

#### SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2016 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

**Section Categories –** To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- everyone Health Care reporting Section D1 (page 4)
- those who have relocated, sold their home, made home energy improvements or have debt relief income Sections D2 D5 (Page 4)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

#### YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

- O Please call to schedule your appointment. Try to call early before the calendar is booked up.
- O Please mail the completed organizer to this office prior to your appointment.
- O Please mail the completed organizer along with required documentation, W2s, 1099s, 1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

O Your tax appointment is scheduled for:

Day:\_\_\_\_\_

Date:

Please notify this office promptly if you are unable to keep this appointment.

If you are a new client, be sure to provide a copy of last year's tax return.

## Referrals are Always Appreciated.

If you know someone who would like a tax appointment, please have them call this office.

Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer.

All client information is treated in the utmost confidence.

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### TAXPAYER INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A1 - TAXPAYER INFORMA	TION		A6 - INCOME & ADJUSTMENTS	ı			
Returning clients can skip this section	n except for changes.		A6 - INCOME & ADJUSTMENTS	You	Spouse		
Filer Name (Must Match SS Admin)			W-2 Wages - Please provide W-2 forms (retain copy "C" for your rec	ords)			
	Diath Dai	ho / /	Partnership, Trust or S-Corporation K-1s (provide complete K-1 copie	es)			
Social Security No.	Birth Dat		Were you the beneficiary of an inheritance? If so, please verify with executor or trustee if you will be receiving a K-1.	O Yes	O Yes		
Occupation	_	✓ If Legally Blind	State Tax Refund (provide 1099-G)				
Contact Phone	<u>O</u>	Day O Evening	Social Security or RR (provide SSA-1099 or RRB-1099)				
E-Mail Address			Pension Income (provide all 1099-Rs)				
Spouse Name (Must Match SS Admin)			Alimony Received (IRS matches with alimony paid)				
Social Security No.	Birth Dat	te / /	Alimony Paid (provide name and SSN below)	SS#:			
Occupation		✓ If Legally Blind	-				
Contact Phone		Day O Evening	Tips (not included in W-2)				
		Day Creming	Unemployment Compensation (provide 1099-G)  Gambling Winnings (provide W-2Gs)				
E-Mail Address							
A2 - ADDRESS			A7 - IRA & SE PLANS				
Returning clients can skip this section	n except for changes.		Retirement Plan with your Employer?	You	Spouse		
Street	Apt/U	nit No	Did you or your spouse convert a traditional IRA into a	O Yes	O Yes		
City	State	Zip	Roth IRA during 2016?	O Yes	O Yes		
Home Phone Number			Traditional IRA, Keogh & SEP Plans				
The state of the s			Contributions				
A3 - STATUS CHANGES <u>F</u>	OR 2016		Withdrawals (1099-R) <sup>(1)</sup> Rollovers <sup>(2) (3)</sup>				
Check any that apply and enter the	effective date.		Basis (Total of prior year non-deductible contributions)				
O Married /	O Moved	/	Roth IRA				
O Separated /	O Home Sold	/	Contributions				
O Divorced /	O Spouse Deceased	/	Withdrawals (1099-R) (1)				
O Retired /	O Dependent Deceased	/	Rollovers (2) (3)				
- Tituliou	Soponacini Bossassa	,	(1) Show reason if under age 59 <sup>1</sup> / <sub>2</sub> (2) Must be reported even if not tax (3) Rollovers from Traditional to a Roth IRA may be taxable.	able unless directl	y "transferred"		
A4 - ESTIMATED TAXES P							
This office cannot assume that all es originally scheduled or on time. There		nts	A8 - SPECIAL QUESTIONS & INFORM	ATION -			
and dates of payment or provide pro	of of payments. Incorrect am						
will result in IRS correspondence after	r the return is filed.		Coverdell Education Account <b>Contribution</b> Coverdell Education Account <b>Distribution</b> (provide 1099-Q)				
Payment & Due Date Date	e Paid Federal	State	Qualified Tuition Plan (Sec. 529) <b>Distribution</b> (provide 1099-Q)				
Applied from Last Year's Refund			Student Loan Interest paid (provide 1098-E)				
First Quarter April 18, 2016			HSA Distributions (provide 1099-SA)				
Second Quarter June 15, 2016			Adoption Expenses O   If "special needs child"				
Third Quarter Sept. 15, 2016			CAUTION – Review the following questions carefully. There are s with failing to report an interest in or signature authority over	a foreign bank acc	count.		
Fourth Quarter Jan. 16, 2017			Please call our attention to any dealings related to foreign acc  If you or your spouse have signature authority or are named a				
			on a bank account in a foreign country even if the funds are i	not yours.	<u> </u>		
A5 - REFUND DIRECT DE			If you received an inheritance from someone in a foreign cour		<u> </u>		
Complete this section to have your re your bank account. Doing so will sp			✓ If you or your spouse have a foreign bank account (over \$10, ✓ If you or your spouse received a distribution from, or were the				
danger of a check being lost or stole			or transferor to, a foreign trust		0		
to up to 3 separate accounts. Entries below. If you wish to make multiple de			If at any time during the year you or your spouse held an inte a foreign financial asset	rest in	•		
account information and how you wis			✓ If you have been denied Earned Income Credit by the IRS		O		
Bank Name			✓ If you have been re-certified for the Earned Income Credit		<b>O</b>		
Bank Routing Number (Exactly 9 Digits)			✓ If you bought, sold, or gifted real estate in 2016.  If you have, please call in advance to discuss what documents are needed.				
Durit routing Number (Exactly & Digita)			If you made a gift of money or property to any individual in excess of				
Account Number (include hyphens - omit spaces & special characters – 17 digits max)			\$14,000 (\$28,000 for joint gifts by a married couple)	0			
		✓ If you employ household workers					
✓ Account Type: O Checking O Savi	ngs Allocation:		If you sold jewelry, gold, coins, or other precious metals durin		O Couper O		
	J		✓ If you wish to contribute to the Presidential campaign fund:	O You	Spouse		

### ADDITIONAL INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

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Care must enable you to work (or search for work) or attend school FULL-TIME. Care must be for a child under age 13 or an individual who is physically or mentally incapable of self care. If you are a student, also see section C4. IRS matches employer provided care benefits and income reporting of care provider.  O If you have employer provided dependent care benefits  Provider's SSN or Employer ID#  MANDATORY unless it is an exempt organization. Check circle if exempt.  Paid To Address & Phone Number  Paid To Address & Phone Number  Provider's SSN or Employer ID#  Child/Depnd.'s Name Child/Depnd.'s	(i) the sade non-timor gain is accommod that	y not so the original coot and m	and account for stook opine,	To rot ob opino,	orgoro,	Tomrootou umuomao, ma			
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# HEALTH CARE, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

D1 - HEALTH INSURANCE COVERAGE IRS requires that you report, on your tax return, certain information related to your health care coverage □ ✓ If you had health care coverage with a government Marketplace (Exchange) during 2016. If so provide the Form 1095-A issued by the Marketplace. In some family situations you may have more than one 1095-A. □ ✓ If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A. ☐ ✓ If a dependent filed a return for 2016. Provide a copy of the return. □ ✓ If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document. □ ✓ And complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2016. Check boxes for months NOT insured. Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec □ ✓ If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family. D2 - HOME SALE If you sold your home, abandoned it, or D4 - MOVING DEDUCTIONS To qualify for a moving lost it to foreclosure, the disposition may need to be reported. If you expenses deduction, the distance to the new job from the old home received a 1099-S, it is very important that you provide it. If you O ✓ If employer reimbursed any amount of moving expense or home sale assistance and Address of Home Sold provide the reimbursement statement from the employer (Form 3903 or a substitute statement) A - Miles from Old Residence to New Job / Date Purchased B - Miles from Old Residence to Old Job miles Purchase Price (including purchase escrow costs) A minus B – if less than 50 miles, stop: no deduction allowed miles ✓ If you deferred gain from a home sale made prior to 5/7/1997. Temporary Storage Commercial Mover If so, please provide the Form 2119 for the year of sale. (up to 30 days) Truck Rental Lodging en route (no meals) Improvements to Home Sold (not maintenance) Date of Sale (Please bring FINAL closing escrow Trailer Rental Highway Tolls statement. This document will have the Sales Price Rental Fuel Costs Airfare information needed for these entries.) Sales Expenses miles # of owned vehicles driven to new home Auto Travel ✓ If you owned and used the home as your primary residence for two Boxes/Tape/Supplies Other: of the prior five years (counting back from the sale date) **D5 - DEBT RELIEF & FORECLOSURE** ✓ If your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card If owned and used less than two years, give reason for sale: debt, vehicle loans, etc. Debts discharged in bankruptcy are not included. Please call the office in advance to discuss what additional documentation may be required. ✓ If the home was ever used for business (such as a rental, home office or day care center) ☐ ✓ If you had any amount of credit card debt forgiven and provide a copy of the 1099-C ✓ If any of the business use in the prior question was before 5/7/97 you received from the financial institution ✓ If the home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04 ☐ ✓ If you abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information) ✓ If you (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence □ ✓ If your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received from the financial ✓ If the home was inherited (including from a deceased spouse) institution (also complete Section D2 home sale information) ✓ If the home was not used as your primary residence for any period after 2008 √ If you previously claimed the new or long time resident homeowner credit D6 - QUESTIONS YOU MAY HAVE D3 - HOME ENERGY CREDITS Enter only items certified by the manufacturer to meet Government energy standards. ☐ ✓ If you installed any of the following that meet Government energy standards: solar electric generation, solar water heating, fuel cell, wind energy or geothermal heat systems for any residence of yours located within the U.S. □ ✓ If primary residence. Provide description of energy property and cost. D7 - SIGNATURE To the best of my knowledge, all the information contained within this document is true, correct and complete

Filer's Signature Date Spouse's Signature Date