: _____

DECLARATION:

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my income tax returns. Where education deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274 (a) and can fully substantiate such deductions.

_____ _____ _____ _____
Taxpayer's Signature: Date Spouse's Signature, if filing joint Date

Interview By_____ Date:_____

Revision Date: December 2, 2016

2016

HealthCare Coverage Questionnaire

Name: SSN:

HealthCare Information

Had Healthcare Coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all

YES ☐ NO ☐	Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
YES ☐ NO ☐	Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained?
Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
Answer YES if it applies to any member of the household

YES ☐ NO ☐	Was your previous insurance policy cancelled in 2016 ?
YES ☐ NO ☐	Was coverage offered by your employer or your spouse's employer?
YES ☐ NO ☐	Are you a member of a federally recognized Indian tribe?
YES ☐ NO ☐	Are you eligible for services through an Indian healthcare provider?
YES ☐ NO ☐	Are you a member of a healthcare sharing ministry?
YES ☐ NO ☐	Did you live in the United States the entire year?
YES ☐ NO ☐	Are you enrolled in TRICARE?
YES ☐ NO ☐	Did you apply for CHIP coverage?
YES ☐ NO ☐	Do any of the following apply to you? Do NOT indicate which one.

Became homeless
Evicted in the past six months, or facing eviction or foreclosure
Received a shut-off notice from a utility company
Recently experienced domestic violence
Recently experienced the death of a close family member
Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
Filed for bankruptcy in the last six months
Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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Client's Printed Name: _____

Spouse's Printed Name, only if filing joint: _____

The enclosed Tax Organizer, tax year 2016, and all accompanying schedules and statements, has been supplied to enable Daniels Bookkeeping and Tax Service, Inc. to prepare our income tax returns for the year 2016. We have supplied all pertinent information, including all items of income, deductions, and other data necessary for completion of our returns, and confirm that it is true and correct to the best of our knowledge and belief. We are responsible for the content and accuracy of our income tax returns and have kept the necessary records of our deductions, business expenses (if applicable), and business and personal use of property.

We understand that Daniels Bookkeeping and Tax Service, Inc. is not in any way undertaking to audit or verify the facts as we have submitted them to you. We understand also that, upon request of taxing authorities, the burden of proof of such items rests solely with us, the client, and that we will furnish any necessary substantiation.

We are aware that the professional fee charged is due upon presentation of the completed 2016 Tax Organizer, and supporting documents, and that it is not an all-inclusive fee. Thus, any additional services will result in additional charges to us, the client. Examples of such services may include, but are not limited to, determination of basis of assets sold, review and respond to notices, services related to audits, examination letters, and calculation of revised estimated tax vouchers.

_____ _____
Clients Signature Date

_____ _____
Spouse Signature, only if filing joint Date

Name: _____

Daniels Bookkeeping and Tax Service, Inc.
16600 Orange Avenue, Unit #146, Paramount, California 90723
Phone Number: 562-408-1500

January 1, 2016

Dear Client:

We have enclosed your 2016 Tax Organizer to assist you in gathering the information necessary to prepare your individual income tax return. We will prepare your 2016 federal and requested state income tax return from information that you will furnish us. The tax organizer allows you to conveniently use your home to collect the required documents to complete your return.
You have the final responsibility for your income tax return and therefore, you should review the tax organizer before you sign and carefully review all the questions.

The Internal Revenue Service matches information returns with amounts reported on tax returns. A negligence penalty may be assessed where dividends, interest, and security sales are under reported or when mortgage interest is overstated. Accordingly, all forms W-2, 1098 and 1099 Social Security Benefits, schedules K-1 and other informational returns reflecting amounts reported to the Internal Revenue Service should be included with the Tax Organizer on the day of your appointment.

It is your responsibility to provided all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions for at least 5 years. These may be necessary to prove the accuracy and completeness of the returns to the taxing authorities. **You have the final responsibility for the income tax return and therefore, you should review them carefully before your submit your tax organizer.**

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority, interpretations of the law, and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor wherever possible.

The law provides various penalties that may be imposed where taxpayers understated their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you.

We urge you to collect your information and provide it to us as soon as possible so we may continue to provide you with quality services on a timely basis. If information from "pass through" entitles such as partnerships, trusts, and S-corporations is the only data you are missing, please send the data your have assembled and forward the missing information when it is available.

The filing deadline for your 2016 Income tax return is April 15, 2017. In order to meet this filing deadline, your completed tax organizer needs to be received as soon as practical. Any information received after this date requires an extension that we can file for you.

If an extension of time is required, any tax that may be due with the returns must be paid with the extension. Any taxes not paid by the filing deadline are subject to late payment penalties and interest when those taxes are actually paid. Please remember, it is your responsibility to make sure the tax returns are timely filed.

We look forward to providing services to every client. I sincerely appreciate all of your continued support.

Sincerely,

Allie Daniels
Registered, Licensed Tax Preparer
CTEC ID A136904

Angelica Gamboa
Registered, Licensed Tax Preparer
CTEC ID A282734

Clients Signature: _____ Date_____ Spouse Signature: _____ Date _____
- only if filing joint.

Letter of Agreement

Daniels Bookkeeping and Tax Service, Inc.
16600 Orange Avenue, Unit #146, Paramount, California 90723
Phone Number: 562-408-1500
Email: danielstaxlady@att.net Website: danielstaxlady.com

January 1, 2017

Dear Client:

This is a letter of agreement regarding the services to be provided. The objective of this letter is to communicate terms and conditions of the provided services.

The specific services to be provided are listed in the invoice accompanying this letter.

In order to complete the services, you will be asked to provide information. It is your responsibility to make sure the provided information is complete and accurate. The service does not include any verification of the information you provide. It is also your responsibility to maintain records of this information since you may need to satisfy tax authority inquiries.

The fees for these services are posted in our office, if you have any questions, please ask. Please note that additional fees beyond those indicated may be necessary. You will be contacted for approval prior to the incurrence of additional fees.

If you agree to the terms and conditions, please sign, date this letter, and return it with your payment. A separate copy of this letter is provided for your records.

Sincerely,

Allie Daniels
Registered, Licensed Tax Preparer
CTEC ID A136904

Angelica Gamboa
Registered, Licensed Tax Preparer
CTEC ID A282734

DECLARATION:
I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

I agree to the terms and conditions set forth in this letter.

Client Signature: Spouse signature, only if filing joint:

_____ Date_____ _____ Date: _____

Interview By:_____ Date:_____

Privacy Policy Of
Daniels Bookkeeping and Tax Service, Inc.

16600 Orange Avenue, Unite #146, Paramount, California 90723
Phone Number: 562-408-1500
Email: danielstaxlady@att.net Website: www.danielstaxlady.com

January 1, 2017

Dear Client/Taxpayer:

The following policy is to inform you of the privacy regarding information provided by you. Please call if you have any questions.

PRIVACY POLICY
Of
Daniels Bookkeeping and Tax Service, Inc.

Certain nonpublic personal information is collected from you or obtained with your authorization. This information is necessary to complete the provided services and to maintain the client relationship.

Collected nonpublic personal information is not disclosed to any party except as required or permitted by law. Permitted disclosures include providing information to employees, and in limited situations, to unrelated third parties who need the information to assist in providing services to you. In all such situations, the confidential nature of this information is communicated.

Records of your nonpublic personal information are retained. The purpose of this record retention is to comply with established guidelines, and to facilitate delivery of services. To protect the privacy of your nonpublic personal information, physical, electronic, and procedural safeguards are maintained in compliance with applicable standards.

Sincerely,

Allie Daniels
Registered, Licensed Tax Preparer
CTEC ID A136904

Angelica Gamboa
Registered, Licensed Tax Preparer
CTEC ID A282734

I agree to the privacy policy as set forth in this letter.

_____ _____ _____ _____
Client Signature: Date Spouse signature, only if filing joint: Date

Please Review and discuss your confidentiality concerns with the Person Whom You Are Authorizing To Speak – Release Financial Information for your 2016 Income Tax Return.

This confidentiality – privacy release of financial – and all information pertaining to your 2016 Income Tax Return is authorized by the client/taxpayer. By signing this statement, you fully understand that your signature authorizes Daniels Bookkeeping and Tax Service, Inc. to prepare and release all information to the designated person that you have named below.

I understand that by signing this form I release Daniels Bookkeeping and Tax Service, Inc. of any liability that may occur as a result of this release of financial information. I understand that this release form only pertains to my 2016 Income Tax Return.

_____ _____ _____ _____
Client Signature: Date Spouse signature, only if filing joint: Date

**Person whom you are authorizing to speak – release – sign document on your behalf:

_____ _____ _____
Print Name Relationship Date

_____ _____
Signature Date

Daniels Bookkeeping and Tax Service, Inc.
Revision Date: December 2, 2016 Interview By:_____ Date:_____

Consent to Disclosure of Tax Return Information

Allie Daniels or Angelica Gamboa ("we", "us", and "our")
Printed name of tax preparers

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that you are interested in having the proceeds of your bank product disbursed on an E1 Visa Prepaid card ("E1 Card"). In order to have your application evaluated and processed, we must disclose all of your 2015 tax return information necessary for evaluating the request to The Bancorp Bank ("Bancorp"), the E1 Card issuing bank, and Galileo Processing, Inc. ("Galileo"), the E1 Card processor. You may request a more limited disclosure of tax return information, but you will not be eligible to submit an application for the E1 Card.

If you would like us to disclose your 2016 tax return information, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to EPS all of your 2016 tax return information necessary so that they can evaluate and process your application for the E1 Card. You understand that if you are not willing to authorize us to share your tax return information, you will not be able to obtain an E1 Card, but you can still choose to have your tax return prepared and filed by us for a fee. For more information on the E1 Card, please refer to the card application and to the terms and conditions.

Printed name of taxpayer: _____

Taxpayer signature: _____ Date: _____

Printed name of joint taxpayer: _____

Joint taxpayer signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

Interview by: _____ Date: _____

Consent to Use of Tax Return Information

Allie Daniels or Angelica Gamboa ("we", "us", and "our")
Printed name of tax preparers

Federal law requires this consent form be provided to you ("you" refers to each tax payer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with third parties to provide qualifying taxpayers with the opportunity to have the proceeds of a bank product that you may apply for disbursed onto an E1 Visa Prepaid card. To determine if this product may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether this product may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2016 tax return to determine whether to present you with the opportunity to have your bank product proceeds disbursed on an E1 Visa Prepaid card. For more information regarding the E1 Visa Prepaid card, please refer to the card application and to the terms and conditions.

Printed name of taxpayer: _____

Taxpayer signature: _____ Date: _____

Printed name of joint taxpayer: _____

Joint taxpayer signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.