Tax Organizer For

2016 Income Tax Return

Prepared For:

Sample Client

,

Prepared By:

This Tax Organizer can be used to help identify information needed to prepare your 2016 income tax return. Enter your 2016 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2016 income tax return.

If you have any questions, please feel free to contact us.

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

	Name	SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	Sample Client					☐	☐
Spouse						☐	☐

Street Address	Apt.	City or town	State	Zip Code	County

Foreign country	Foreign province/state	Foreign postal code

E-mail Address(es)	Home Phone	Mobile Phone

2. FILING STATUS

- ☒ Single
- ☐ Married Filing Joint
- ☐ Married Filing Separate
- ☐ Head of Household
- ☐ Qualifying Widow(er)

☐ Check if parent (or someone else) can claim you as a dependent on their return.

☐ Check if you lived apart from your spouse for all of 2016.

Year spouse died: __________

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

4. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute $3 to the Presidential Election campaign fund. ☐ Taxpayer ☐ Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . ☐ Yes ☐ No
   If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . ____________________
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2016? . . . . ☐ Yes ☐ No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . ☐ Yes ☐ No
5. Do you have any children age 18 or under (or student under age 24) wo had unearned income or more than $2,100? . . . . ☐ Yes ☐ No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . ☐ Yes ☐ No
7. Did you give a gift of more than $14,000 to one or more people? . . . . ☐ Yes ☐ No

ACA Health Care Organizer

1 Does everyone in your tax household have qualified health insurance for all 12 months of 2016? ☐ Yes ☐ No

Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.

1a If No above, please check which months your tax household had qualified health insurance in 2016.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: Sample	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2 Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

3 Do you qualify for any exemptions from the individual shared responsibility payment (penalty)? ☐ Yes ☐ No

3a If Yes above, have you filed for any exemptions through the government-sponsored marketplace? ☐ Yes ☐ No

Please indicate below who qualifies for an exemption from the health care mandate and for which months.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: Sample	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dependent:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Unreported tip income received: . . . . . ____________

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	☐	☐
Did you receive railroad retirement benefits? . .	☐	☐

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

6. OTHER INCOME

Description	**Amount**
State income tax refund	
Alimony received	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . ☐ Yes ☐ No
2. Did you earn any foreign income or paid any foreign taxes? . . . . ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . ☐ Yes ☐ No
   If Yes, did the aggregate value of all financial accounts exceed $10,000 at any time during 2016? . . . . ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . ☐ Yes ☐ No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	
Gas and Oil	
Mileage	
Other	
Miles from old home to your new workplace	
Miles from old home to old workplace	

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA	
Contributions to a ROTH IRA	

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses	
Alimony paid Rec. SSN: ______	
Health Savings Account contributions	
Archer Medical Savings Account contributions	
Jury duty repayment to employer	
Foreign qualified housing expenses	
Contributions to College 529 Savings Plan	
Other	
Other	
Other	
Other	
Other	
Other	

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2016 for which you paid a large amount of sales tax? ☐ Yes ☐ No

2. Did you refinance a mortgage during 2016? ☐ Yes ☐ No

Sample Client

CREDITS ORGANIZER

Please complete this Organizer before your appointment.
Earned Income Credit Organizer is on a separate page.

Sample Client

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
		☐			
		☐			
		☐			
		☐			
		☐			

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Solar water heating		Exterior windows and skylights	
Small wind energy		Electric heat pump or central air conditioner	
Geothermal heat pump		Natural gas, propane or oil water heater	
Fuel cell property		Biomass fuel stove	
Insulation material		Natural gas, propane or oil furnace	
Exterior doors		Advanced main air circulating fan	

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No
3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

PAYMENTS AND BANKING ORGANIZER

Please complete this Organizer before your appointment.

Sample Client

1. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2015 federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

State estimated payments State Name: ______	Date Paid	Amount Paid
Applied from 2015 state refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Local estimated payments Locality Name: ______	Date Paid	Amount Paid
Applied from 2015 state refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

2. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? ☐ Yes ☐ No

Bank Account		**Bank Account**	
Ownership	☐ Taxpayer ☐ Spouse ☐ Joint	Ownership	☐ Taxpayer ☐ Spouse ☐ Joint
Type	☐ Checking ☐ Savings	Type	☐ Checking ☐ Savings
Bank name		Bank name	
Routing number		Routing number	
Account number		Account number	
Account outside the jurisdiction of the United States?	☐ Yes	Account outside the jurisdiction of the United States?	☐ Yes

3. COMMENTS