

Tax Organizer 2016

TAXPAYER INFORMATION

First Name _____ Initial _____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____
 Telephone: Home _____
 Work _____
 Cell _____
 Email Address _____
 Street Address _____
 City _____ State _____ Zip _____

SPOUSE INFORMATION

First Name _____ Initial _____
 Last Name _____
 SSN _____
 Occupation _____
 Date of Birth _____
 Telephone: Home _____
 Work _____
 Cell _____
 Email Address _____

FILING STATUS

Single Married Head of Household Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						
4						

REFUND

Automatic deposit? Yes (attach a VOID check) No

DEPENDENTS

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

Name _____
 Date of Birth _____
 SSN _____
 Relationship _____
 Months Lived at Home _____

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____
 Payee's SSN _____
 Amount _____

IRA CONTRIBUTIONS, ETC.

IRA Deduction _____
 SIMPLE Plan Deduction _____
 Keogh/SEP Deduction _____
 Education IRA Deduction _____
 Penalty on Early Withdrawal _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

MEDICAL & DENTAL EXPENSES*Attach detailed schedule*

Insurance Premiums _____

Doctors, Dentists, etc. (Net) _____

TAXES PAID

State & Local Income Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Auto License: No. of Cars _____

Auto License: Fees Paid _____

Personal Property Taxes _____

Other Taxes _____

INTEREST PAID – Attach Forms 1098Home Mortgage (1st) _____Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – Attach Detailed Schedule

Contributions by Cash or Check _____

Contributions Other than Cash _____

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues _____

Investment Expenses _____

Tax Return Preparation Fees _____

Safe Deposit Box Rental _____

Unreimbursed Employee

Business Expenses* _____

Other: _____

*Attach detailed schedule

GENERAL INFORMATION Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – If Applicable

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* _____

Commissions _____

Employee Benefit Programs _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

*Attach detailed schedules

HOME OFFICE

Did you have a home office during the year?

 Yes No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2016, please check the appropriate box and include all pertinent details.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents have income of \$950 or more? (\$400 if self-employed) |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Did you experience a short sale/foreclosure/loan modification on any properties in 2016? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? (Please provide details) |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employment agency fees or job hunting expenses? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year due to a change of employment? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur legal fees in 2016? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts in excess of \$13,000 during 2016? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R) |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R) |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |

Please provide us with a copy of your 2015 Tax return if we did not prepare it

Signature: _____

Taxpayer

Spouse