

2017 Tax Organizer

If you are a prior customer you can write no change in this area, please update your email address and phone number so we may communicate easily with you.

Name: _____ SSN: _____ DOB: _____

Spouse: _____ SSN: _____ DOB: _____

Maiden Name : _____

Street: _____ State: _____ ZIP: _____

Phone 1: _____ Phone 2: _____

Email _____

New Dependent # 1 _____ Date of Birth _____ SSN: _____

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? _____

Did you have health insurance for all family members for all of 2017? Yes _____ NO _____

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

Number	Form #	Form Description
	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, 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 (IRS now requires School Tuition Statements in addition)

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

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 \$ _____

Education Expenses & Other costs for books, supplies etc. \$ _____

Medical and Dental Expenses You Paid

1. Prescription medications	\$
2. Health insurance premiums: Medical, dental and vision insurance:	\$
Long-term care premiums For whom? H ___ W ___	\$
Medicare Premiums:	\$
3. Fees for doctors, dentists, hospitals clinics etc	\$
4. Eyeglasses and contact lenses	\$
5. Medical equipment and supplies	\$
6. 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]

1 st Mortgage:		\$
2 nd Mortgage (Home Equity):		\$
Mortgage Insurance Paid		\$

Yes, No – Did you **purchase/refinance your home** this year?

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 Teacher's Classroom Expenses	\$
Educational Courses/Classes	\$
Miles driven for business	
Tax Preparation Fees	\$
IRA Management Fees	\$
Investment Expenses	\$

Child Care Expenses: (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: \$ _____

2017 Estimated Payment – Federal Taxes	Date Paid	Amount
Voucher #1 (due 4/15/17)	/ /2017	\$
Voucher #2 (due 6/15/17)	/ /2017	\$
Voucher #3 (due 9/15/17)	/ /2017	\$
Voucher #4 (due 1/15/18)	/ /2018	\$

2017 Estimated Payment – State Taxes	Date Paid	Amount
Voucher #1 (due 4/15/17)	/ /2017	\$
Voucher #2 (due 6/15/17)	/ /2017	\$
Voucher #3 (due 9/15/17)	/ /2017	\$
Voucher #4 (due 1/15/18)	/ /2018	\$
2017 Estimated Payment – Local Taxes	Date Paid	Amount
Voucher #1 (due 4/15/17)	/ /2017	\$
Voucher #2 (due 6/15/17)	/ /2017	\$
Voucher #3 (due 9/15/17)	/ /2017	\$
Voucher #4 (due 1/15/18)	/ /2018	\$

Taxes Paid With 2016 State Tax Return \$ _____
With 2016 Local Tax Return \$ _____

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 **Purchase** or **Sell** a **personal residence**, or other real estate this year. If yes, enclose Settlement Sheet.
- 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: _____

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT, 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees, who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. To opt out of any disclosure source please notify us.

If you have any questions about our privacy policy, please contact us.