

2017 Income Tax Organizer

Taxpayer

Name: _____	Date of Birth: _____
Occupation: _____	Social Security #: _____
E-Mail Address: _____	Primary Phone #: _____
Covered under qualified health insurance for all of 2017? ¹ Yes: ___ No/Partial: ___ Exempt: ___	

Spouse

Name: _____	Date of Birth: _____
Occupation: _____	Social Security #: _____
E-Mail Address: _____	Phone #: _____
Covered under qualified health insurance for all of 2017? ¹ Yes: ___ No/Partial: ___ Exempt: ___	

Home Address

Street Address: _____
 Street Address Line 2: _____
 Zip Code: _____
 City, State: _____

Mailing Address

Street Address: _____
 Street Address Line 2: _____
 Zip Code: _____
 City, State: _____

Dependents:

If different from last year's return, please give the following information for each dependent. Also, if your dependent filed a tax return, please attach a copy of their return. (Note: you must have a SSN for each dependent.)

Name: _____ Date of Birth: _____ SSN: _____
 Relationship: _____ Income²: _____ # of Months in home during 2017: _____
 Covered under qualified health insurance for all of 2017?¹ Yes: ___ No/Partial: ___ Exempt: ___

Name: _____ Date of Birth: _____ SSN: _____
 Relationship: _____ Income²: _____ # of Months in home during 2017: _____
 Covered under qualified health insurance for all of 2017?¹ Yes: ___ No/Partial: ___ Exempt: ___

Name: _____ Date of Birth: _____ SSN: _____
 Relationship: _____ Income²: _____ # of Months in home during 2017: _____
 Covered under qualified health insurance for all of 2017?¹ Yes: ___ No/Partial: ___ Exempt: ___

¹ Attach forms 1095 A, B, and/or C for all affected people.

² Indicate source of income (wages, interest, etc.) Attach supporting documents (Forms W-2, 1099, etc.) If you did **NOT** provide more than 50% of each dependent's support, please give details.

Refunds:

If you get a tax refund, would you like Direct Deposit from the IRS? Yes: ___ No: ___

If yes: Routing #: _____ Account #: _____ Checking ___ Savings ___

THE FOLLOWING SECTIONS WILL BE ASKING QUESTIONS REGARDING YOUR INCOME AND EXPENSES IN ORDER TO PREPARE YOUR INCOME TAX RETURNS. PLEASE CHECK THE BOXES AND FILL OUT THE INFORMATION THAT IS RELEVANT TO YOUR SITUATION. ATTACH SUPPORTING DOCUMENTS AS REQUESTED AND COPIES OF ALL IRS CORRESPONDENCE. NEW CLIENTS SHOULD PROVIDE COPIES OF THE LAST 3 YEARS TAX RETURNS SO WE MAY BETTER UNDERSTAND YOUR TAX SITUATION.

A. INCOME

1.) ___ How many **Form W-2s**? (Wages) 2.) ___ **Interest** or **dividends**? Attach Form(s) **1099-INT**, **1099-DIV**, and broker's statements.

3.) ___ **Self-employment** income (independent contractor or your own business)? Attach Forms **1099-MISC** you received. See *section D*. 4.) ___ Sale of **stock** or other **securities**? Attach broker's statements.

5.) ___ **Sale** of other **assets** held for investment? 6.) ___ How many **1099-R's** for **pension/annuities**?

7.) ___ How many **1099-R's** for retirement **rollovers/distributions**? 8.) ___ **Rental** income? Attach statement of income and expenses and any forms **1099-MISC**.

9.) ___ Royalties? Attach Form(s) **1099-MISC**. 10.) ___ Number of Forms K-1 from **partnerships, S-corporations, trusts, or estates**? Attach all **Forms K-1**.

11.) ___ **Farm/ranch** income or loss? Attach statement(s) of income and expense. 12.) ___ **Unemployment compensation**?

13.) ___ **Social security**? Attach Form(s) **SSA-1099**. 14.) ___ **Loans** between you and a business you own?

15.) ___ Did you receive any income in the form of **cryptocurrencies**? (eg. Bitcoin, Litecoin, Ethereum, ect.) 16.) ___ Did you receive any income from **foreign sources**?

17.) ___ **Other proceeds you believe are non-taxable, such as:**

- a. ___ Municipal bond **income**?
- b. ___ Cash **received for services, products, or rentals**?
- c. ___ Barter **transactions**?
- d. ___ **Cash/property due** to you in a **transaction** that you assigned to another?
- e. ___ **Real estate** or other asset exchange? (e.g. Sect 1031)
- f. **Other?** Please describe:

B. GENERAL EXPENSES

18.) Contributions to a **Medical** or **Health Savings Account**? **MSA** **HAS**

- a. How many months covered under high deductible health plan (HDHP)?: _____
- b. Individual or family HDHP?: _____
- c. Were distributions used for only medical expenses?: _____

19.) Contributions to an **IRA, SEP, Keogh**, or other **retirement account(s)**? Attach any retirement contribution forms (e.g. Form 5498)

20.) Qualified medical plan (**Section 105**) for your self-employed business?

21.) **Medical** or **dental** expenses (including health insurance premiums)?

22.) **State** or **local taxes** (e.g. real estate tax, boat or RV tax, etc.)? (Note: this does *not* include Texas car registrations.)

23.) **Mortgage interest/mortgage insurance** premiums on your primary residence and/or second home or RV? (including home equity loan) **Attach Form 1098.**

24.) **Unreimbursed expenses** you incurred as an **employee** (e.g. travel, union dues, job education, uniforms, work tools)?

25.) **Interest expense** rental property (house, commercial, land, or equipment)?

27.) **Cash donations** to a charitable organization?

28.) **Non-cash donations** to a charitable organization?

29.) Losses from casualty or **theft**?

30.) Non-business **bad debts**?

31.) **Moving** expenses for a new job?

32.) Tax preparation **fees**, job hunting **expenses**, **investment expenses**?

33.) **Household services/dependent care services** so you could be employed or a full-time student?

34.) **Purchase/sale of property** used in a trade or business or for the production of income? Describe the property, cost, and dates purchased/sold. **Attach settlement statements (HUD-1s), contracts, etc.**

35.) Family members **who worked for you in your business, investment activities, etc.?**

36.) _____ Number of miles driven for **off-highway business** use?

37.) Pay/receive **alimony**?

38.) **Gifts** in excess of \$14,000 to any one person?

40.) Estimated tax payments? **Give dates and amounts:**

- 4/15/17 **Amount:** _____ 6/15/17 **Amount:** _____
- 9/15/17 **Amount:** _____ 1/15/18 **Amount:** _____

Vehicles Used in Your Trade or Business:

(Note: if more than one vehicle, provide the following information for additional vehicles on separate documentation).

41.) Date **vehicle was** obtained: _____

42.) **Original** purchase price: _____

43.) **Vehicle Year:** _____

44.) **Date** vehicle was placed in service for business use?

Make: _____ **Model:** _____

(month _____ day _____ year _____)

45.) Total miles **driven in 2017:** _____

47.) **Do you (or your spouse) have** another vehicle **available for personal use?** Yes: No:

Beginning of year odometer reading: _____

End of year odometer reading: _____

46.) Business miles: _____

48.) Was your vehicle **leased?** Yes: No:

If not using the standard mileage rate deduction, provide a list of each vehicle's actual expenses (fuel, repairs, etc.)

PLEASE CHECK THE BOXES ON QUESTIONS THAT APPLY TO YOU AND ATTACH SUPPORTING DOCUMENTS.

C. SELF-EMPLOYMENT (TRADE, BUSINESS, RENTAL, AND/OR OTHER: _____) ACTIVITY:

49.) ___ Principle **product** or **service**: _____

50.) ___ **Name** of Business: _____

51.) ___ Business **address**: _____ Zip Code: _____

52.) ___ **Number of months** your business was in operation during 2017: _____

53.) ___ **Office** in your **home**? Square footage of home: _____ Square footage of office in home: _____

Refer to the following list and indicate which items applied to your business in 2017. **Attach your own records of cash receipts, disbursements, income, and expense for your business.** If you have a QuickBooks file or file from other bookkeeping software, please provide a copy.

54.) ___ **Inventory**. Provide beginning, ending, and purchases during the year.

55.) ___ **Purchase of business assets. Provide individual cost and purchase dates.**

56.) ___ **Advertising** expense.

51.) ___ **Car & truck** expense.

52.) ___ **Wages/salaries** you paid.

53.) Did you/will you file **Forms 940/941** and **W-2s**?
Yes ___ No ___

54.) ___ **Contract labor expense.**

55.) Did you/will you file **Forms 1099-MISC** for contractors to whom you paid \$600 or more?
Yes ___ No ___

56.) ___ **Commissions/fees** expense.

57.) ___ **Expenses** for employee benefit programs.

58.) ___ **Insurance** (list separately each type of insurance, e.g. owner health, employee health, disability, liability, etc.).

59.) ___ **Legal/professional** services expense

60.) ___ **Office expenses** (paper, desk supplies, toner, etc.).

61.) ___ **Office Food expenses** (snacks, coffee, ect.)

62.) ___ **Rent/Lease** expense (office space, equipment, etc.).

63.) ___ **Repairs/maintenance** expense.

64.) ___ **Supplies** (not inventory).

65.) ___ **Taxes** (property taxes, payroll taxes, etc.)

66.) ___ **Licenses/professional** fees and dues.

67.) ___ **Meals and entertainment** expense

68.) ___ **Business travel** expense.

69.) ___ **Utilities** expense.

70.) ___ **Freight/postage** expense.

71.) ___ **Interest and bank charges** (include credit card interest if used in business).

72.) ___ **Dues** for professional publications, magazines, etc.

73.) ___ Expenses for further **education** required for your business.

74.) ___ **Other** expenses. Please give details:

D. EDUCATION:

75.) ___ Did you have **higher education costs** (college, continuing education, etc.)? **Attach Form 1098-T.**

76.) ___ Did you have **student loan interest**? **Attach Form 1098-E.**

77.) ___ Did you receive any **scholarships** or **grants**?

78.) ___ Do you or your spouse or dependents have an **Coverdell ESA** or **Section 529 plan**?

E. OTHER:

79.) ___ Did you **sell your home** in 2017? Attach settlement statements (HUD-1s) for the sale, and for when you originally bought the home.

80.) ___ Did you **purchase your home** in 2017? Attach settlement statement (HUD-1).

81.) ___ Do you have any **foreign bank accounts** of \$10,000 or more?

82.) ___ Did you make any **charitable contributions** paid directly from your **IRA**?

83.) \$_____ Amount of **sales tax** on any large purchases (car, boat, RV, etc.)?

84.) ___ Do you and your spouse both have a **written will**?
Date last reviewed: _____

85.) ___ Please explain to us how you are **planning for retirement**.

86.) ___ Have you considered **non-qualified plan** options for retirement? Please explain.

87.) ___ Do you have a plan for **gifting your wealth** to reduce estate taxes? Please explain.

Privacy Policy

CPAs are bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Non-Public Personal Information We Collect

We collect non-public personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your non-public personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.