

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.*



**Miscellaneous Information**

Name:

SSN:

- ☐ ☐ Did you make cash donations to charity during the year?  
☐ ☐ Did you make noncash donations to charity (clothes, furniture, 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?

**Retirement 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?

**Education 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 Account or Qualified Tuition Program during the year?  
☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

**Miscellaneous 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? \_\_\_\_\_

**Preparer Notes****Miscellaneous Notes**

## 2016 Tax Organizer

### Personal and Dependent Information

#### Personal Information

Name		SSN	Date of Birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer Email				
Spouse Email				

#### Marital Status at end of 2016

- ☐ Married  
☐ Married filing separately  
☐ Single  
☐ Widow(er), Date of Spouse's Death if deceased in 2016 \_\_\_\_\_

#### Taxpayer

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

#### Spouse

- ☐ Yes ☐ No Are you blind?  
☐ Yes ☐ No Are you disabled?  
☐ Yes ☐ No Are you a full-time student?  
☐ Yes ☐ No Do you want \$3 to go to the Presidential Election Campaign Fund?

#### Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

#### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Appointment Information & Notes

Your 2016 appointment is scheduled for \_\_\_\_\_

#### Notes

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare 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 anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES 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.
- 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 disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## 2016

## Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

## Wages & Salaries

Attach all copies of Form W-2

Employer name

2016 federal  
wages

## Retirement

Attach all copies of Form 1099-R

**Payer name**

**2016  
distribution**

## Form 1099-Misc Income

Attach all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

**Payer name**

**2016  
amount**

SSN:

Provide all copies of Form 1099-DIV & other statements that report dividend income

Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address





## 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 Taxpayer	2016 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
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 your new home . . . . . (Do not include cost of meals)	_____
<input type="checkbox"/> This was a military move	

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

Business name Employer ID Number

Professional product or service

Business address, city, state, ZIP

This business started or was acquired during 2016 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
This business was disposed of during 2016 Yes No You filed Form(s) 1099 for the individual(s)

Income

Table with 2 columns: 2016, 2016. Rows include Gross receipts or sales, Other income, Income from Form 1099-MISC, Returns & allowances.

Expenses

Table with 2 columns: 2016, 2016. Rows include Advertising, Travel, Car & truck expenses, Total meals & entertainment, Commissions & fees, Utilities, Contract labor, Wages, Depletion, Other expenses, Employee benefit programs, Insurance (other than health), Mortgage interest, Other interest, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses.

Cost of Goods Sold

Table with 2 columns: 2016, 2016. Rows include Inventory at beginning of year, Materials & supplies, Purchases, Other costs, Cost of personal use items, Inventory at end of year, Cost of labor. Includes checkbox: There was a change in inventory method.



## 2016

## 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

[illegible]

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

Principal product Employer ID Number

☐ This farm was disposed of during 2016 ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is 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		<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total cooperative distributions		Other income
Total agricultural payments		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported		
CCC loans forfeited		
Crop insurance proceeds:		
Amount received in 2016		
<input type="checkbox"/> You elect to defer to next year		
Amount deferred from last year		
Custom hire income		

Expenses

	2016	2016
Car & truck expenses		Seeds & plants purchased
Chemicals		Storage & warehousing
Conservation expenses		Supplies purchased
Custom hire (machine work)		Taxes
Employee benefit programs		Utilities
Feed purchased		Veterinary, breeding, & medicine
Fertilizers & lime		Other expenses
Freight & trucking		
Gasoline, fuel, & oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery, & equipment		
Rent - other (land, animals, etc.)		
Repairs & maintenance		

Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2016 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to next year		_____
Amount deferred from last year . . . . .	_____	_____

Expenses

	2016	2016
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . . _____
Chemicals . . . . .	_____	Storage & warehousing . . . . . _____
Conservation expenses . . . . .	_____	Supplies purchased . . . . . _____
Custom hire (machine work) . . . . .	_____	Taxes . . . . . _____
Employee benefit programs . . . . .	_____	Utilities . . . . . _____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Fertilizers & lime . . . . .	_____	Other expenses _____
Freight & trucking . . . . .	_____	
Gasoline, fuel, & oil . . . . .	_____	
Insurance (other than health) . . . . .	_____	
Interest - mortgage (paid to banks, etc.)	_____	
Interest - other: . . . . .	_____	
Labor hired (less jobs credit) . . . . .	_____	
Pension & profit-sharing plans . . . . .	_____	
Rent - vehicles, machinery & equip . . . . .	_____	
Rent - other (land, animals, etc.) . . . . .	_____	
Repairs & maintenance . . . . .	_____	

Expenses Related to Business

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- ☐ Another vehicle is available for personal use
- ☐ There is evidence to support your deduction
- ☐ 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 \_\_\_\_\_

Garage rent . . . . .	_____	Property tax . . . . .	_____
Gas . . . . .	_____	Repairs . . . . .	_____
Insurance . . . . .	_____	Tires . . . . .	_____
Licenses . . . . .	_____	Tolls . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Lease payments . . . . .	_____		_____
Interest . . . . .	_____		_____

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	
Mortgage interest . . . . .	_____	_____	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.
Real estate taxes . . . . .	_____	_____	
Excess mortgage interest . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Rent . . . . .	_____	_____	
Repairs & maintenance . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses . . . . .	_____	_____	

## Schedule A - Itemized Deductions

Name:

SSN:

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical and dental expenses

    Doctor, dental, etc . . . . . \_\_\_\_\_

    Prescription medicines . . . . . \_\_\_\_\_

    Insulin . . . . . \_\_\_\_\_

    Glasses and contacts . . . . . \_\_\_\_\_

    Hearing aids . . . . . \_\_\_\_\_

    Braces . . . . . \_\_\_\_\_

    Medical equipment & supplies . . . . . \_\_\_\_\_

    Hospital services . . . . . \_\_\_\_\_

    Laboratory services . . . . . \_\_\_\_\_

    Nursing services . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interest paid**

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

    Name \_\_\_\_\_

    Address \_\_\_\_\_

    City, State, ZIP \_\_\_\_\_

    SSN or EIN \_\_\_\_\_

Qualified mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

Donations to Charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

**Job Expenses & Certain Misc. Deductions**

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

Uniforms . . . . . \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

Dues to professional organizations . . . . . \_\_\_\_\_

Books & subscriptions . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . . \_\_\_\_\_

Investment expenses not entered elsewhere . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

**Other Misc. Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_



Other Information

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 Employer

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses . . . . .		
Parking fees, tolls, local transportation . . . . .		
Meals & entertainment . . . . .		
Overnight business travel expenses (Do not include meals & entertainment) . . . . .		
Other business expenses . . . . .		

- ☐ You used your personal vehicle for your job during 2016
- ☐ You are a reservist
- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a member of the clergy

Casualties and Thefts

Property description	Property description
Property location	Property location
Date property was damaged or stolen	Date property was damaged or stolen
Cost of property damaged or stolen	Cost of property damaged or stolen
Amount of damage	Amount of damage
Insurance reimbursement	Insurance reimbursement

Other Information

Name:

SSN:

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Education Expenses

Attach all copies of Form 1098-T

Student Name

Type of Expense

Amount

Student Name

Type of Expense

Amount

Student Name

Type of Expense

Amount

Student Name

Type of Expense

Amount