

TAX ORGANIZER FOR YEAR:

READ THIS FIRST: This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax returns. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "Questions You May Have" on the last page.

PLEASE PROVIDE A COPY OF THE FOLLOWING ITEMS:

- ✓ **LAST YEAR'S TAX RETURNS (ONLY IF YOU ARE A NEW CLIENT)**
- ✓ **ALL FORMS W-2, 1098, 1099, 1099-SSA, ETC.**
- ✓ **FORM 1095-C** ← **THIS IS NEW FOR 2017!**

The "Alert Flags" designate certain special conditions as follows:



Indicates areas that **MUST** be completed by new clients and only need to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

TAXPAYER INFORMATION:

	NAME	SOCIAL SECURITY #	BIRTHDATE	EMAIL ADDRESS
YOU:				
SPOUSE:				
	OCCUPATION	HOME PHONE	WORK PHONE	
YOU:				
SPOUSE:				

ADDRESS & STATUS:

ADDRESS:

CITY: STATE: ZIP:

ENTER **DATE OF OCCURANCE** FOR THE FOLLOWING:

MARRIED	<input type="text"/>	SPOUSE DECEASED	<input type="text"/>
SEPARATED	<input type="text"/>	DEPENDENT DEC'D.	<input type="text"/>
DIVORCED	<input type="text"/>	MOVED	<input type="text"/>

IF YOU LIVED IN MORE THAN ONE STATE DURING THE YEAR, LIST THE STATE NAME AND DATES OF RESIDENCE:

FIRST STATE LIVED AND DATES OF RESIDENCE:

SECOND STATE LIVED AND DATES OF RESIDENCE:

DEPENDENTS (Social Security Numbers are REQUIRED.)

NAME	SOCIAL SECURITY #	RELATIONSHIP	BIRTHDATE	IF OVER 18 YRS OLD	
				INCOME	✓ IF STUDENT

SPECIAL INFORMATION:

Are you covered by an employer pension plan? (Check if yes): YOU: [] SPOUSE: []

Traditional IRA, Keogh & SEP Plans: (Enter dollar amounts)

	YOU	SPOUSE
Contributions		
Withdraws		
Rollovers		

IRS Match

Roth IRA:

	YOU	SPOUSE
Contributions		
Withdraws		
Rollovers		

IRS Match

Other Information:

State Tax Refund		
Social Security		
Alimony Received		
Tips Received		

IRS Match

Unemployment Received (Provide 1099-G)

Alimony Paid (Enter info below)

Paid to/SSN:		
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Salaries, Pensions, Misc. Income, Partnership & Trust Income: (Provide W-2s, 1099s, K-1s)

Gambling Winnings:		
Student Loan Interest:		
Coverdell Contributions:		

IRS Match

Do you have a bank account in a foreign country? YES: [] NO: []

If you bought or sold real estate, provide copies of closing statements on purchase AND sale including improvements paid while property was owned.

If you incurred adoption expenses this year, enter amount paid:

Have you have been denied the earned income credit by the IRS? YES: [] NO: []

ESTIMATED TAX PAID:

	FEDERAL	STATE
Last Yrs Credit		
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

← FILL THESE IN BASED ON WHAT YOU ACTUALLY PAI

IRS Match

INTEREST INCOME: (IT IS NOT NECESSARY TO COMPLETE THIS SECTION IF YOU ATTACH ALL FORMS 1099-INT)

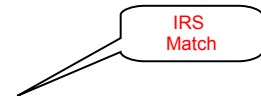
Name of Payer	Banks, Credit Unions..	Home State Bond Interest	Other State Interest	US Obligations	Federal Taxes Withheld	Penalty on Early WD

Interest You Received From Seller Financed Mortgages:

Payer Name:

Payer Address:

Payer SSN:



DIVIDEND INCOME: (IT IS NOT NECESSARY TO COMPLETE THIS SECTION IF YOU ATTACH ALL FORMS 1099-DIV)

Name of Payer	Ordinary Dividends	Qualified Dividends	Capital Gains	US Obligations	Federal Taxes Withheld	Taxable to State Only

MEDICAL EXPENSES PAID:

To be deductible, medical expenses must exceed 7.5% of your adjusted gross income, and then, only to the extent the amount that exceeds the 7.5% floor is deductible. Example: Your income is \$40,000 for the year--your medical expenses must exceed \$3000. Do not include medical expenses that were reimbursed by insurance or paid for by flex spending or Section 125 plans.

	Amount (\$)
Hospital, Medical, Dental, Medicare & Insurance Premiums:	<input type="text"/>
Doctors, Dentists, Psychotherapy & Psychological Counseling:	<input type="text"/>
Hospitals, Nursing Home, Nursing Care, Lodging, etc.	<input type="text"/>
Prescription Drugs (no "over-the-counter" drugs):	<input type="text"/>
Glasses, Hearing Aids, Batteries, etc.	<input type="text"/>
Lab, X-Ray, Supplies, Rentals, etc.	<input type="text"/>
Other: _____	<input type="text"/>
Automobile mileage related to medical expenses:	<input type="text"/>

TAXES PAID:

Real Estate - Home & 2nd home ONLY (not rental)	<input type="text"/>
Real Estate - Investment Property (land, etc. (not rental)	<input type="text"/>
Vehicle License Fees (not Hawaii)	<input type="text"/>
Personal Property Taxes (boat, plane, etc.)	<input type="text"/>
State Income Tax Paid:	<input type="text"/>
Balance Due on Last Year's Return:	<input type="text"/>
Extension Payment with Last Year's Return:	<input type="text"/>
Prior Year's Taxes or adjustment:	<input type="text"/>
Last Year's 4th Quarter Paid January of this year:	<input type="text"/>

HOME MORTGAGE INTEREST PAID: (PROVIDE FORMS 1098; LIST RENTAL INTEREST IN RENTAL SECTION)

	PRIMARY HOME	2ND HOME
First Mortgage Paid to Bank, S&L, etc.	<input type="text"/>	<input type="text"/>
First Mortgage paid to individual*	<input type="text"/>	<input type="text"/>
Second Mortgage Paid to Bank, S&L, etc.	<input type="text"/>	<input type="text"/>
Second Mortgage Paid to individual*	<input type="text"/>	<input type="text"/>



Home Equity Loan

[] []

*If your mortgage is seller financed, you MUST provide the recipient's name, address and SSN below:

Did you refinance during the year? (If so, provide final escrow statement) YES: [] NO: []
Does the sum of all home mortgages exceed \$1,100,000? YES: [] NO: []
Does your home equity loan exceed \$100,000? YES: [] NO: []

INVESTMENT INTEREST PAID:

Vacant Land: []
Brokerage Margin Accounts: []
Other: []

CHILD OR DEPENDENT CARE EXPENSES:

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SSN and EIN. Payments must be listed BY CHILD below. Type in each child's name over the label {Child} below:

Does your employer provide dependent care benefits? YES: [] NO: []
{Enter Child's Name} {Child} {Child}

PROVIDER #1 INFORMATION:

Name: []
Address : []
Phone: []
Social Security #/EIN []
GE License #(Required) []

PROVIDER #2 INFORMATION:

Name: []
Address : []
Phone: []
Social Security #/EIN []
GE License #(Required) []

PROVIDER #3 INFORMATION:

Name: []
Address : []
Phone: []
Social Security #/EIN []
GE License #(Required) []

CHARITABLE CONTRIBUTIONS

CASH: All cash contributions (by cash, check or credit card) must be documented with either a bank record or written verification from the charity. If you attach a statement or receipt from the charity, you do NOT need to fill out this section.

Church: \$ [] Red Cross: \$ []
By Payroll Deduction: \$ [] Other: [] \$ []
Cancer Society \$ [] Other: [] \$ []
Heart Association: \$ [] Other: [] \$ []

NON-CASH: Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

PLEASE WRITE IN THE FAIR VALUE ON ANY RECEIPTS YOU SUBMIT TO US.

Fair Market Value of Clothing & Household Items Donated: \$ []

Automobile Mileage driven for charitable purposes:

\$

Expenses you paid in connection with a charitable organization:

\$

Explain these expenses:

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If you donated a vehicle, attach Form 1098-C.

MISCELLANEOUS DEDUCTIONS:

Do NOT list expenses related to self-employed business here. See the section for Self-Employed Business.

Attorney Fees (to protect taxable income):	\$
Dues: (Union & Professional);	\$
Employment & Resume Fees:	\$
Gambling Losses (limited to taxable winnings):	\$
Investment Expenses:	\$
Publications & Journals:	\$
Other: _____	\$
IRA Plan Fees Paid by You directly:	\$
Safe Deposit Box:	\$
Tax Preparation & Consulting Fees:	\$
Tools & Supplies (as an employee):	\$
Uniforms as an employee:	\$
Uniform Cleaning as an employee:	\$
Other: _____	\$

EDUCATION EXPENSES:

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be listed BY STUDENT.

Use a different column for each student in the family.

	Student #1	Student #2	Student #3
Name:			
Check if half-time student:	[]	[]	[]
Fees Paid:	\$	\$	\$
Tuition Paid:	\$	\$	\$
Books/Supplies:	\$	\$	\$
K-12 Tuition: Do NOT complete unless qualifying for tax or penalty-free Coverdell Account distributions, savings bond interest exclusion, or student loan interest deductions.			
Tuition K-12:	\$	\$	\$
Books/Supplies:	\$	\$	\$
Room & Board:	\$	\$	\$
Continuing Education Expenses:			
Tuition Paid:	\$	\$	\$
Seminar Fees:	\$	\$	\$
Books/Supplies:	\$	\$	\$
Travel:	\$	\$	\$

SELF-EMPLOYED BUSINESS INCOME & EXPENSE:

This organizer can accommodate 2 separate businesses (one can be for you and one for your spouse or for 2 separate businesses that you operate. Use separate columns below.)

	Business #1	Business #2
Business Name:		
Operated by (which spouse):		
Federal ID # (if any):		
GE Tax ID#		

INCOME:

Gross Income:	\$	\$
Returns/Refunds:	\$	\$
Cost of Beginning Inventory:	\$	\$
Cost of Inventory Purchased:	\$	\$
Cost of Items Used Personally:	\$	\$
Cost of Ending Inventory:	\$	\$

EXPENSES:

Advertising		
Bank Charges		
Commissions Paid		
Dues & Publications		
Entertainment at 100%		
Freight & Postage		
Gifts		
Insurance: (other than health)		
Insurance: (health insurance)		
Interest		
Legal/Professional		
Office Expense		
Rent		
Repairs		
Seminars		
Supplies		
Taxes-Payroll		
Taxes-GE taxes		
Taxes-Real Estate		
Telephone		
Travel (LIST THESE EXPENSES BELOW)		
Utilities		
Wages Paid (to your employees on W-2)		
Other: _____		
Other: _____		
Other: _____		

Business Equipment Purchased: (please provide copies of purchase contracts)

Item #1:

Description & Purchase Date:

Cost: \$

Item #2:

Description & Purchase Date:

Cost: \$

Item #3:

Description & Purchase Date:

Cost: \$

(If more than 3 items, list on a separate sheet.)

BUSINESS VEHICLE INSTRUCTIONS:

Miles driven section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the "standard mileage rate". However, they are general required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use, please PROVIDE A COPY OF THE PURCHASE OR LEASE CONTRACT. DO NOT COMPLETE THIS SECTION IF YOUR VEHICLE IS USED ONLY FOR COMMUTING TO AND FROM WORK OR PERSONAL TRAVEL. Use this section for various types of miles as noted below.

	VEHICLE #1	VEHICLE #2
Check if Vehicle Provided (owned) by Employer:	[]	[]
Enter Reimbursement Provided by Employer:	\$ <input type="text"/>	\$ <input type="text"/>
Check if Vehicle Provided (owned) by Employer:	[]	[]
Description of Vehicle (make/model)	<input type="text"/>	<input type="text"/>
Date Originally Acquired:	<input type="text"/>	<input type="text"/>
Parking-Business Only	<input type="text"/>	<input type="text"/>

BUSINESS MILES DRIVEN:

Total Miles Driven (Personal AND Business)(required)	<input type="text"/>	<input type="text"/>
For Employer (for W-2 employees)	<input type="text"/>	<input type="text"/>
Between 1st and 2nd job	<input type="text"/>	<input type="text"/>
Jobseeking/Temporary Job sites	<input type="text"/>	<input type="text"/>
Investment/Tax Preparation	<input type="text"/>	<input type="text"/>
Rental Business	<input type="text"/>	<input type="text"/>
Self-Employed Business	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Average Round Trip Distance to Work (required)	<input type="text"/>	<input type="text"/>
Total Commuting Miles for the Year (required)	<input type="text"/>	<input type="text"/>

BUSINESS VEHICLE EXPENSES:

Gasoline, Oil & Lubrication	<input type="text"/>	<input type="text"/>
Repairs & Maintenance	<input type="text"/>	<input type="text"/>
Tires, Batteries, etc.	<input type="text"/>	<input type="text"/>
Insurance-Vehicles Only (List other insurance above)	<input type="text"/>	<input type="text"/>
License & Taxes	<input type="text"/>	<input type="text"/>
Interest on Vehicles	<input type="text"/>	<input type="text"/>
Wash & Wax	<input type="text"/>	<input type="text"/>

Lease Payments

Other Vehicle Expenses: _____

AWAY FROM HOME EXPENSES (BUSINESS RELATED):

Airfare:

Auto Rental, Taxi, etc.

Meals & Tips (enter 100% of the expense)

Lodging & Tips (do not include meals)

Laundry

Other: _____

Business #1	Business #2

NOTE: Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

HOME OFFICE EXPENSES:

To qualify for home office expenses, the area must be used exclusively and on a regular basis as your principal place of business or by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if you use it exclusively and regularly for the administrative or management activities of your trade or business and you have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office must also be for the convenience of the employer.

If you own your home, provide a copy of your PURCHASE settlement/closing statement.

Total Square Feet of the Home: _____ square feet

Area Used for Office: _____ square feet

Area Used for Storage: _____ square feet

Rent Paid:	\$
Utilities:	\$
Insurance:	\$
Condo Fees:	\$
Office Repairs:	\$
Home Repairs:	\$

Enter other Business Income and/or Expense information below:



RENTAL INCOME & EXPENSES:

If the property was purchased or converted to rental use this year, provide a copy of your purchase settlement/closing statement and copy of the real property tax bill.

List rental business vehicle mileage above in business vehicle section above.

	Property #1	Property #2	Property #3
Address:			
City/State/Zip:			
Gross Rents:	\$	\$	\$
EXPENSES:			
Advertising			
Cleaning			
Commissions			
Insurance			
Legal/Professional			
Maintenance			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
GE Taxes			
Real Estate Taxes			
Utilities			
Wages			
Condo Fees			
Telephone calls			
Other: _____			
Number of Days			
Used Personally			

NOTE: For improvements, including furniture, appliances, carpet, drapes, etc. provide a list with the DESCRIPTION, DATE OF PURCHASE AND COST OF EACH ITEM.

SECURITIES AND PROPERTY SOLD

The IRS matches gross sales proceeds using 1099-B's. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. IRS computers match sales price but not cost.

THERE IS NO NEED TO COMPLETE THIS SECTION IF YOU ATTACH YOUR FORMS 1099-B AND LIST THE ORIGINAL COST AND DATE PURCHASED TO YOUR ORGANIZER.

IRS Match

Description	Date Acquired	Date Sold	Selling Price	Original Cost

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Attach an additional sheet if necessary.

IMPORTANT: Do you have a capital loss carryover from prior year? [] YES (Provide details below) [] NO

ADDITIONAL INFORMATION/QUESTIONS YOU MAY HAVE:

Enter any additional information that would be helpful in preparing your tax returns below. Also, list any QUESTIONS YOU MAY HAVE below and we will reply via email or in a note with your tax return.

D.

