2016

Income Tax Organizer



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This booklet is designed to help you accumulate information accurately in preparation for filing your income tax returns.

2016 Miscellaneous Information SSN: Name: **Personal Information** No Did your marital status change during the year? If "Yes," explain Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year? **Dependent Information** Did you have any changes in dependents during the year? If "Yes," explain Can another person qualify to claim the child? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income? Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.) **Health Care Information** Did any member of your household **NOT** have healthcare coverage for the entire year? Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN). Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? Income, Purchases, Sales, and Debt Information Did you have a financial interest in or signature authority over a financial account or assetlocated in a foreign country? Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? Did you have any income from, or pay taxes to, a foreign country? Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash any U.S. savings bonds during the year? Did you receive any other income not provided with this organizer? If "Yes," explain Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? Did you buy or sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home Did you foreclose or abandon a principal residence or real property during the year? Did you refinance your principal home or second home or take out a home equity loan during the year? If "Yes," provide all escrow, closing, and other pertinent documentation and information. Did you receive any principal or interest, during this year, from property sold in prior years? Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year? Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? Does anyone owe you money that has become uncollectible? Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service. **Itemized Deduction Information** Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? Did you pay any long-term healthcare premiums for yourself, your spouse, or a dependent during the year? Did you receive any state or local income tax refunds from prior years? Did you make any major purchases (vehicle, boats, etc.) during the year? Did you pay any real estate property taxes or personal property taxes during the year?

Did you pay mortgage interest during the year?

		Miscellaneous Information
Name	:	SSN:
		Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, fumiture, etc.) during the year? Did you donate a boat or vehicle during the year?
		If "Yes," attach Form 1098-C. Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? Did you use your vehicle on the job other than for commuting to work? Did you work out of town at any time during the year? Did you have gambling losses during the year?
Reti	rem	ent Information
		Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? Did you receive any Social Security benefits during the year?
Edu	catio	on Information
		Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Acount or Qualified Tuition Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?
Mise	cella	neous Information
		Did you incur a loss due to damaged or stolen property? If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
		Did you make any gifts to any one person in excess of \$14,000 during the year? If "Yes," are you splitting the gift with your spouse? Did you incur moving expenses due to a change in employment? Did you make any energy-efficient improvements to your main home during the year? Are you a business owner who paid health insurance premiums for your employees during the year? Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes? If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes? Did you make any estimated payments toward your 2016 taxes? Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip. Did you receive any notices from the IRS or state taxing authority? If "Yes," explain May the IRS discuss your tax return with your preparer? Would you like a physical copy or a PDF copy of your tax return?
Pre	oare	Notes
M	iscel	laneous Notes

2016 Tax Organizer Personal and Dependent Information

Persona	al Inform	nation											
				Name						SSN	Date of	Birth	Healthcare coverage ALL year
Taxpayer													
Spouse													
Street add	dress, city,	, state, an	d ZIP							,		"	
			Occupa	tion			Dayti	me Phone	E	vening Phone		Cell P	hone
Taxpayer													
Spouse													
Taxpayer	Email												
Spouse E	mail												
Marital Stat	tus at end c	of 2016			1	Taxpay	<u>er</u>	Spous	<u>e</u>				
Married						Yes	☐ No	Yes	☐ No	Are you blin			
	l filing sep	arately				Yes Yes	☐ No ☐ No	Yes Yes	∐ No □ No	Are you disa Are you a fu		ıdent?	
Widow((er), Date o		's Death			Yes	□ No	Yes	□ No	Do you wan	t \$3 to go	to the	
	lent Info									Presidential	Election	Campaigr	n Fund?
Борона									Months			Full-	Healthcare
		First and	l last name		S	SN	Relat	ionship	in Home	Date of Birth	Disabled	time Student	coverage ALL year
List depen	dents requ	uired to fil	le a retum										
Estimat	es												
			Date Paid	ederal			Reside	ent State	ount	Date P	Reside	•	
Overpaym from 2015	nent applie	d	Date Faiu		mount		Date Faid	Allie	ount	Date P	aiu	A	mount
First quarte										_			
Second qu										_			
Third quar				_								-	
Fourth qua										_			
Additional												-	
			on & Notes										
			cheduled for										
Notes													

Healthcare Coverage Questionnaire

Name:	SSN:

Name:				S	SN:
Hea	lthcar	e Information			
		Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all
YES	NO				
		Did anyone other than you or your spouse pay for healthcare coverage for	r anyone listed above	?	
		Did you pay for healthcare coverage for anyone not listed above?			
-		was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
-		t have coverage part or all of the year:			
Ans	wer YE □	S if it applies to any member of the household Was your previous insurance policy cancelled in 2016?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
Ш		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		Recently experienced a fire, flood, or other natural or human-caused of that resulted in substantial damage to your property	disaster		
		Filed for bankruptcy in the last six months			
		Incurred unreimbursed medical expenses in the last 24 months that res	sulted in substantial d	ebt	
		 Experienced unexpected increases in essential expenses due to carin ill, disabled, or aging family member 	ng for an		

Income	
Name:	SSN:
Wages & Salaries Attach all copies of Form W-2	
	2016 federal
Employer name	wages
Retirement	
Attach all copies of Form 1099-R	
	2016
Payer name	distribution
Form 1099-Misc Income	
Attach all copies of Form 1099-MISC (* Also reported on Schedule C or E)	
Payer name	2016 amount
	amount

Income

Name:	SSN	
Dividend Income		
Provide all copies of Form 1099-DIV & other statements that report dividend income		
	2016 ordinary	2016 qualified
Payer name	dividends	dividends
		-
	·	
	· ———	-
		-
Interest Income Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income		
		2016
Payer name		interest
		-
		-
		-
If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address		

Sale of Assets

Name:			SSN	l:
Sale of Capital Assets (Not reported on Form 1099-B)				
Provide all brokerage statements	Date	Date	Sales	
Description of property	purchased	sold	price	Cost
				-
·				
		-		
		·		- <u></u>
Installment Sale Income				
Description of property:			204.0	Prior Years
Date acquired Date sold			2016	Prior rears
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received		· · · · · · · <u> </u>		
Property was sold to a related party				

Other Income and Adjustments

Name:		SSN:	
Other Income			
		2016 Taxpayer	2016 Spouse
Scholarships or grants not reported on form W-2			
State income tax refund (attach Forms 1099-G)			
Alimony received			
Unemployment compensation (attach Forms 1099-G)			
Unemployment compensation repaid in 2016			
Social Security Benefits (attach Forms 1099-SSA)			
Railroad Retirement Benefits (attach Forms 1099-RRB)			
Gambling winnings (attach Forms W2-G)			
Alaska Permanent Fund			
Other income:			
Adjustments			
		2016	2016
Educator expenses (If you are an educator, enter the amount you paid for		Taxpayer	Spouse
classroom supplies) · · · · · · · · · · · · · · · · · · ·			
Contributions made to a Self-Employed Pension plan (SEP)	_		
Alimony paid	· · · · · · · -		
Name: SSN: _			
Name: SSN:			
Contributions made to an Individual Retirement Account (IRA)			
Contributions made to a Roth IRA			
Contributions made to a myRA			
Interest paid on a student loan			
Other adjustments:			
Job-related Moving Expenses			
			2016
Number of miles from old home to old workplace			
Number of miles from old home to new workplace			
Expenses to move household goods & personal effects and lodging expenses while traveling to yo (Do not include cost of meals)	our new home	•••••	
☐ This was a military move			

2016 Schedule C - Profit or Loss from Business SSN: Name: **General Business Information** Business name Employer ID Number Professional product or service Business address, city, state, ZIP Payments of \$600 or more were paid to an individual who is Yes No This business started or was acquired during 2016 not your employee for services provided for this business Yes No You filed Form(s) 1099 for the individual(s) This business was disposed of during 2016 Income 2016 2016 Income from Form 1099-MISC **Expenses** 2016 2016 Advertising Car & truck expenses Total meals & entertainment Depletion Other expenses Insurance (other than health) Pension & profit sharing plans . . Rent or lease (vehicles, machinery, & equipment) Rent (other business property) Repairs & maintenance Taxes & licenses **Cost of Goods Sold** 2016 2016 Inventory at beginning of year Purchases Other costs Inventory at end of year Cost of labor There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type Vacation / short-term rental Land Self-rental Single family residence Multi-family residence Commercial Royalties Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied Payments of \$600 or more were paid to an individual who is Yes No This property is your main home not your employee for services provided for this rental This property was disposed of during 2016 Yes No You filed Form(s) 1099 for the individual(s) This property was owned as a qualified joint venture Income 2016 2016 Royalties from oil, gas, mineral, copyright or patent . . Rental income from Form(s) 1099-MISC Royalties from Form 1099-MISC **Expenses** Rental unit Rental and homeowner expenses expenses If this Schedule E is for a Advertising a multi-unit dwelling and you Auto & travel lived in one unit and rented Cleaning & maintenance out the other units, use the "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show Legal & professional fees expenses that pertain ONLY to the rental portion of the property. Management fees If the Schedule E is not for a Interest - mortgage multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Other expenses

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:	SSN:
Partnerships, S corporations, Estates and Trusts	
Provide all copies of Schedule K-1 and attachments	
Entity Name	EIN
	 -

Schedule F - Profit or Loss from Farming SSN: Name: **General Information** Principal product **Employer ID Number** Payments of \$600 or more were paid to an individual who is Yes No This farm was disposed of during 2016 not your employee for services provided for this farm This farm received government subsidy in 2016 Yes No You filed Form(s) 1099 for the individual(s) Income 2016 2016 Sales of livestock / other items Beginning inventory for accrual Cost of items bought for resale Ending inventory for accrual Sale of products you raised . . You used unit-livestock-price or farm-price inventory method Other income Commodity Credit Corporation (CCC) loans: CCC loans forfeited Crop insurance proceeds: You elect to defer to next year Amount deferred from last year Custom hire income **Expenses** 2016 2016 Car & truck expenses Storage & warehousing . . Conservation expenses Supplies purchased Employee benefit programs Feed purchased . . . Veterinary, breeding, & medicine . . Fertilizers & lime _ Other expenses · · · · · Freight & trucking Gasoline, fuel, & oil Insurance (other than health) Interest - mortgage (paid to banks, etc.) Rent - vehicles, machinery, & equipment

Form 4835 - Farm Rental Income and Expenses SSN: Name: **General Information** Description Employer ID Number This farm was disposed of during 2016 This farm received applicable subsidy during 2016 Income 2016 2016 Income from production of livestock, grains, and other crops Other income Total cooperative distributions Commodity Credit Corporation (CCC) loans: CCC loans forfeited Crop insurance proceeds: Amount received in 2016 You elect to defer to next year Amount deferred from last year **Expenses** 2016 2016 Car & truck expenses Seeds & plants purchased Chemicals Storage & warehousing . . Custom hire (machine work) Employee benefit programs . . Veterinary, breeding, & medicine Fertilizers & lime Other expenses Freight & trucking Gasoline, fuel, & oil Insurance (other than health) Interest - mortgage (paid to banks, etc.) Pension & profit-sharing plans Rent - vehicles, machinery & equip

Expenses Related to Business SSN: Name: **Auto Expense** Name of business vehicle is used for Description of vehicle Date vehicle was placed in service ☐ There is evidence to support your deduction Another vehicle is available for personal use This vehicle is available for use during off-duty hours The evidence is written Number of miles the vehicle was driven during 2016 Business Commuting Total Insurance Tires Tires Other expenses **Business Use of Home** Name of business home is used for What is the total square footage of your home that was used regularly and exclusively for business What is the total square footage of your home For daycare facilities, not used exclusively for business, complete the following questions How many days during the year was the area used How many hours per day was the area used ☐ The daycare facility was in operation for the entire year **Expenses** Office expenses Home expenses In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to Charity Cash Noncash Amount
Long-term care premiums (you) · · · · · · · · · .	Church
Long-term care premiums (your spouse)	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical and dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses and contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Job Expenses & Certain Misc. Deductions Necessary job expenses you paid that were not reimbursed by your
Hospital services	employer
Laboratory services	Safety equipment, tools, & supplies
Nursing services	Uniforms
Other	Protective clothing (shoes, hardhats, glasses, etc.)
Taxes Paid	Dues to professional organizations
State and local income taxes	Books & subscriptions
Sales tax	Other
Real estate taxes	Tax preparation fees
Personal property taxes	Other nonpersonal expenses related to taxable income
Other taxes (list)	Safe deposit box fees
	Investment expenses not entered elsewhere
	Other
Interest paid	Other Misc. Deductions
Mortgage interest paid (attach Form 1098)	Amortizable bond premiums
Mortgage interest paid to an individual	Federal estate tax
Paid to: Name	Gambling losses
Address	Impairment-related work expenses
City, State, ZIP	Claim repayments
SSN or EIN	Unrecovered pension investments
	Loss from other activities from Schedule K-1
Qualified mortgage insurance premiums	Ordinary loss debt instrument
Investment interest	

Other In	formation			
Name:			SSN	\ :
Mortgage Interest				
Attach all copies of Form 1098				
Lender's name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid	
				-
Employee Business Expense Not Reimbursed by Your Employee	oyer			
	NOT reimbursed by your employer		rsed by your emp	
Rural mail carrier expenses				
Parking fees, tolls, local transportation				
Meals & entertainment				
Other business expenses				
You used your persional vehicle for your job during 2016 You are a reservist You are a qualified performing artist	You are a fee-based You are a disabled of You are a member of	employee with impa	airment-related wo	ork expenses
Casualties and Thefts				
Property description	Property description			
Property location	Property location			
Date property was damaged or stolen	Date property was da			
Cost of property damaged or stolen	Cost of property dam			
Amount of damage	Amount of damage			
Insurance reimbursement	Insurance reimburser			
	modrance romburdor			_

Education Expenses Attach all copies of Form 1098-T Student Name Student Name Type of Expense Amount Type of Expense An Student Name Student Name			Other In	formation		201	ı.
Name of care provider Address SSN or Amo EIN Education Expenses Utach all copies of Form 1098-T Student Name Type of Expense Amount Type of Expense						SSN	I:
Name of care provider Address or EIN Ame Education Expenses Attach all copies of Form 1098-T Student Name Type of Expense Amount Type of Expense An Student Name Type of Expense An Type of Expense Type of Expense An Type of Expense	hild and Other Dependent Ca	are Expenses					
Attach all copies of Form 1098-T Student Name Type of Expense Amount Type of Expense Amount Student Name Student Name Type of Expense Amount	Name of care provider		Ac	ddress		or	Amount Paid
Student Name Student Name Type of Expense Amount Type of Expense An Student Name Student Name Type of Expense Amount Type of Expense An Student Name Type of Expense Amount Type of Expense A							
Type of Expense Amount Type of Expense An Student Name Student Name Student Name Type of Expense Amount Type of Expense Amount Type of Expense Amount Type of Expense A							
Type of Expense Amount Type of Expense An Student Name Student Name Amount Type of Expense Amount Type of Expense A				Student Name			
Type of Expense Amount Type of Expense A			Amount				Amount
Type of Expense Amount Type of Expense A							
	Student Name			Student Name			
	Type of Expense		Amount		Type of Expense		Amount