



Individual Income Tax Organizer

DATE: _____

I/we are Existing Client(s) New Client(s)

Taxpayer Information:

Spouse Information:

First Name: _____ Middle Initial: _____

Last/Surname: _____ Suffix: _____

Goes By: _____ (if different)

SSN/TIN: _____

Date of Birth: _____ (MM/DD/YYYY)

Email: _____

Mobile #: _____ Primary

Business #: _____ Primary

Home #: _____ Primary

Fax #: _____ Work Home

First Name: _____ Middle Initial: _____

Last/Surname: _____ Suffix: _____

Goes By: _____ (if different)

SSN/TIN: _____

Date of Birth: _____ (MM/DD/YYYY)

Email: _____

Mobile #: _____ Primary

Business #: _____ Primary

Home #: _____ Primary

Fax #: _____ Work Home

Who is the primary contact?

Taxpayer Spouse

What is the one best way to contact you?

Email Telephone Text (if text, list cell phone service provider): _____

How did you hear about us?

Internet _____ Referred By: _____

What other services are you interested in?

Financial Planning Estate Planning New Business Setup Virtual Office Services
 Business Consulting QuickBooks Training Accounting/Bookkeeping Bill Payment Services

ADDRESS INFORMATION:

Address:

Address: _____

City: _____ State: _____ Postal Code: _____

Mailing Address (Complete ONLY if different from above):

Address: _____

City: _____ State: _____ Postal Code: _____

DEPENDENT INFORMATION:

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months Home	Dependent Code (See Below)
_____	_____	_____	_____	_____	_____	_____
				If dependent is older than 19 are they: <input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled

Dependent Codes: 1 = Child who lived with you; 2 = Child who did not live with you; 3 = Other dependent



2016 Income Tax Questions

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Personal Information			
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any of the taxpayers or dependents pass away or become legally blind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Dependent Information			
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Do you have any children under age 19 or a full-time student under age 24 with investment income in excess of \$2,100 (dividends, interest, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Purchases, Sales and Debt Information			
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you acquire a new or additional interest in a partnership, LLC or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____

2016 Income Tax Questions (Page 2)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Income Information			
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any Social Security benefits, unemployment benefits, disability income, or alimony during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Retirement Information			
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you roll over any 401-K or other retirement account balance to another qualified account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Education Information			
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Health Care Information			
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of the year 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent (attach Form(s) 1095).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did anyone in your family qualify for an exemption from the health care coverage mandate? ...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any contributions to a Health savings account (HSA) or Archer MSA?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any distributions from a Health savings account (HSA), Archer, MSA, or Medicare Advantage MSA or ABLE account this year (attach 1099SA)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay long-term (assisted living/retirement) care premiums for yourself or your family? ..	<input type="checkbox"/>	<input type="checkbox"/>	_____

2016 Income Tax Questions (Page 3)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Itemized Deduction Information			
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.			
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miscellaneous Information			
Did you make any estimated tax payments? If so, provide dates and list amounts for federal and states below or later in the Organizer.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make gifts or loans of more than \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a state income tax return required? If so, please indicate state, county and school district: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
I have read and replied to all questions appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	_____

2016 Income Tax Questions (Page 4)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Tax Refund/Payment			
If you are getting a tax refund, would you like the refund to be direct deposited into your bank account?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you owe tax, do you want the funds electronically withdrawn from your bank account on <input type="checkbox"/> April 15 or <input type="checkbox"/> another date? _____ (you will have a chance to review your return first).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you change any bank accounts that have been used previously to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: If you would like your tax refunds direct deposited to your bank account, or if you would like your tax payments directly withdrawn from your bank account, please provide us with a voided check, unless you provided to us previously and that information has not changed.

Tax Return Filing

We will be utilizing an electronic signature process for you to sign your e-file authorization forms this year. This process requires each taxpayer to have a separate email. Please confirm the email addresses you want your e-signature forms to go:

Taxpayer email address: _____

Spouse email address: _____

We will be providing to you an electronic copy of your tax source documents you provided to us. They will be organized and available in our online Client Access along with your tax returns. Please indicate if you would still like us to return your source documents to you..... _____

Additional Notes: _____

Client Signature: _____



Individual Income Tax Organizer Special Deductions & Tax Credits

Special Deductions (complete items only if applicable)

Retirement Contributions

	<i>Husband</i>	<i>Wife</i>
IRA Deduction (\$5,500 maximum, or \$6,500 if age 50 or more)	\$ _____	\$ _____
Self-employed SEP, SIMPLE or qualified plans	\$ _____	\$ _____
Or, calculate maximum amount	_____	_____

Health Savings Account (Form 5498-SA) \$ _____

Student Loan Interest (Form 1098-E) \$ _____

Teacher/Educator Classroom Expenses (\$250 maximum) \$ _____

Qualified Higher Education Tuition & Fees \$ _____

		<i>Dependent</i>
Dependents Qualified Tuition & Fees (name & amount):		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

Alimony Paid (recipients' name, social security number & amount):
 _____ SSN: _____ \$ _____

Penalty on Early Withdrawal of Savings \$ _____

Moving Expenses Related to a Job Change

Distance from old home to old job	_____	From old home to new job	
Amount paid to ship & store goods	\$ _____	Transportation & lodging	\$ _____

Credits (complete items only if applicable)

Child and Dependent Care

Provider name, address, social security or employer number & amount paid

1:	_____	\$ _____	
2:	_____	\$ _____	
3:	_____	\$ _____	
Total		\$ _____	

Child name & amount paid (total for all children must equal total for all providers)

1:	_____	\$ _____	
2:	_____	\$ _____	
3:	_____	\$ _____	
Total		\$ _____	

Adoption Credit

Child's name, social security number & date of birth: _____ Special Needs Foreign Disabled

List amounts:

	<i>Prior Year</i>	<i>Current Year</i>
Qualified expenses	\$ _____	\$ _____
Benefits received	\$ _____	\$ _____
Prior year credit	\$ _____	

Residential Energy Credits (include copies of receipts & certificates)

Address of property same as page 1 or: _____

List amounts:

Qualified insulation or material system	\$ _____	Qualified circulation fan	\$ _____
Qualified exterior windows	\$ _____	Qualified solar electric property	\$ _____
Qualified exterior doors	\$ _____	Qualified solar water heater	\$ _____
Qualified metal roof	\$ _____	Qualified small wind energy property	\$ _____
Qualified energy efficient building property	\$ _____	Qualified geothermal pump	\$ _____
Qualified boiler or furnace	\$ _____	Qualified fuel cell pump	\$ _____



Itemized Deductions (Complete this page only if greater than standard deduction)

The standard deduction for the various filing statuses are as indicated:

	2016	2015	2014
Married filing joint	\$12,600	\$12,600	\$12,400
Head of Household	9,300	9,250	9,100
Single or married filing separate	6,300	6,300	6,200

Medical Expense Deductions

Medical, dental & vision insurance premiums ... \$ _____

Long-term care insurance premiums ... \$ _____

Medical expenses not reimbursed by insurance
(out of pocket) including prescriptions,
physicians, clinics/hospitals, vision &
hearing aids, etc. ... \$ _____

Miles driven for medical purposes _____
(Note: nondeductible items include life or disability insurance,
nonprescription drugs, health supplements and health programs)

Taxes Paid

Real estate property taxes ... \$ _____
(ad valorem on personal residence or 2nd home)

State _____ income or _____ intangible taxes ... \$ _____

Personal property taxes ... \$ _____
(if on vehicle, must be based on vehicle value)

Sales tax paid on autos, boats or RVs purchased
for personal use or on materials used for
home improvement ... \$ _____

Local sales tax rate _____ % (if your state rate is 6% and you
pay 7% locally, your local rate is 1%)

Charitable Contributions

Cash or check donations ... \$ _____
(you must have receipt for all individual contributions over \$250)

Miles driven for volunteer work _____

Non-monetary donations of \$500 or less ... \$ _____
(Goodwill, Salvation Army, Amvets, etc.)

For non-monetary donations of \$500 or more, provide name of
organization, description of items donated, the original value of the
items at purchase and the value at the time you donated them
(attach Form 1098-C for donations of vehicles/boat)

Miscellaneous Expense Deductions

List tax return preparation fees, union/professional dues, continuing
education, job search, uniforms, safety deposit box, investment
expenses, gambling losses, etc. List each description & amount.

_____	...	\$ _____
_____	...	\$ _____
_____	...	\$ _____
_____	...	\$ _____
_____	...	\$ _____

Unreimbursed employee business expenses -
attach list or complete the **Business Organizer**.

Interest Expense Deduction

Personal residence 1st mortgage interest &
points (on Form 1098) ... \$ _____

Principal balance of 2nd mortgage on primary
personal residence \$ _____

Personal residence 2nd mortgage interest &
points reported on Form 1098 ... \$ _____

Second home 1st mortgage interest &
points reported on Form 1098 ... \$ _____

If you pay mortgage interest to an individual for a
seller financed mortgage please provide:

Name & social security number ... _____

Address ... _____

Interest paid this year ... \$ _____

Private mortgage insurance (PMI, for a primary
or 2nd home bought in 2007 or later) ... \$ _____

Investment interest (interest paid on loans
used to acquire investment property) ... \$ _____

Personal, consumer interest (credit cards, vehicle, etc.) is not
deductible. If you purchased or refinance your home, provide a copy of
the closing statement. Rental property mortgage interest & taxes
should be entered on the **Rental Property Tax Organizer**. Business
interest & taxes should be entered on the **Business Expense Organizer**.

Other Notes or Questions:



*** Tax Preparation Checklist

Checklist of Information Needed to Complete Your Tax Return

If any item listed applies to you, check the box and attach the information

Income Information

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Foreign bank accounts, income +/- or paid taxes
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
 - Each stock sale: Date purchased, number of shares bought, amount paid
- Other Income
 - Alimony Received
 - Unemployment Compensation (Form 1099-G)
 - Social Security Benefits (Form 1099-SSA)
 - Disability Income
 - Jury Duty
 - Tip Income
 - Scholarships (Form 1098-T)
 - Education Savings Account Withdrawal (Form 1099-Q)
 - Bartering Income (Form 1099-B)
- Small Business (self-employed or independent contractor business owner)
 - Business Income (Form 1099-MISC plus items not on 1099-MISC)
 - Business Expenses (Provide list or use the **Business Organizer**)
 - Vehicle Information
- Rental Property
 - Rental Income (Form 1099-MISC)
 - Related Expenses (Provide list or use the **Rental Property Organizer**)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Sale of Real Estate not qualifying for Personal Residence Exemption
 - Closing Statement – Sale of Property
 - Closing Statement – Purchase of Property
 - List of additions/improvements while you owned the property
 - Forgiveness of Debt income (Form 1099-C or 1099-A)

Deduction Information:

- IRA Contributions
- SEP, Simple, Keogh Plans
- Student Loan Interest (Form 1098-E)
- Alimony Paid
 - Recipient Name and SS #
- Moving Expense
- Mortgage Interest (Form 1098)
- Investment Interest
- Cash and Noncash Charitable Contributions
- Casualty/Theft Loss
- Medical Expenses
 - Health Insurance
 - Out of Pocket Medical Expenses
 - Form 1095-A
 - Healthcare Market Place Exemption
- Real Estate Taxes
- Other Taxes (including sales tax paid on the purchase of autos, boats and RVs for personal use)
- Employee Business Expense (Provide list or use the **Business Organizer**)

Credit and Payment Information:

- Child Care Expenses
 - Provide name, address, SS# or EIN, and amount paid for each child
- Estimated tax payments (dates and amounts paid)
- Legal papers for adoption, divorce or separation involving custody of your dependant children
- Tuition Statements (Form 1098-T) & Education Expenses
- Copy of voided check (for direct deposit of refund information)
- Energy or vehicle tax credit information
- Closing statement for first-time or long-time homebuyers' credit