

# 2016 Tax Organizer

## Self

Name  Occupation

Date of Birth  Work Phone  Cell Phone   Disabled  
 Blind  
 Over 65

SSN#  E-mail

## Spouse

Name  Occupation

Date of Birth  Work Phone  Cell Phone   Blind  
 Over 65  
 Disabled

SSN#  E-mail

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Home Address

City  State  Zip Code  Home Phone

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## Dependents

Name	Relationship	Date of Birth	SSN #	# Months in Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If dependent is other than your child or if child living with you age 18 and older NOT going to school, please list income. A dependent is your child living with you 18 or younger (age 19-23 if attending school full time for at least 5 months during the year) who did not provide more than 1/2 of their own support or a permanently and totally disabled child.

## Dependents - continued

- Non-custodial parent claiming exemption for child(ren). Custodial parent has released the exemption. Signed Form 8332 attached
- Dependent child(ren) have unearned income over \$1,000.00. Unearned income consists of interest, dividends, capital gains, etc.

If you were unmarried (or considered unmarried) at the end of the tax year, and you maintained a home that for more than 1/2 the tax year was the principal place of residence for your qualifying child, you may be eligible for Head of Household filing status. If you are married, you may be considered unmarried for this purpose if your spouse did NOT live in your home during the last 6 months of the tax year. If you are maintaining the household of a parent, the parent does not need to live with you to qualify.

## General Information Questions

The following items may affect your tax return. Please read carefully and indicate those applicable.

- Received and or paid alimony (circle one)? DO NOT include child support.

To/From: Name  SSN#  \$ Amount

- National Guard member or Armed Forces Reservist and travel more than 100 miles and stay overnight to fulfill duty
- Active Military
- Adoption Expenses/Foster Child Expenses - please provide \$ amount and paperwork
- Debt forgiveness on principal residence or rental property? Foreclosure on principal residence or rental property?
- Out-of-pocket expenses associated with your job - please complete worksheet for Job-related Expenses
- Teacher - out-of-pocket expenses occurred for classroom costs. Please provide \$ amount.
- Household services - paid \$2,000.00 or more for household services such as babysitting, cleaning, cooking or gardening services (over 18)
- Gifts totaling more than \$14,000 to one individual during the year? If so, please provide gift, recipient's name, address and relationship to you
- Move over 50 miles for a job. Please provide a list of expenses.
- Contribution to an IRA or Roth IRA. (Contributions can be made up to April 17, 2017.)
- Age 70 1/2 or older. Required Minimum Distribution (RMD) taken. If you turned 70 1/2 in 2016 you can take the RMD in 2016 or 2017.
- Refinance home/rental property. Please bring closing statement.
- Cancellation of Debt (other than primary home) Please bring Form 1099-C
- Stock sale - please provide year end Form 1099. Also please provide basis of the stock if not shown on year end statement.

## Income

**Wages** - Please provide all W-2 forms received by your employer. If you have not received your W-2's by 2/15/16, please contact your employer.

## Dividends and Interest Income

Please provide all Forms 1099 that include interest and /or dividend income. You may provide a listing of your interest and dividends on a separate sheet but make sure to everything matches what is reported on the actual Forms 1099-INT and 1099-DIV. If the reports include sale of stock information you need to provide a copy of the entire report. Also if there is any tax-exempt interest the complete form must be provided.

## Installment Sale Payments Received

Interest Portion = \$

Principal Portion = \$

Payer is a relative or related party

If payer uses property as principal residence, please provide:

Name:

SSN# :

Address:

## Retirement Plan Distributions -Pensions, Annuities, Rollovers, IRA, SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals

Provide all copies of Form 1099-R received for retirement plans distributions

## Partnerships, Estates, Trusts and S Corporations

Provide all Schedules K-1 received for tax year.

## Social Security or Railroad Retirement Benefits

Provide Forms SSA-1099 or RRB-1099.

## Other Income

Unemployment Income Form 1099-G

State Income Tax Refund

Cancellation of Debt

Tips & Gratuities not reported on W-2

Gambling/Lottery Winnings

Other

Health or Medical Savings Form 1099SA

Other

## Self-employment Income - see worksheet for Schedule C

## Rental Activity Income and Expenses - see worksheet for Rental Properties