



# Forsythe & Donahue Tax Solutions

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## 2016 Organizer

If you are a prior customer and your basic information has not changed you can write no change in this area, Please update your email address and phone number so we may communicate easily with you.

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Other: \_\_\_\_\_

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

Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Township/Boro: \_\_\_\_\_ School Dist. \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's  
Occupation \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email \_\_\_\_\_

**Maiden name or other last names used by taxpayer or spouse (write NONE if none ever used):**

\_\_\_\_\_

**Dependents: (please only complete for new dependents)**

New Dependent # 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Lives with you (Y or N) \_\_\_\_\_ Day Care Expense: \_\_\_\_\_

Relationship \_\_\_\_\_ Months lived with you: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Are there any dependents from last year that you are no longer claiming? \_\_\_\_\_

Anyone else living in your household? \_\_\_\_\_

## Health Insurance Information:

Did you have health insurance for all family members for all of 2016? Yes \_\_\_\_\_ NO \_\_\_\_\_  
*Forms 1095A, 1095B and 1095C will be required this year ---Please attach*

### Please enclose the following forms:

Please fill in Number of each forms enclosed on the blank line next to it

<u>Number</u>	<u>Form #</u>	<u>Form Description</u>
_____	W-2	Wage and Tax Statement.
_____	W-2G	Certain Gambling Winnings.
_____	1095-A, B, C	Health Insurance Statements
_____	1099-INT	Interest Income.
_____	1099-DIV	Dividends and Distributions.
_____	1099-B	Brokerage Statements (Provide all pages)
_____	1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
_____	SSA 1099	Social Security
_____	1099-C	Cancellation of Debt
_____	1099-G	State Income Tax Refund and Unemployment Compensation
_____	1099-S	Proceeds from Real Estate Transactions.
_____	1099-K	Merchant Card and Third-Party (BUSINESS RETURNS)
_____	K-1s	Partnership, LLC, Estate, Trust, and S Corporation Income
_____	1098	Home Mortgage Interest Paid
_____	1098-E	Student Loan Interest Statement.
_____	1098-T	Tuition Paid

## Deductions

### Medical and Dental Expenses You Paid:

**Please do not submit receipts--just totals**

1. Prescription medications		\$
2. Health insurance premiums:		\$
a. Medical, dental and vision insurance:		
b. Long-term care premiums	For whom? H    W	\$
c. Medicare Premiums:		\$
3. Fees for doctors, dentists, hospitals clinics etc		\$
7. Eyeglasses and contact lenses		\$
8. Medical equipment and supplies		\$
9. Miles driven for medical purposes	miles	

### State and Local Taxes You Paid:

Real Estate Taxes (enclose statements or bills)		\$
Personal Property/Automobile (enclose statement or bills)		\$
Other (list and enclose statements or bills):		\$

### Interest You Paid:

**Mortgage Interest Statement. [ENCLOSE form 1098]**

	Paid to:	Amount
1 <sup>st</sup> Mortgage:		\$
2 <sup>nd</sup> Mortgage (Home Equity):		\$
Mortgage Insurance Paid		\$

• Yes, • No – Did you **purchase/refinance your home** this year? If yes, enclose **Settlement Sheet**.

**Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list.**

**Total \$ \_\_\_\_\_**

**Gifts by other than cash or check if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$ \_\_\_\_\_**

**Teacher's Classroom Expenses: \$ \_\_\_\_\_**

### Education Expenses

**Enclose 1098-T – Tuition Payments Statement. (IRS now requires one)**

Other costs for books, supplies etc. \$ \_\_\_\_\_

**Job Expenses and Most Other Miscellaneous Deductions:**

• Yes, • No – Did you have travel related to your job that was not reimbursed by your employer?  
If yes, please attach explanation.

Union Dues	\$
Dues to Professional Organizations	\$
Subscriptions to Professional Journals	\$
Protective Clothing, Safety Equipment, Uniforms and Cleaning	\$
Small Tools and Supplies needed for your job	\$
Educational Courses/Classes	\$
Miles driven for business	
Tax Preparation Fees	\$
IRA Management Fees	\$
Investment Expenses	

**Child and Dependent Care Expenses:**

**Provider: (if you had more than one please attach list with breakdown by child)**

Name of Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number or Employer I.D. Number \_\_\_\_\_

**Amounts Paid This Provider: \$** \_\_\_\_\_

**Student Loan Interest Expense**

Enclose 1098-E \$ \_\_\_\_\_

**Federal Estimated Taxes You Paid:** Please attach copies of cancelled checks if possible.

Federal Income Taxes	Date Paid	Amount
2016 Estimated Payment – Voucher #1 (due 4/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #2 (due 6/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #3 (due 9/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #4 (due 1/15/17)	/ /2017	\$

**State Taxes You Paid:**

State Income Taxes	Date Paid	Amount
2016 Estimated Payment – Voucher #1 (due 4/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #2 (due 6/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #3 (due 9/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #4 (due 1/15/17)	/ /2017	\$

State taxes paid for 2016: With estimated voucher 4 in January 2017\$ \_\_\_\_\_

With Tax Return filed in 2016 \$ \_\_\_\_\_

## Local Taxes You Paid:

Local Income Taxes	Date Paid	Amount
2016 Estimated Payment – Voucher #1 (due 4/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #2 (due 6/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #3 (due 9/15/16)	/ /2016	\$
2016 Estimated Payment – Voucher #4 (due 1/15/17)	/ /2017	\$

Local taxes paid for 2016: With estimated voucher 4 in January 2017 \$ \_\_\_\_\_  
 With Tax Return filed in 2016 \$ \_\_\_\_\_

### IMPORTANT QUESTIONS - Please answer.

**Additional information is required if you answer yes to these questions - Please attach**

- Yes No Can you or your spouse be claimed as a dependent by another taxpayer?
- Yes No Can any dependent be claimed as a dependent by another taxpayer?
- Yes No Did you sell a **personal residence**, vacation home, land, or other real estate this year?
- Yes No Did you purchase a **personal residence**, vacation home, land, or other real estate this year?
- Yes No Did you receive **unreported tip income** of \$ 20 or more in any month?
- Yes No **IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business, etc.)?**
- Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?
- Yes No Do you wish to have **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**

### Please read and sign below:

This confirms the services we will provide:

- ✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.
  - ✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2016, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.
  - ✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.
  - ✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.
  - ✓ We will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you our customer. Thank you for understanding.
- If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_