

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.

Name: _____ SSN: _____

Personal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?

Dependent Information	
<input type="checkbox"/>	Did you have any changes in dependents during the year?
<input type="checkbox"/>	If "Yes," explain _____
<input type="checkbox"/>	Can another person qualify to claim the child?
<input type="checkbox"/>	Did you have any childcare expenses during the year?
<input type="checkbox"/>	Did you have any adoption expenses during the year?
<input type="checkbox"/>	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.)

☐ ☐ 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?

☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located 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.

- ☐ 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, 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

2016

Sale of Assets

Name:

SSN:

Sale of Capital Assets (Not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property:

Date acquired Date sold

2016

Prior Years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

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 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

	2016	2016
Gross receipts or sales		Other income
Income from Form 1099-MISC		
Returns & allowances		

Expenses

	2016	2016
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

	2016	2016
Inventory at beginning of year		Materials & supplies
Purchases		Other costs
Cost of personal use items		Inventory at end of year
Cost of labor		<input type="checkbox"/> There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

Property description Address, city, state, ZIP

Select the property type Single family residence Multi-family residence Vacation / short-term rental Commercial Land Royalties Self-rental 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

This property is your main home This property was disposed of during 2016 This property was owned as a qualified joint venture Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental Yes No You filed Form(s) 1099 for the individual(s)

Income

2016 2016 Rent income Royalties from oil, gas, mineral, copyright or patent Rental income from Form(s) 1099-MISC Royalties from Form 1099-MISC

Expenses

Rental unit expenses Rental and homeowner expenses Advertising Auto & travel Cleaning & maintenance Commissions Depletion Insurance Legal & professional fees Management fees Interest - mortgage Interest - other Repairs Supplies Taxes Utilities Other expenses If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

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

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