INDIVIDUAL TAX ORGANIZER CHECKLIST

PLEASE USE THIS AS A GUIDE FOR GATHERING YOUR TAX INFORMATION AND TAX SOURCE DOCUMENTS. IRS GUIDELINES REQUIRE TAX PREPARERS TO RECEIVE *LEGIBILE* COPIES OF *ALL* SOURCE DOCUMENTS. WHEN IN DOUBT, INCLUDE IT.

IF YOU NEED A MORE SPECIFIC TAX ORGANIZER PLEASE CALL THE OFFICE TO HAVE ONE PREPARED FOR YOU.

PLEASE PROVIDE YOUR INFORMATION TO US BY *MARCH 20th* IN ORDER FOR US TO HAVE AMPLE TIME TO COMPLETE YOUR TAX RETURNS BY *APRIL 18th.* INFORMATION RECEIVED AFTER MARCH 20th MAY NOT GUARUNTEE A COMPLETION DATE OF APRIL 18th AND AN EXTENSION WILL BE FILED ON YOUR BEHALF.

INCOME SOURCES

Wages (W-2)　　Interest Income (1099-Int)　　Dividend Income (1099-Div)

Business Income (1099-MISC). Please include a list of expenses associated with the business.

Proceeds from the sale of stocks or mutual funds(1099-B). Please include cost basis and date purchased for each sale.

Rollovers or Distributions from IRAs, Pensions, Annuities, Retirement or Profit Sharing Plans (1099-R)

K-1 Schedules from S-Corporations, Partnerships, Estates and/or Trusts (if not prepared by us)

Rental Income (1099-MISC). Please include a list of expenses associated with the rental property

Social Security Benefits (SSA-1099)　　Gambling or Lottery Winnings (W-2G)

Unemployment Compensation (1099-G)　　Cancellation of Debt (1099-C)

Farm Income. Please include farm name, list of expenses, animals bought and sold.

Any refunds or credits of state or local income taxes　　Alimony Received

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE
IRA Contributions………	Amount________________ Type___________	Amount________________ Type___________
SEP Contributions…….	Amount_________________	Amount_________________
SE Health Insurance….	Amount_________________	Amount_________________
Health Saving Account..	Amount________________________ (1099-SA)	Amount________________________ (1099-SA)
Student Loan Interest…	Amount_________________________ (1098-E)	Amount_________________________ (1098-E)
Alimony Paid…………..	Amount__________Receipents SSN:_________	Amount__________Receipents SSN:_________
Tuition & Fees…..…….	Amount_________________________ (1098-T)	Amount_________________________ (1098-T)
Moving Expenses……...	Please include detailed list	Please include detailed list

ITEMIZED DEDUCTIONS AND CREDITS

Medical and Dental Expenses. Please include list of expenses paid to hospitals, doctors, mileage driven, etc.

Mortgage Interest Paid & Real Estate Taxes Paid on principal residence and additional homes (Form 1098)

Cash and Non-cash Contributions. Please list the donee's organization, address and amount. Non cash requires a basis.

Employee Business Expenses. May include Union Dues, Professional Subscriptions, Mileage, etc.

Tax Preparation Fees　　Investment Expenses/Safe Deposit Box

Child Care Credit. Please list the names, addresses, SSN or EIN, and amounts paid to all child care providers.

Education Credits. Please list for whom the tuition was paid, the amount and what year in college the student is.

Residential Energy Credits. Please attach receipt for purchase of qualified energy efficient improvement.

Foreign Tax Credits. For Foreign Tax Paid found on Brokerage Statements (1099-B's, 1099-DIV's or 1099-INT's).

Retirement Savings Contributions. Traditional, Roth or 401k contributions.

HEALTH INSURANCE

Was everyone listed on the tax return covered by health insurance in 2016? _____ YES _____ NO

If yes, was everyone covered for the entire year? _____ YES _____ NO

If you had Marketplace coverage for everyone listed on your tax return, please provide Form 1095-A.

If you had insurance through an employer plan, please provide Form 1095-B or 1095-C.

If you were issued a hardship exemption by the Marketplace, please provide all applicable exemption certificate numbers

ESTIMATED TAX PAYMENTS

DATE PAID	FEDERAL	STATE (S) Or LOCAL
Date..______________	Amount…____________________________	Amount…____________________________
Date..______________	Amount…____________________________	Amount…____________________________
Date..______________	Amount…____________________________	Amount…____________________________
Date..______________	Amount…____________________________	Amount…____________________________

ADDITIONAL INFORMATION

Any property bought or sold in 2016, please provide copies of the HUD settlement statement. If sold, please provide a list of capital improvements made to the property.

If you donated a vehicle worth more than $500, attach Form 1098C.

If you purchased a motor vehicle or boat during 2017, attach documentation showing sales tax paid.

If you need us to prepare your local earned income tax return, please include the form.

If you need your dependents return(s) completed, please include their tax information.

Any IRS or state tax agency correspondence you have received.

Any changes in personal information, such as martial status, address or # of children

Any other documents you feel that may be required or relevant.

New Clients Only - please provide a copy of last years tax return(s).

NOTES