

2017 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital status at the end of 2017

- Married
 Married filing separately
 Single
 Widow(er) If spouse passed away in 2017 enter the date of death _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No Are you blind?
 Yes No Are you disabled?
 Yes No Are you a full-time student?
 Yes No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2017 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name: _____

SSN: _____

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy cancelled in 2017?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2017 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2017 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

Payer name	2017 amount

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Payer name	2017 ordinary dividends	2017 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Payer name	2017 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN: _____

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

	2017	Prior years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2017 Taxpayer	2017 Spouse
Scholarships or grants not reported on form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2017	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2017 Taxpayer	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Contributions made to a myRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

	2017
Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____
<input type="checkbox"/> This was a military move	

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2017 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2017 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2017	2017
Gross receipts or sales	_____	Other income _____
Income from Form 1099-MISC	_____	_____
Returns & allowances	_____	_____

Expenses

	2017	2017
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals & entertainment _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses (list) _____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Mortgage interest	_____	_____
Other interest	_____	_____
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs & maintenance	_____	_____
Supplies	_____	_____
Taxes & licenses	_____	_____

Cost of Goods Sold

	2017	2017
Inventory at beginning of year	_____	Materials & supplies _____
Purchases	_____	Other costs _____
Cost of personal use items	_____	Inventory at end of year _____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence
 Vacation / short-term rental
 Land
 Self-rental
 Multi-family residence
 Commercial
 Royalties
 Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home
 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
 This property was disposed of during 2017
 Yes No You filed Form(s) 1099 for the individual(s)
 This property was owned as a qualified joint venture

Income

	2017	2017
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent _____
Rental income from Form(s) 1099-MISC	_____	Royalties from Form 1099-MISC _____

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Depletion	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Interest - mortgage	_____	_____	
Interest - other	_____	_____	
Repairs	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

Principal product _____ Employer ID number _____

- Checkboxes for farm disposal, government subsidy, and Form 1099 filing.

Income

Table with 3 columns: Description, 2017, 2017. Rows include Sale of livestock, Cost of items, Sale of products, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, and Custom hire income.

Expenses

Table with 3 columns: Description, 2017, 2017. Rows include Car & truck expenses, Chemicals, Conservation expenses, Custom hire, Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance, Interest, Labor hired, Pension & profit-sharing plans, Rent, and Repairs & maintenance.

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2017

This farm received applicable subsidy during 2017

Income

	2017		2017
Income from production of livestock, grains, and other crops	_____	Other income	_____
Total cooperative distributions	_____		_____
Total agricultural payments	_____		_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2017	_____		_____
<input type="checkbox"/> You elect to defer to 2018			
Amount deferred from 2016	_____		_____

Expenses

	2017		2017
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other:	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equip	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Mortgage interest paid (attach Form 1098)
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount