

# Please follow these few steps . . .

**1** If you are viewing our website, print this Tax Organizer

**2** New Clients please complete page I

**3** Read the "Important Information" on pages II & III

**4** Accumulate your tax documents

**Generally,**

Income: W-2s, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

**5** Complete the General Questions starting on and following page IV

**Organize and attach your tax documents behind the corresponding pages of your tax organizer.** For example, paperclip (**do not staple**) all your W-2s behind the page in your tax organizer that lists your W-2s. **If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page.** Also put all year-end **1099-B** broker statements behind this page.

**6** Sign the organizer on page IV

**7** Sign the e-file forms and accompanying Refund/Payment options form

Sign only. Do not date the e-file forms or enter any other information.

Complete the Refund/Payment options sheet which will tell us how you wish to receive your refunds or pay any balance due.

**8** Return the tax organizer and e-file forms to us

Include the signed (undated) e-file forms and Refund/Payment options form (see **7** above).

Please KEEP COPIES (or send us copies) of your original tax documents.

To help control costs, we will not return any documents you send

**unless you request we do so.** We will destroy these documents after 3 years.

## IMPORTANT DATES TO REMEMBER:

**March 1, 2017:** Last date to receive all pertinent information to complete your personal tax returns by April 15, 2017.

**Hope Scholarship / FASFA:** Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

# NEW CLIENTS ONLY (returning clients skip this page)

## General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1	<hr/>
	<hr/>	<hr/>
	Street 2 / PO Box	<hr/>
	City / State / Zip	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE CELL PROVIDER	<hr/>	<hr/>

**May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!**

E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.


- **NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information and Dependent Information Sections of this organizer. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.
- **CURRENT CLIENTS.** Please **BE SURE TO REVIEW AND UPDATE** the General Information and Dependent Information Sections, making any necessary changes, such as change of address, phone number, email, etc.
- **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and **YOU** have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.
- **APPOINTMENTS.** ***WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.*** We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office Monday through Friday to schedule your appointment in Fayetteville or Atlanta.
- **MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you **SCAN** and email your organizer and documents, please scan only one document per page. We will contact you with any questions.
- **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.
- **ITEMIZED DEDUCTIONS.**  
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.  
If you have included payments for health insurance premiums, **DO NOT** list any "pre-tax" amounts.  
AD VALOREM TAXES: **DO NOT** include the cost of tags.  
PERSONAL PROPERTY TAXES: Remember to **INCLUDE** tax paid on a boat or plane.
- **RECEIPT TOTALS.** Please provide us with **TOTAL** income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.
- **RECEIPTS.** Save all receipts for tax purposes such as audits.  
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.
- **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
- **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
- **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
- **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at **IRSGOAWAY@AOL.COM**. If not possible, **FAX** your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- ↪ **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
- ↪ **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
- ↪ **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
- ↪ **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
- ↪ **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
- ↪ **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates. Tax preparation: generally, \$95 per hour. Other: \$65 - \$125 per hour. Review of "client-prepared" tax return: minimum \$150. Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00. Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00. *Actual charges often vary from from these estimates, depending on the complexity of the returns.* Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request.
- ↪ **ONLINE PAYMENT.** For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover. At this time, WE DO NOT ACCEPT DEBIT CARDS.
- ↪ **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. We will charge to redo completed returns for data received late.
- ↪ **INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
- ↪ **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.
- ↪ **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

## PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

 TAXPAYER

 SPOUSE

DATE

DATE

### 2016 TAX QUESTIONS

#### GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

**SPECIAL NOTE REGARDING DECEASED SPOUSES:** If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent 2016 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

**E-mail:** We have found e-mail to be one of the best ways to contact our clients. It allows us to be more accessible, as well as more efficient in the use of our clients' time. We have installed security to guard your confidential information during transmissions. Our goal is to provide the best service possible, and e-mail is a great tool to help us achieve that end. If you do not use email, please advise us.

**Invoicing:** We will invoice you via email unless you check the "NO" box.

**Telephone:** If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No:

Best times to call:

# 2016 TAX QUESTIONS

## GENERAL QUESTIONS

PDF	PAPER

**IN LIEU OF A PRINTED TAX RETURN**, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: \_\_\_\_\_

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

**IRA CONTRIBUTION:** Will you make a **TRADITIONAL** IRA Contribution by April 15, **2017**?

**IRA CONTRIBUTION:** Will you make a **ROTH** IRA Contribution by April 15, **2017**?

Taxpayer \$ \_\_\_\_\_  Taxpayer's Spouse \$ \_\_\_\_\_

**TAX ESTIMATES:** Do you wish us to calculate **2017** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

**TAXPAYER:** Do you wish to contribute \$3 to the presidential campaign fund?

**SPOUSE:** Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel? If yes, attach a list, or complete section EMPLOYEE BUSINESS EXPENSES if included later in your organizer. Example: \$500 auto expense. Reimbursement \$300.

YES	NO	N/A

**NON-CASH CONTRIBUTIONS** of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
			\$
			\$
			\$
			\$

## 2016 TAX QUESTIONS

### AT ANY TIME DURING 2016:

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

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YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal     \$ \_\_\_\_\_     State     \$ \_\_\_\_\_

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car)     \$ \_\_\_\_\_

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

### DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)										
Last Name, if different										
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Dependent is married?										
... is a U.S. citizen or permanent resident?										
... is a full-time student 5 or more months?										
... if in college, in what year?										
... received more than 1/2 support from Taxpayer?										
Wages of Dependent	\$		\$		\$		\$		\$	
Investment income of Dependent	\$		\$		\$		\$		\$	

**IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.**

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

## 2016 TAX QUESTIONS

**AT ANY TIME DURING 2016:**

YES	NO

Wages?  
 Tips?  
 Interest or Dividends?  
 Social Security or Tier I Railroad Retirement?  
 Lump sum from an employer sponsored plan and the recipient and/or employee was born before **1936?**


Retirement or IRA distribution for which the recipient is under age 59 1/2?  
 Other pension, annuity, IRA, or retirement income?

If IRA distribution, were nondeductible contributions ever made?

If yes, provide the balance of all IRA accounts as of the end of 2016.     \$ \_\_\_\_\_


Unemployment compensation?  
 Alimony?  
 Self-employment and/or operation of a business?  
 Operation of a farm?  
 Rental of land and property for agricultural purposes?  
 Other rental property?

Hobby Income/Loss? Please read: <https://www.irs.gov/uac/is-your-hobby-a-for-profit-endeavor>  
 Gambling winnings? If you are claiming gambling losses, be sure to have supporting data which will include the dates gambled, places gambled. Be sure to report winnings which have not been reported to you.


Royalties?  
 Any miscellaneous income, such as prizes or jury duty pay?

YES	NO

**Did you or your spouse receive any of the following forms: (Please provide them to your preparer)**  
 W-2  
 W-2G  
 1099R  
 1099 INT  
 1099 DIV  
 1099 MISC  
 1099B  
 1099S  
 1099G  
 Any other 1099  
 K-1  
 IRS notice of change to prior year's return  
 Closing statements from real estate sales, purchases, or refinancing



# 2016 TAX QUESTIONS

AT ANY TIME DURING 2016:

## AFFORDABLE CARE ACT / HEALTH INSURANCE

Every taxpayer is required to have health insurance. Below we have listed three different situations, and the corresponding Form 1095. Please check the box that applies to you. If you are unsure, we will assume you have health insurance coverage for you and your family that meets ACA requirements, and we will indicate accordingly on your tax return (no penalty assessed).

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**NO PENALTY:** You enrolled in a Health Plan through your employer, private insurance, Medicare, or Medicaid. If so, in addition to any usual documentation regarding your medical expenses, please include Form

1095 B: Private and Self-Funded Insurance

1095 C: Employer-Provided Health Insurance

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**NO PENALTY:** You purchased a health plan through a Health Insurance Marketplace (no penalty)

1095 A: Insurance purchased through the exchange. You **MUST** provide this form if you had insurance and did not receive either Forms 1095 B or 1095C.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you receive one of the following forms 1095A, 1095B, or 1095C?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**POTENTIAL PENALTY:** You don't have insurance

NOTE: If you have no insurance and think you are exempt, please explain briefly:

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## 2016 TAX QUESTIONS

**AT ANY TIME DURING 2016:**

YES	NO

**Did you or your spouse sell or dispose of any of the following property:**

- Stock, mutual fund, or other non-business assets?
- Your personal residence?
- Rental Property?
- Property relating to a business or farm?
- Any other business property not listed above (i.e. equipment, land)?
- If you sold any property above, did it involve a bartering agreement?
- If you sold any property above, are you receiving payments in installments?


**Did you or your spouse**

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?  
If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a loss as a result of a casualty (fire, theft, natural disaster, etc.)?
- Incur any out-of-pocket expenses or use your personal vehicle in conjunction with your job?
- Move to be closer to a new job?
- Send payments to the IRS/state, or apply an overpayment, to prepay your current tax year liability?
- Expect to receive Form K-1 for any interest in a partnership or S-corporation, estate or trust?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an:  IRA?  SEP?  Keogh? or  Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?
- Did your children receive more than \$950 and less than \$9500 from interest and dividends that you wish to claim on your own tax return instead of your child's?
- Did you pay child or dependent care expenses? If so, please provide names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
- Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
- Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
- Did you pay interest on higher education loans?
- Were you a pre-college educator who purchased books or classroom supplies?
- Did you purchase a car, boat, aircraft, motor home or home building materials in **2016** or keep receipts on all sales tax items purchased in **2016**?
- Were there any births, adoptions, divorces, marriages, or deaths in your household?
- Do you desire direct deposit? If yes, please attach voided check.

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# W-2 INCOME

2016  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2016 employers.

# W-2G INCOME

2016  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2016 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

## ESTIMATED TAX PAID FOR THE 2016 TAX YEAR

(FED/ST TAX)

\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2016.

### Federal payments

### State of \_\_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT: If you have the check # available, please note the check # next to the date paid above.**

State/local income tax balance due for previous years paid in 2016: \_\_\_\_\_

State/local estimate payment for 2015, due January 15, 2016, paid on or after January 1, 2016: \_\_\_\_\_

# PENSION AND RETIREMENT INCOME

2016  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

\* Please include any 1099's and other 2017 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2016 AMOUNTS

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

2015 TOTAL AMOUNT

\_\_\_\_\_

# PARTNERSHIP AND S-CORPORATION INCOME

2016  
(K-1 P/S)

Your 2015 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2016.

# ESTATE AND TRUST INCOME

2016  
(K-1 E/T)

Your 2015 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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If any rental real estate, are you an active participant? \_\_\_\_\_

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Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2016.

# CAPITAL GAINS AND LOSSES

2016  
(SCH D)

## Stocks, Bonds, and Non-Business Assets

Description

Date Acquired

Date Sold

Sales Price

Cost

If you have included the 1099-B form(s) from your broker then you don't need to repeat the information here.  
You can just write "see 1099-B" here.

HOWEVER - if you have have activity that is NOT on a 1099-B then you do need to list it here. An example would be sale of land.  
Include other documents such as closing statements.

Amount of short-term loss carryover from 2015 \_\_\_\_\_

Amount of long-term loss carryover from 2015 \_\_\_\_\_







**OTHER INCOME AND ADJUSTMENTS**

**2016**

<b>OTHER INCOME</b>	<b>2016</b>	<b>2015</b>		
<b>Seller Financed Mortgages</b>				
Payer _____	Principal _____	Interest _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
<b>State and Local Income Tax Refunds Received in 2016</b>				
State or Local jurisdiction _____	Amount received _____			
State or Local jurisdiction _____	Amount received _____			
State or Local jurisdiction _____	Amount received _____			
<b>Unemployment</b> (Please attach 1099G(s)).				
Amount received: _____	<b>2016</b>	<b>2015</b>		
Amount repaid: _____	_____	_____		
<b>Alimony amount received</b>	_____	_____		
<b>Other Income</b>				
Type: _____	Amount: _____			
<b>ADJUSTMENTS</b>	<b>Taxpayer 2016</b>	<b>Taxpayer 2015</b>	<b>Spouse 2016</b>	<b>Spouse 2015</b>
Educator expense _____	_____	_____	_____	_____
Self-employed retirement plans _____	_____	_____	_____	_____
Self-employed health insurance paid _____	_____	_____	_____	_____
<b>IRA'S</b>				
Traditional _____	_____	_____	_____	_____
Roth _____	_____	_____	_____	_____
Student loan interest _____	_____	_____	_____	_____
<b>Alimony Paid</b>				
To whom paid: _____		Amount: _____		
SSN: _____				
<b>Tuition and Fees</b>		Amount: _____		
<b>Other Adjustments</b>		Amount: _____		
Type: _____				

# BUSINESS INCOME AND EXPENSES

2016  
(SCH C)

Your principal business or profession \_\_\_\_\_ Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_ 2015 Business code \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2016	2015
Date placed in service _____	Mileage--> _____	
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME	2016	2015
Gross receipts or sales _____	Sales--> _____	
Returns and allowances _____		
Other income _____		

PART II EXPENSES	2016	2015
Advertising	_____	
Car/Truck expenses	_____	
Commissions	_____	
Contract labor	_____	
Depletion	_____	
Employee benefit programs	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Legal and professional services	_____	
Office expense	_____	
Pension and profit sharing	_____	
Rent or lease - vehicles, machinery	_____	
Rent - Other business property	_____	
Repairs and maintenance	_____	
Supplies	_____	
Taxes and licenses	_____	
Travel	_____	
Meals and entertainment	_____	
Utilities	_____	
Wages	_____	
Enter prior year unallowed loss (if any)	_____	

OTHER EXPENSES	2016	2015
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

(SCH C PG 2)

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_

# OFFICE IN THE HOME DEDUCTION

**2016  
(8829)**

**2015**

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

**2016**

**2015**

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

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

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

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

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2015 Form 8829 line 42 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2015 Form 8829 line 43 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_

# BUSINESS ASSET LIST

2016

## Asset acquisition list (Please list all assets you have purchased or placed in service in 2016.)

Description	Date Acquired	Cost	To Schedule
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Asset disposition list (Please list all assets you sold, traded, junked, or took out of service for any reason in 2016.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

# 2016 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

# RENTAL REAL ESTATE AND ROYALTIES

2016  
(SCH E)

	Property A		Property B		Property C	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2016						
Did you actively participate in this venture?						
Did you use this property for personal use?						



# 2016 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			

### PHYSICAL ADDRESS

Property D

---

---

---

Property E

---

---

---

Property F

---

---

---

# RENTAL REAL ESTATE AND ROYALTIES

2016  
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property <b>D</b>		Property <b>E</b>		Property <b>F</b>	
	2016	2015	2016	2015	2016	2015
<b>INCOME</b>						
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2016						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# ITEMIZED DEDUCTIONS

2016  
(SCH A)

\*T,S,J

2016

2015

## MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.\*

If you are receiving social security, please do not list the Medicare insurance here.  
We will pick that up from your 1099-SSA form(s).

_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____

Number of medical miles

\* Do not list amounts paid with pre-tax dollars or that were reimbursed.

\* Taxpayer, Spouse, or Joint

## TAXES PAID

Real estate taxes	---	_____	_____
Personal property taxes	---	_____	_____
Other _____	---	_____	_____

## INTEREST PAID

Home mortgage interest	---	_____	_____
Points paid in purchasing new home	---	_____	_____
Qualified Mortgage Insurance Premium	---	_____	_____
Investment interest expense	---	_____	_____

## CONTRIBUTIONS - Receipts required for all contributions

Cash			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Non-cash			
Number of charity miles	---	_____	_____

## MISCELLANEOUS DEDUCTIONS

Include union and professional dues, business publications, etc.			
_____	---	_____	_____
_____	---	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	---	_____	_____
_____	---	_____	_____
Gambling losses	---	_____	_____

<b>EMPLOYEE BUSINESS EXPENSES</b>		<b>2016</b> <b>(2106/2106 EZ)</b>
<b>GENERAL INFORMATION</b>	<b>2016</b>	<b>2015</b>
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____		
<b>EXPENSES</b>		
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ Type _____ Amount _____ _____ _____ _____ _____ _____ _____		
<b>REIMBURSEMENTS</b>		
Meals and entertainment _____ Other _____		
<b>AUTOMOBILE INFORMATION</b>		
<b>VEHICLE A</b>		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ <b>ACTUAL EXPENSES</b> Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____		
<b>VEHICLE B</b>		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ <b>ACTUAL EXPENSES</b> Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____  Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____		

<b>EMPLOYEE BUSINESS EXPENSES</b>		<b>2016</b> <b>(2106/2106 EZ)</b>
<b>GENERAL INFORMATION</b>	<b>2016</b>	<b>2015</b>
Are these your spouse's business expenses? _____ Occupation in which expense incurred? _____ Were you a qualified performing artist? _____ Were you a fee basis state or local government official? _____ Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____		
<b>EXPENSES</b>		
Parking fees, tolls, and local transportation _____ Travel expenses while away from home overnight _____ Meals and entertainment expenses _____ Are you subject to the hours of service limitation of the Department of Transportation? _____ Other business expenses _____ Type _____ Amount _____ _____ _____ _____ _____ _____ _____		
<b>REIMBURSEMENTS</b>		
Meals and entertainment _____ Other _____		
<b>AUTOMOBILE INFORMATION</b>		
<b>VEHICLE A</b>		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ <b>ACTUAL EXPENSES</b> Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____		
<b>VEHICLE B</b>		
Date vehicle was placed in service _____ Total mileage vehicle was used during the year _____ Miles that vehicle was used for business _____ Miles that vehicle was used for commuting _____ <b>ACTUAL EXPENSES</b> Gas, repairs, insurance, etc. _____ Vehicle rental _____ Cost or other basis of vehicle _____  Do you (or your spouse) have another vehicle available for personal use? _____ Was your vehicle available for personal use during off-duty hours? _____ Do you have evidence to support the deduction? _____ If "Yes," is the evidence written? _____		

# CHILD AND DEPENDENT CARE EXPENSES

2016  
(2441)

Please list all care providers and the amounts paid to them in 2016. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2015 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2015 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2015 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2015 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2015 AMOUNT</b>	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*You may change or delete any information that does not apply to the current year.**



Oops!

Blame it on Adobe.....

If you landed on this page  
when opening the organizer,  
please scroll up to  
the top for instructions.  
We feel this has something to  
do with the latest Adobe  
update.

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