



3950 N Campbell Ave, Tucson, AZ 85719

tel: (520) 320-1041 fax: (520) 320-1053 email: 1stChoice@1stChoiceTaxServices.com
www.1stChoiceTaxServices.com

2017 Tax Organizer

Call to schedule your ☐ Appointment: Day _____ Date _____ Time _____ Preparer _____ or ☐ Drop Off ☐ Web Portal*

Taxpayer		Spouse	
Name _____	Name _____	Name _____	Name _____
SSN _____ Birthday _____	SSN _____ Birthday _____	SSN _____ Birthday _____	SSN _____ Birthday _____
Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N	Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N	Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N	Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N
e-mail _____	e-mail _____	e-mail _____	e-mail _____
Cell _____ Daytime _____	Cell _____ Evening _____	Cell _____ Evening _____	Cell _____ Evening _____
Address <input type="checkbox"/> New address this year		<input type="checkbox"/> Yes, Direct Deposit My Refund to:	
City _____ ST _____ Zip _____		Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS		Rtn # _____ Acct # _____	
		I'd prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both	

Did you and your spouse have health insurance coverage all year? ☐ Yes(all 12 months) ☐ Some(____ months) ☐ Did not have any insurance
Where was the policy obtained? ☐ Employer ☐ Medicare ☐ Medicaid/AHCCCS ☐ Govt/Military ☐ Marketplace(Exchange) ☐ Other _____
Please include IRS form ☐ 1095-A ☐ 1095-B ☐ 1095-C from your insurance provider

DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home	Birthdate	Health Ins All Year	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS ENCLOSED *

* To send digital documents, use our web portal: login.atomanager.com/atom_1ST	Taxpayer	Spouse
Picture ID (or copy) now required for both Taxpayer & Spouse by new industry regulations	<input type="checkbox"/>	<input type="checkbox"/>
Wages W2 <input type="checkbox"/> Employment change this year		
Pensions and IRAs 1099R		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Sales of Capital – 1099B (<input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate		
Unemployment and State Tax Refunds 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – 1099MISC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment / Student Loan <input type="checkbox"/> 1098E		
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID		

New Clients: Please bring ☐ copy of last year's tax return ☐ Picture ID ☐ Social Security Cards for all Dependents

ITEMIZED DEDUCTIONS

INTEREST

Home Mortgage <input type="checkbox"/> 1098	
Home Equity Loan <input type="checkbox"/> 1098	
P M I	
2'nd Home/Motor Home <input type="checkbox"/> 1098	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> HUD-1	
Margin Interest <input type="checkbox"/> 1099	
Other Investment Interest	

\$ CONTRIBUTIONS \$

House of Worship	
<u>AZ State Charity Credits: *</u>	
Qual Charitable Org <input type="checkbox"/> AZ321	
Qual Foster Care Org <input type="checkbox"/> AZ352	
Public Schools <input type="checkbox"/> AZ322	
Private Tuition Aid <input type="checkbox"/> AZ323	
Military Family Relief <input type="checkbox"/> AZ340	

NON-CASH CONTRIBUTIONS**

1)	
2)	
Total **	
Charity Miles (# Miles _____)	

\$12,700 \$9,350 \$6,350
 (Standard Ded: ~~\$12,600~~ MFJ ~~\$9,300~~ HOH ~~\$6,300~~ Single)

ESTIMATED TAXES PAID

Due	Mailed	IRS	Ariz.	
Applied from last yr				
April 15				
June 15				
Sept 15				
Jan 15				

MISCELLANEOUS

Investment Acct Fees	
Investment Publications	
Casualty & Theft	
Gambling Losses (<=winnings)	
Tax Prep	
Safety Deposit Box	
Moving Expenses (Job Related)	

EMPLOYEE BUSINESS EXPENSE

	Taxpayer	Spouse
Educator Expenses		
Job Search		
Union/Profess. Dues		
Uniforms		
Tools & Equip		
Prof. Publications		
Training/Education		
Travel		
Meal & Entertainment		
Auto Miles: Total		
Business		
Commuting		

MEDICAL

Medical Insurance (not Pre-Tax)	
Dental/Vision Ins. (not Pre-Tax)	
LongTerm Care Insurance-Taxpayer	
LongTerm Care Insurance-Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospital	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance Reimbursements)	
Total Medical \$	
Medical Miles (# miles _____)	

TAXES

AZ Tax Paid	
_____ State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases	
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> _____	
Non-taxable income for addl Sales	
Tax deduction <input type="checkbox"/> Adoption <input type="checkbox"/> Foster	
<input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> _____	

(* New or Changed for AZ State return)

(** If over \$500 additional detail required)

SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft _____ Office _____ Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto - Yr: _____ Make: _____	# Miles: _____	# Miles: _____
Gas, Oil Mtce \$ _____ Total:	_____	_____
Interest Pd \$ _____ Business:	_____	_____
License/Reg \$ _____ Commuting:	_____	_____
Contract Labor(1099Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA)		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

RENTALS/ROYALTIES

Property Description:	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance – Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Management Fees			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Management Fees			
Repairs / Maintenance			
Supplies			
Taxes –Real Estate			
Taxes - Other			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
1099Misc Issued?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide HUD-1 stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires ☐ Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide ☐ 1099S and HUD-1 closing documents (both ☐ purchase and ☐ sale) for any Real Estate transactions

OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter <i>(required)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you gift more than \$14,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received <i>(Alimony does not include child support)</i>	\$	\$
Alimony Paid to: Name _____ SSN _____ Address _____	\$	\$
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions <i>(Now deductible for AZ up to \$4,000)</i>	\$	\$
Health Savings Account <input type="checkbox"/> Contributions <input type="checkbox"/> Distributions		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment <i>(required)</i>	\$	\$
If paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years:		
Student Loan Interest Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		

DAYCARE EXPENSES

Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____	Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____
---	---

OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!