2016 | 1040 | US | Miscellaneous Questions

Please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016? Were they full-time students? ______
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2016 with interest and dividend income in excess of $1000, or total investment income in excess of $2,000?
☐	☐	Did you pay child care cost for a dependent child under age 13 or for a handicapped individual so you could work?
☐	☐	Have you released the child tax credit to any other person?

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you and your dependents have healthcare coverage for the full-year? If no, who was not covered and what months were they not covered

INCOME

Yes	No	
☐	☐	Did you have any self employment income in 2016 or expect to have any in 2017?
☐	☐	Did you receive any disability income? If yes explain.
☐	☐	Did you receive any unemployment income? If yes, provide form 1099-G.

2016	1040	US	Miscellaneous Questions

PURCHASES, SALES AND DEBT

☐ ☐ Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐ ☐ Did you sell any stocks, bonds or other investment property in 2016? If yes, provide a description, the cost or basis, the date acquired, and this years 1099-B

☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, provide the settlement statement, HUD-1

If your mortgage interest statement, 1098, does not disclose the principal balance as of December 31, 2016 then enter the balance here for each loan. $________

If cash was received from a refinance or equity loan provide the amount and description that was used to buy or improve your personal residence. $________

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving, solar, wind, geothermal, or fuel cell property?

RETIREMENT PLANS

☐ ☐ Did you receive a distribution from a retirement plan 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, provide forms 1099-R

☐ ☐ Did you make a contribution to a retirement plan, IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, how much $________ for what type of plan _________? Is this amount on your W-2 Yes _____ No _____?

☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan? If yes explain.

EDUCATION

☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If yes, provide 1098-T and copy of school's list of payments made or other documents to substantiate payments made.

☐ ☐ Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12? If yes, how much $_________

☐ ☐ Did you contribute to a 529 education plan or a Coverdell Education Savings account? If yes, how much $__________ to which state fund _______________

2016	1040	US	Miscellaneous Questions

ITEMIZED DEDUCTIONS

Yes	No	
☐	☐	Did you use your car on the job (other than to and from work that was not reimbursed)? If yes, provide vehicle information, total miles driven for the year and total business miles.
☐	☐	Did you make a charitable cash contribution of $250 or more? If yes, provide receipts.
☐	☐	Did you donate property with a fair market value of $500 or more to a charity? If yes, provide a donation receipt along with a list of the property donated with the date acquired, original cost and the fair market value.
☐	☐	Do you have a Health Savings Account (HSA) medical insurance plan? If yes, provide forms 5498 and 1099-SA.

ESTIMATED TAXES

Yes	No	
☐	☐	If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2017 taxable income or withholdings to be significantly different from 2016? If yes, please explain.

MISCELLANEOUS

Yes	No	
☐	☐	Do you want to elect out of electronically filing your tax return? If yes, please sign the attached election form.
☐	☐	Do you want direct deposit if you have a refund? If yes, please review the direct deposit form 3,6 to confirm your bank and account information. If blank, please fill out entirely.
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, Trust or other financial account that cumulatively was $10,000 or more? If yes provide the account information and amounts.
☐	☐	Was your home rented out or used for business?

2016 | 1040 | US | Miscellaneous Questions

☐ ☐ Did you incur moving expenses due to a change of employment?

☐ ☐ Did you engage the services of any household employees?

☐ ☐ Were you notified or audited by either the Internal Revenue Service or a State taxing agency?

☐ ☐ Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust?

2016 | 1040 | US | Tax Organizer

Reid & Associates CPA, LLC
6917 Annapolis Road
Landover Hills, MD 20784
Telephone number: (301) 459-5500
Fax number: (301) 459-5590
E-mail address: ngray@reidcpa.com

Tax Return Appointment

Date:
Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial......	.	
Last name......................		
Title/suffix.......................		
Social security number....		
Occupation.....................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
1=blind............................		
Home phone...................		
Work phone....................		
Work extension...............		
Cell phone.......................		
E-mail address...............		
Drivers License #............		
Drivers License State.......		
Expiration Date...............		
Issue Date.......................		

Address	Street address............	
	Apartment number......	
	City..............................	
	State........................	MD
	ZIP code.....................	

DEPENDENTS

	Dependent No.	Dependent No.
First name.......................		
Last name.......................		
Title/suffix.......................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
Date of adoption (m/d/y).		
Social security number....		
Relationship....................		
Months lived at home......		

2016 | 1040 | US | Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer Name:	2016 Amount	2015 Amount
☐ ____	Attach Forms W-2	
☐ ____		

INTEREST INCOME

Payer Name:		
☐ ____	Attach Forms 1099-INT	
☐ ____		

DIVIDEND INCOME

Payer Name:		
☐ ____	Attach Forms 1099-DIV	
☐ ____		

PENSION AND IRA INCOME

Payer name:		
☐ ____	Attach Forms 1099-R	
☐ ____		

GAMBLING WINNINGS

Payer name:		
☐ ____	Attach Forms W-2G	
☐ ____		
Total gambling losses...		
Winnings not reported on Form W-2G..		

OTHER GOVERNMENT FORMS - INCOME

☐ Form 1099-B - Sales of stock (also include transaction history)..............	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income...		
☐ Form 1099-K - Merchant card and third party network payments..........		
☐ Form 1099-S - Sales of real estate (also include closing statements).....		
☐ Form 1099-G - State tax refunds..	Attach Forms 1099	
Taxpayer:		
☐ Form SSA-1099 - Social security benefits...	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation..		
Spouse:		
☐ Form SSA-1099 - Social security benefits...	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation..		

MISCELLANEOUS INCOME

Alimony received...		
Spouse: Alimony received..		

2016	1040	US	Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

MISCELLANEOUS INCOME (Continued)

Other:	2016 Amount	2015 Amount
______		
______		

RETIREMENT PLAN CONTRIBUTIONS

	2016 Amount	2015 Amount
Taxpayer:		
Traditional IRA contributions (1=maximum)...		
Roth IRA contributions (1=maximum)..		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse:		
Traditional IRA contributions (1=maximum)...		
Roth IRA contributions (1=maximum)..		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

		2016 Amount	2015 Amount
☐	Form 1098-E - Student loan interest...	**Attach Forms 1098**	
☐	Form 1098-T - Tuition and related expenses..		

Affordable Care Act

☐	Form 1095-A - Health Insurance Marketplace Statement.......................	**Attach Forms 1095**
☐	Form 1095-B - Health Coverage...	
☐	Form 1095-C - Employer-Provided Health Insurance Offer and Coverage	

ADJUSTMENTS TO INCOME

	2016 Amount	2015 Amount
Taxpayer:		
Self-employed health insurance premiums...		
Educator expenses..		
Expenses from rental of personal property..		
Other adjustments to income:		
______		
______		
Alimony Paid - Recipient name & SSN		
______		
Spouse:		
Self-employed health insurance premiums...		
Educator expenses..		
Expenses from rental of personal property..		
Other adjustments to income:		
______		
______		
Alimony Paid - Recipient name & SSN		
______		

MEDICAL AND DENTAL EXPENSES

	2016 Amount	2015 Amount
Prescription medicines and drugs...		
Doctors, dentists and nurses..		
Hospitals and nursing homes...		

2016	1040	US	Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

MEDICAL AND DENTAL EXPENSES (Continued)

	2016 Amount	2015 Amount
Insurance premiums		
Taxpayer: Long-term care premiums		
Spouse: Long-term care premiums		
Insurance reimbursements		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

	2016 Amount	2015 Amount
State income taxes - 1/16 payment on 2015 state estimate		
State income taxes - paid with 2015 state extension		
State income taxes - paid with 2015 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/16 payment on 2015 city/local estimate		
City/local income taxes - paid with 2015 city/local extension		
City/local income taxes - paid with 2015 city/local return		
State and local sales taxes paid (except autos and special items)		
Use taxes paid on 2016 purchases		
Use taxes paid on 2015 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
Other:		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

INTEREST PAID

	2016 Amount	2015 Amount
Home mortgage interest and points paid		
☐	Attach Forms 1098	
☐		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)		
Points not reported on Form 1098		
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		
Passive Interest		

2016	1040	US	Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

CASH CONTRIBUTIONS

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

	2016 Amount	2015 Amount
Volunteer Expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		

Unreimbursed employee expenses:

Other:
