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TAX ORGANIZER – *You will need the following items:*

- Copies of ALL W-2s, 1099 forms, and proof of other income received by you and your spouse
- The Social Security numbers and dates of birth for you, your spouse, and all of your dependents
- ***NEW CLIENTS ONLY: A copy of last year's tax return***

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

Last name _____ First name _____ M.I. _____ SS# _____

Date of Birth _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Taxpayer Email Address _____

Address _____

City _____ State _____ Zip _____

SPOUSE INFORMATION

Last name _____ First name _____ M.I. _____ SS# _____

Date of Birth _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Email Address _____

FAMILY DEPENDENTS

Please list all persons who lived in your home and anyone living outside of your home that you provided more than 50% support during the year. If not living in your home, do you have written support to support their dependency?

Name _____ Date of birth _____ SS# _____

Months person lived with you during the year _____

Name _____ Date of birth _____ SS# _____

Months person lived with you during the year _____

If you answered “YES” to any question, please provide supporting documentation

General Information

Yes ___ No ___ Were there any changes to your filing status or number of dependents during 2016?

Yes ___ No ___ Can someone else claim you or your spouse as a dependent on their tax return?

Yes ___ No ___ Did you incur any childcare expenses? (provide name, address, EIN or SSN, and

amount) No ___ Did you have a change in residence or job location during the year?

Yes ___ No ___ Did you move during 2016? From where? _____ Date of Move _____

Yes ___ No ___ Did you reside in more than one state during 2016? If yes, which states _____

Yes ___ No ___ Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Income Information

Yes ___ No ___ Have you received all W-2s from all employers? How many W-2s are attached? _____

Yes ___ No ___ Did you earn any interest, dividend income or sell/buy stock or bonds?

Yes ___ No ___ Did you use your vehicle on the job other than for commuting to work? (not reimbursed)

Yes ___ No ___ Did you have an employer-provided vehicle which you drove home or used personally? If
so, enter the lease value. \$ _____

Yes ___ No ___ Did you work out of town at any time during the year?

Yes ___ No ___ Did you earn income from a state other than the state in which you live? If yes, what state
and how much? _____

Yes ___ No ___ Did you or your spouse receive any tips not reported to your (or spouse's) employer?

Yes ___ No ___ Did you receive any disability income during the year?

Yes ___ No ___ Did you earn interest from, or are you an authorized signature holder on, a foreign bank
account?

Yes ___ No ___ Did you have any income from, or pay taxes to, a foreign country?

Yes ___ No ___ Did you surrender any U.S. Savings Bonds during 2016?

Yes ___ No ___ Did you receive any state or local income tax refunds from prior years?

Yes ___ No ___ Did you or your spouse have any IRA accounts? (contributions or distributions)

Yes ___ No ___ Did you recharacterize any IRAs this year?

Yes ___ No ___ Did you or your spouse “roll-over” a profit-sharing or retirement distribution into
another plan?

Yes ___ No ___ Did you receive a Schedule K-1 from a partnership, S Corporation, or trust?

Yes___ No ___ Did you or your spouse receive any social security benefits during the year?

Yes___ No ___ Did you receive any type of prize, award, or gambling winnings during 2016?

Yes___ No ___ Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received?

Yes___ No ___ Did you receive any income not shown in the organizer? (Business Income, see attached schedules)

Other Information

Yes___ No ___ Are any of your dependent children who are not fulltime students, 19 years of age or older?

Yes___ No ___ Do you have any children with investment income greater than \$1,900?

Yes___ No ___ Did you or anyone in your family attend college or vocational school during the tax year?

Yes___ No ___ Did you or anyone in your family pay student loan interest?

Yes___ No ___ Did you incur an casualty or theft losses during the tax year?

Yes___ No ___ Did you buy, sell, or refinance a principal residence or other real property during the tax year?

Yes___ No ___ Did you wish to Direct Deposit or Direct Debit any federal or state refunds or amounts owed? (If yes, need routing & accounting number, below)

Direct deposit to ___ checking ___ saving Routing# _____ Account # _____

Yes___ No ___ May the IRS discuss your tax return with your preparer?

Health Care Coverage

Yes___ No ___ Did you and your dependents have healthcare coverage for the full-year?

Yes___ No ___ Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so please attach

Yes___ No ___ If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.

Itemized deductions (provide amount and receipts)

- Medical/Dental/Vision expenses and insurance premium, prescription, mileage (23.5 cents per mile) and lodging for seeking medical care (but not meals)
- State and local income taxes
- Mortgage Interest (Form 1098)
- Real estate and personal property taxes paid in 2016 (amount noted on DMV renewal slip) • DMV Fees – a portion is includible (see renewal notice for amount)
- Tax Preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Fair Market value of property donated to charity
- Employer expenses not reimbursed

Estimated Taxes

Federal

Overpayment applied from previous year if any \$ _____

1st quarter payment \$ _____ Date Paid _____

2nd quarter payment \$ _____ Date Paid _____

3rd quarter payment \$ _____ Date Paid _____

4th quarter payment \$ _____ Date Paid _____

Paid with extension \$ _____

State

Overpayment applied from previous year \$ _____

1st quarter payment \$ _____ Date Paid _____

2nd quarter payment \$ _____ Date Paid _____

3rd quarter payment \$ _____ Date Paid _____

4th quarter payment \$ _____ Date Paid _____

Paid with extension \$ _____

Profit or Loss From Business

Schedule C

Name:

SSN:

TS		Principal business or profession		Business code	
Business name				Employer I.D. number	
Business address					
City					
U.S. Only		State, ZIP			
Foreign Only		Province/State, Country, Postal Code			
Accounting method, if not cash		<input type="checkbox"/>	Accrual	<input type="checkbox"/>	Other
Activity type		Some investment is NOT at risk		<input type="checkbox"/>	
You started or acquired this business during this year		<input type="checkbox"/>		You disposed of this property during this year <input type="checkbox"/>	
Did you make any payments during the year that would require you to file Form(s) 1099?				<input type="checkbox"/>	Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?				<input type="checkbox"/>	Yes <input type="checkbox"/> No

Income

Gross receipts or sales			Other income		
Returns and allowances					

Expenses

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

Cost of goods sold

Inventory method, if not Cost		<input type="checkbox"/>	Lower of Cost or Market	<input type="checkbox"/>	Other	There was a change of inventory method		<input type="checkbox"/>
Inventory at beginning of the year			Materials and supplies					
Purchases (less cost of items withdrawn for personal use)			Other costs					
Cost of labor			Inventory at end of year					

Expenses for Business Use of Your Home

Name:

SSN:

--	--	--	--

TSJ		For	
-----	--	-----	--

Business Use of Home

Square feet of home used exclusively for business		
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Total square feet of home		
---------------------------	--	--

Use of Home for Daycare

Area used part time for business		
----------------------------------	--	--

Total hours used for daycare		
------------------------------	--	--

Total hours available		
-----------------------	--	--

Did you live in the home all year? ☐ Yes ☐ No

Expenses

	Expenses directly related to business use only		Total Household expenses	
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home

Enter the smaller of your home's adjusted basis or its fair market value		
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Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of land	
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Date placed in service		
------------------------	--	--

Date taken out of service		
---------------------------	--	--

Auto Expense Worksheet

Name:

SSN:

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For

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Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?

☐

Yes

☐

No

Was your vehicle available for use during off-duty hours?

☐

Yes

☐

No

Do you have evidence to support your deduction?

☐

Yes

☐

No

If "Yes," is the evidence written?

☐

Yes

☐

No

Enter the number of miles your vehicle was used for:

a Business miles

b Commuting

c Other

Expenses:

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %

☐
☐
☐