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## 2016 Tax Organizer

Call to schedule your  Appointment: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ or  Drop Off  Web Portal

Taxpayer	Spouse
Name _____	Name _____
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
<b>Address</b> <input type="checkbox"/> New address this year	
City _____ ST _____ Zip _____	<input type="checkbox"/> <b>Yes, Direct Deposit My Refund to:</b> Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav Rtn # _____ Acct # _____
Home Ph _____ Cell _____	
<b>Contact Information</b>	
e-mail _____	
<b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS	
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

	Taxpayer	Spouse
Wages <b>W2</b> <input type="checkbox"/> Employment change this year <i>( √ or # enclosed )</i>		
Pensions and IRAs <b>1099R</b>		
Social Security <b>1099SSA</b>		
Interest Income <b>1099INT</b>		
Dividend Income <b>1099DIV</b>		
Sales of Capital – <b>1099B</b> ( <input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate		
Unemployment and State Tax Refunds <b>1099G</b>		
Gambling Winnings <b>W2G</b> (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 <b>K-1</b>		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – <b>1099MISC</b> (see page 3)		
Mortgage Interest <b>1098</b> (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

Who can we thank for referring you? \_\_\_\_\_



### 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"/> <b>1099C</b>	<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"/> <b>1098T</b> <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"/> <b>1098E</b>	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs ( <input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		

### DAYCARE EXPENSES

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