

# 2016 INCOME TAX ORGANIZER

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail address	
City	State	Zip	Home Phone	Work Phone	

## DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

## OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

### THINGS TO BRING (if applicable) :



- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099-R for Retirement
- 1099s for Interest, Dividends, and Other Income
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit
- Statements of any Foreign Accounts/Assets
- Property Tax Statements
- IRA Year-end Statements
- 1098 - Mortgage Interest, Tuition, Contributions
- Closing Papers for Purchases & Sales, including purchase and sale dates & amounts
- All Other Statements Showing Income
- Last Pay Stub of the Year
- Proof of Health Insurance (form 1095)

<p>◆ RENTAL/SELF-EMPLOYMENT/FARMING INCOME &amp; EXPENSE</p> <p><b>Total Received: \$</b> _____</p> <p><b>Expenses:</b></p> <ul style="list-style-type: none"> <li>Taxes .....</li> <li>Utilities.....</li> <li>Interest .....</li> <li>Insurance.....</li> <li>Repairs.....</li> <li>Supplies.....</li> <li>Equipment .....</li> <li>Advertising.....</li> <li>Other .....</li> </ul> <p><b>Business Mileage</b> (on back)</p> <p><b>Home Office Information</b> (exclusive use):</p> <p>Office sq. footage _____ House sq. footage _____</p> <ul style="list-style-type: none"> <li>Utilities paid.....</li> <li>Insurance paid.....</li> <li>Repairs.....</li> <li>Improvements.....</li> </ul> <p><b>Sale of Stock or Other Property</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Cost</th> <th>Sale \$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p><b>Please bring supporting documents. Dates are important!</b></p>	Cost	Sale \$									<p>OTHER INCOME</p> <ul style="list-style-type: none"> <li>★ Wages (Forms W-2) .....</li> <li>★ Interest (Forms 1099) .....</li> <li>★ Dividends (Forms 1099).....</li> <li>Tips.....</li> <li>◆ Child Care.....</li> <li>★ Pensions/Annuities/Roth Conversions ...</li> <li>Jury Duty .....</li> <li>★ Gambling Winnings .....</li> <li>★ Unemployment (1099-G).....</li> <li>Alimony Received.....</li> <li>★ Prizes (1099-Misc.).....</li> <li>★ Debt Cancellation .....</li> <li>★ Partnerships &amp; S Corporations .....</li> <li>★ Estates &amp; Trusts.....</li> <li>★ Social Security/RR Retirement .....</li> <li>Scholarships &amp; Fellowships.....</li> <li>★ State Tax Refunds.....</li> <li>★ Royalties.....</li> <li>Disability .....</li> <li>Veteran's Payments.....</li> <li>★ Withdrawals from MSA/HSA.....</li> <li>★ Hobby Income.....</li> <li>★ Foreign Income, Other.....</li> </ul>
Cost	Sale \$										

★ Bring statements for marked items. ◆ If you need a more detailed worksheet or assistance in compiling records, please call.

# Deductions and Credit Items

## ADJUSTMENTS

**Payments to an IRA**      Regular  Roth

Taxpayer    Amount \$     SEP  SIMPLE

Spouse      Amount \$

### Penalty for Early Withdrawal

**Alimony Paid \$:**                      SS#:    -    -

### Self-Employed Health Insurance

### Student Loan Interest

### Job Related Moving Expenses:

Travel & Lodging—Move..... \_\_\_\_\_

Costs of Moving Household Items..... \_\_\_\_\_

Reimbursement..... \_\_\_\_\_

**Pymts to MSA/HSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

## MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... \_\_\_\_\_

Long Term Care Insurance ..... \_\_\_\_\_

Prescriptions..... \_\_\_\_\_

Eyeglasses, Hearing Aids & Batteries..... \_\_\_\_\_

Doctors..... \_\_\_\_\_

Dentists ..... \_\_\_\_\_

Hospital / Ambulance..... \_\_\_\_\_

Auto Mileage..... \_\_\_\_\_ miles

Other Medical Expenses, Travel..... \_\_\_\_\_

Reimbursement..... \_\_\_\_\_

Did you receive reimbursement at work? \_\_\_\_\_

## TAXES

Real Estate Taxes..... \_\_\_\_\_

State taxes paid in '16 for '15 or earlier .. \_\_\_\_\_

Sales tax paid on vehicles, boats, planes \_\_\_\_\_

Sales tax paid (from receipts)..... \_\_\_\_\_

### 2016 State Tax Estimates

date pd. \_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_ \$ \_\_\_\_\_

date pd. \_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_ \$ \_\_\_\_\_

### 2016 Federal Tax Estimates

date pd. \_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_ \$ \_\_\_\_\_

date pd. \_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_ \$ \_\_\_\_\_

Vehicle License Tabs, Pers. Prop. Tax.. \_\_\_\_\_

## INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)

*First Mortgage/Refinance*..... \_\_\_\_\_

*Loan Origination Fee/Discount Fee*..... \_\_\_\_\_

*Second Mortgage*..... \_\_\_\_\_

*Home Equity*..... \_\_\_\_\_

Second Home Interest Payments..... \_\_\_\_\_

Home Mortgage—Pd. to Individuals..... \_\_\_\_\_

(name, address, Social Security number) \_\_\_\_\_

Investment Interest: *Margin Account*..... \_\_\_\_\_

*Other Investment Interest*..... \_\_\_\_\_

## HIGHER EDUCATION EXPENSES

Post Secondary Tuition Paid (form 1098-T)... \_\_\_\_\_

Other Required Expenses (Books, Fees, etc.) \_\_\_\_\_

## ADOPTION EXPENSES

Amt. Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_ (bring papers)

**Please sign here** \_\_\_\_\_ date \_\_\_\_\_

## CONTRIBUTIONS

Churches (received)..... \_\_\_\_\_

Other Contributions of Money (received) . \_\_\_\_\_

Charitable Auto Mileage..... \_\_\_\_\_

Volunteer Expenses (received)..... \_\_\_\_\_

Property Donated (for which you have

receipts (fair market value)—

bring documentation if over \$500)..... \_\_\_\_\_

Auto, Boat Donations (Form 1098C) .... \_\_\_\_\_

Other..... \_\_\_\_\_

Other..... \_\_\_\_\_

## CASUALTY & THEFT LOSSES

Cost of Property Lost..... \_\_\_\_\_

Fair Market Value of Property..... \_\_\_\_\_

Insurance Reimbursement Received .... \_\_\_\_\_

Ponzi-style scheme loss..... \_\_\_\_\_

## JOB RELATED AUTOMOBILE EXPENSE

Total Miles \_\_\_\_\_

Business Miles \_\_\_\_\_

Commuting Miles \_\_\_\_\_

Personal Miles \_\_\_\_\_

Jan. 1, 2016 Odometer Beginning:..... \_\_\_\_\_

Dec. 31, 2016 Odometer Ending:..... \_\_\_\_\_

Gas & Oil..... \_\_\_\_\_

Interest..... \_\_\_\_\_

Tolls & Local Transportation..... \_\_\_\_\_

Lease Payments \_\_\_\_\_

Other \_\_\_\_\_

## JOB / INVESTMENT RELATED DEDUCTIONS

LIMITED: Dues & Subscriptions..... \_\_\_\_\_

Education (incl. miles above) ... \_\_\_\_\_

Safety Equipment/Uniforms..... \_\_\_\_\_

Job Seeking Expense

(incl. miles above)..... \_\_\_\_\_

Legal/Accounting Fees..... \_\_\_\_\_

Tools/Equipment/Supplies..... \_\_\_\_\_

Business Entertainment..... \_\_\_\_\_

Investment & Tax Advice..... \_\_\_\_\_

Safe Deposit Box..... \_\_\_\_\_

Hobby Expenses..... \_\_\_\_\_

Other/IRA Fees..... \_\_\_\_\_

Gambling Losses..... \_\_\_\_\_

Impairment Related Work Expenses..... \_\_\_\_\_

Classroom materials for Educators \_\_\_\_\_

## CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a dependent care benefit plan at work? \_\_\_\_\_

## ENERGY CREDITS

Qualified Energy-saving Home Improvements – Type, Cost \_\_\_\_\_