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# 2016 Tax Organizer

Call to schedule you	ır 🗆 Appointment: Day	Date	e Time	or  up Drop Off  up Web Portal
	Taxpayer			Spouse
Name			Name	
SSN	Birthday	<u> </u>	SSN	Birthday
Occupation	Health Ins	□Y □N	Occupation	Health Ins □Y □N
Addres	SS □New address this year	Γ	⊡Yes, Dir	rect Deposit My Refund to:
			Bank Name	□CK □ Sav
City	ST Zip		Rtn #	Acct #
		Contact	Information	
Home Ph	Cell		e-mail	
Filing Status 🗆	Single DMFJ DHOH QW	□MFS	I'd prefer my finishe	d tax return:  Printed  PDF  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
					⊡Y ⊡N	⊡Y ⊡N
					⊡Y ⊡N	⊡Y ⊡N
					⊡Y ⊡N	⊡Y ⊡N
					□Y □N	□Y □N

#### TAX DOCUMENTS ENCLOSED

( $$ or # enclosed )	Taxpayer	Spouse
Wages W2 DEmployment change this year		
Pensions and IRAs 1099R		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Sales of Capital – <b>1099B</b> ( <i>cenclose broker statement</i> ) <b>HUD1</b> Sale of Real Estate		
Unemployment and State Tax Refunds 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
□Estate, □Trust □S-Corp □Partnership □PTP K-1		
□Rents, □Royalties □Prizes, □Self Employment – <b>1099MISC</b> (see <i>page 3</i> )		
Mortgage Interest 1098 (see page 2)		
Education Expense –  1098T &  Proof of Payment / Student Loan  1098E		
Other 1099s:  1099A  1099C  1099SA  1099LTC  1099Q  1099OID		

Who can we thank for referring you?

#### 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 State Tax Paid Real Estate Tax: Auto License (VLT)

AZ Tax Paid

Sales Tax paid on Large Purchases	
□Auto □Boat □Airplane □	
Non-taxable income for addl Sales	
Tax deduction □Adoption □Foster	
□Child Support □VA □	

(\* New or Changed for AZ State return)

# **ITEMIZED DEDUCTIONS**

INTEREST

Home Mortgage □1098	
Home Equity Loan □1098	
PMI	
2'nd Home/Motor Home   1098	
Private Mortgage	
Name	
SSN	
Address	
Points on Refi.  □ HUD-1	
Margin Interest	
Other Investment Interest	

#### **\$ CONTRIBUTIONS \$**

House of Worship	
AZ State Charity Credits: *	
Qual Charitable Org   AZ321	
Qual Foster Care Org   AZ352	
Public Schools	
Private Tuition Aid	
Military Family Relief   AZ340	

#### **NON-CASH CONTRIBUTIONS\*\*** 1) 2) Total \*\* Charity Miles (# Miles

(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		

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

### SELF EMPLOYMENT INCOME

## **RENTALS/ROYALTIES**

SELF EMPLOTMENT INCOME				ALS/NUTALT		
	\$ Amount	\$ Amount	Property Description:	1	2	3
Business Name			Gross Rents /Royalties			
EIN (if available)			Advertising			
Owner (□Taxpayer □Spouse) □LLC			Auto (# miles)			
Home Office? Sq FtOfficeHome	□Y □N	□Y □N	Cleaning			
Gross Receipts or Sales D1099MISC	\$	\$	Commissions			
Purchases of Inventory			Insurance – Real Estate			
EOY Ending Inventory			Insurance – Mortgage (PMI)			
Advertising			Legal, Professional, Tax Prep			
Auto - Yr: Make:	# Miles:	# Miles:	Management Fees			
Gas, Oil Mtce \$ Total:			Mortgage Interest   1098   no 1098			
Interest Pd \$ Business:			Mortgage Interest □1098 □no 1098			
License/Reg \$ Commuting:			Other Interest			
Contract Labor(1099Misc Issued □Y □N □NA)			Management Fees			
Insurance (not health)			Repairs / Maintenance			
Insurance (SE Health)			Supplies			
Interest (not auto)			Taxes –Real Estate			
Legal, Professional, Tax Prep			Taxes - Other			
Office Expense			Travel			
Rent – Equipment			Utilities & Telephone			
Rent – Building			HOA Fees			
Repairs & Maintenance			Bank / Collection Fees			
Supplies						
Taxes & License						
Travel						
Meals & Entertainment			1099Misc Issued?			
Utilities & Telephone			Improvements made this year?	□ list attached	□ list attached	□ list attached
Wages			If new/sold-provide HUD-1 stmt.	□ purch. □sale	□ purch. □sale	□ purch. □sale
Payroll Taxes			<u> </u>	NOTES	• ·	•
Business Assets purchased/sold this year?	□ list attached	□ list attached				

#### 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 D1099S and HUD-1 closing documents (both D purchase and D 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	□Y □N	□Y □N	
Did you have a Foster Child Caseworker Placement Letter (required)	□Y □N	□Y □N	
Did you have a Foreign Financial Account or interest in a Foreign Trust	□Y □N	□Y □N	
Did you receive any notices from the □IRS or □AZ DOR □Copy Attached	□Y □N	□Y □N	
Did you foreclose or abandon any Real Estate □Primary Res □Other	□Y □N	□Y □N	
Did you have any debt cancelled or forgiven this year <b>□1099C</b>	□Y □N	□Y □N	
Did you gift more than \$14,000 to any one individual	□Y □N	□Y □N	
Did you install solar or other energy efficient home improvements	□Y □N	□Y □N	
Sharing Economy Income □Airbnb □Lyft □Uber □Other	□Y □N	□Y □N	
Tips not Reported to Employer	\$	\$	
Taxable Grants, Scholarships or Fellowships	\$	\$	
Jury Duty payments received	\$	\$	
Alimony Received (Alimony does not include child support)	\$	\$	
Alimony Paid to: NameSSN	\$	\$	
Address	Ψ		
IRA Deposit	\$	\$	
Roth IRA Deposit	\$	\$	
Keogh/SEP Deposit   done by 12/31  will do by 4/15  done by 12/31	\$	\$	
529 Education Savings Plan Contributions (Now deductible for AZ up to \$4,000)	\$	\$	
Health Savings Account   Contributions  Distributions			
College Tuition & Fees Paid   1098T  Proof of Payment (required)	\$	\$	
If paid by Student Loan, who's responsible to repay  □Parent □Student			
Claimed American Opportunity or Hope Credits before $\Box Y \Box N$ # years:			
Student Loan Interest Paid <b>1098E</b>	\$	\$	
□Adoption Credit □Special Needs (□Adoption Order □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!

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