

Tax Organizer

for Tax Year 2016

Compliments of:
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 Phone 913-432-3147 Fax 913-722-4653

Name:
 Taxpayer _____ SS No. _____ Birthdate/Age _____
 Spouse _____ SS No. _____ Birthdate/Age _____
 Address: _____ Telephone (Home) (____) _____
 _____ Telephone (Work) (____) _____
Cell Phone: Taxpayer _____ Spouse _____
Email Address: Taxpayer _____ Spouse _____
Occupation: Taxpayer _____ Spouse _____
Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

Dependents

Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2016	No. of Months of Qualifying Healthcare Coverage

***A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**
 Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students _____

Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2016.**

- YES NO**
- Did you receive any employer-provided educational assistance? \$ _____
 - Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?
 - Did you contribute to a Qualified State Tuition Plan?
 - If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____
 - Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
 - If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st?
 - Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 - Were any funds withheld? Yes No Amount: \$ _____
 - Were the withdrawn funds used to pay medical expenses? Yes No
 - Were you called to active duty before you withdrew the amounts?
 - If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: \$ _____
 - Did you pay alimony? If yes, paid to: _____
 - SS no.: _____ Amount Paid: \$ _____

Did you receive alimony, if so how much? \$ _____

YES NO

Did you have any adoption expenses? \$ _____

Did you receive gifts in excess of \$15,671 from a foreign entity?

Did you receive gifts in excess of \$100,000 from a foreign person?

Did your college student receive educational benefits under a prepaid tuition program?

Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?

Did you receive an advance child tax credit payment? If yes, how much? \$ _____

Have you ever qualified for the Earned Income Tax Credit?

Did you purchase an alternative fuel motor vehicle?

Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

Did you receive a Form 1099-A and/or Form 1099C? If so, please provide any Form(s) 1099 you received.

Did you or your spouse contribute to a Health Savings Account?

Did you or your spouse pay any interest on a student loan?

Health Care Reform

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

Estimated Tax Payments

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

Wage Income

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Retirement Benefits Received (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage		Early Withdrawal Penalty		Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2016: \$ _____

For seller financed mortgage: Buyer's name, Social Security number and addresses: _____

Dividend Income (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account? Yes No
 Did you have any stock sales in 2016? If yes, submit all 1099B forms. Yes No
 Installment Sale Payments Received: Interest \$ _____ Principal \$ _____
 Buyer's name: _____ SS # _____ Address: _____

Other Benefits/Income Received (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

Taxpayer	Social Security		Unemployment		Alimony		State Refund		Schedule K Income		Other	
Spouse												

Capital Assets Sold (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

Rental Income (Attach 1099 Forms)

Property Description																			
Gross Income																			
Expenses																			
Advertising																			
Auto & Travel																			
Cleaning & Maintenance																			
Commissions																			
Insurance																			
Professional Fees																			
Mortgage Interest																			
Other Interest																			
Repairs																			
Supplies																			
Taxes																			
Utilities																			
Wages/Schedule																			
% Occupancy by Taxpayer																			

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

Improvements to Personal Residence Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

Business Income (Attach 1099-MISC Forms)

Business Name _____
 Federal ID No. _____
 Principal Business Activity _____
 Principal Product _____
 Method Used to Value Inventory _____
 Accounting Method: Cash _____ Accrual _____

Gross Income **Amount**

Gross Income..... _____
 Less Returns/Allowances..... _____

Cost of Sales

Beginning Inventory..... _____
 Purchases..... _____
 Cost of Labor..... _____
 Materials and Supplies..... _____
 Freight In..... _____
 Other..... _____
 Ending Inventory..... _____

Deductions

Advertising..... _____
 Auto-Truck Expense..... _____
 Bad Debts..... _____
 Collection Expense..... _____
 Commissions..... _____
 Professional Dues & Subscriptions.. _____
 Employee Benefit Program..... _____
 Freight & Express..... _____
 Utilities..... _____
 Insurance..... _____
 Interest—Mortgage..... _____
 Interest—Other..... _____
 Janitorial & Cleaning..... _____
 Laundry..... _____
 Legal & Accounting Fees..... _____
 Office Expense..... _____
 Postage..... _____
 Rent..... _____
 Repairs..... _____
 Salaries..... _____
 Supplies..... _____
 Telephone..... _____
 Travel..... _____
 Total Meals & Entertainment..... _____

Farm Income (Attach 1099 Forms)

Farm Name _____
 Principal Activity _____
 Accounting Method: Cash _____ Accrual _____

Income

Sales of Items Bought for Resale..... _____
 Cost of Items Bought for Resale..... _____

Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves..... _____
 Pigs & Sheep..... _____
 Poultry & Eggs..... _____
 Dairy Products..... _____
 Corn, Peas, etc..... _____
 Wheat, Oats, Hay & Straw..... _____
 Fruit..... _____
 Patronage Dividends..... _____
 Agricultural Program Payments..... _____
 Commodity Credit Loans Neglected... _____
 CCC Loans: Forfeited..... _____
 Repaid with Certificates..... _____
 Crop Insurance Proceeds..... _____
 Federal Gasoline Tax Credit..... _____
 Other..... _____

Deductions

Breeding Fees..... _____
 Chemicals..... _____
 Conservation Expenses..... _____
 Custom Hire (Machine Work)..... _____
 Employee Benefits Programs..... _____
 Feed Purchased..... _____
 Fertilizers & Lime..... _____
 Freight & Trucking..... _____
 Gasoline, Fuel, Oil..... _____
 Insurance..... _____
 Interest—Mortgage..... _____
 Interest—Other..... _____
 Labor Hired..... _____
 Pension & Profit Sharing Plans..... _____
 Rent of Farm, Pasture..... _____
 Repairs, Maintenance..... _____
 Seeds, Plants Purchased..... _____
 Storage, Warehousing..... _____
 Supplies Purchased..... _____
 Taxes..... _____
 Utilities..... _____
 Veterinary Fees, Medicine..... _____

Did you have business start-up costs in 2016? Yes No
 If so, was the business running by the end of 2016? Yes No
 Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2016? Provide all copies of K-1.

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
 Nature of Business Activity Performed in Home: _____
 Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Retirement Contributions for 2016 Do you want to make any nondeductible IRA contributions? Yes No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.*.....	
.....	

*Not yet extended

Charitable Contributions

Cash Contributions*.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
_____ Miles for Charity.....	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings).....	
.....	
.....	

Household Employee Information

Household Employer EIN: _____
 Did you pay any one household employee \$2,000 or more in 2016? Yes No
 Did you withhold Federal income tax during 2016 at the request of any household employee? Yes No
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2016 to household employees? Yes No
 Was the employee under age 18? Yes No Student? Yes No
 Do you have a Form I-9 on file for your household employee? Yes No
 Household Employee Name: _____ Social Security Number: _____
 Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____
 Enter No. of miles from your old home to your *old* workplace _____
 Date of Move _____ Arrival at New Location _____

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? Yes No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging during Move.....			

Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

	Amount
Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	
.....	
.....	
.....	

Automobile Expense

	Car 1	Car 2
Total Miles Driven		
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

	Car 1	Car 2
Actual Automobile Expenses		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ _____

Sale of Personal Residence (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Signature

Date