income ta	Organizer is designed to help you collect and report the information needed to prepare your 2016 x return. The attached worksheets cover income, deductions, and credits, and will help in the on of your tax return by focusing attention on your special needs.
	ater your 2016 information in the designated areas on the worksheets. If you need to include additional on, you may use the back of a worksheet or an additional page.
When pos	sible, 2015 information is included for your reference. You do not need to make any 2015 entries.
designed	General Questions and Business/Investment Questions worksheets include a variety of questions to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide able details.
Please pro	vide the following information:
	A copy of your 2015 tax return (if not in our possession).
	Original Form(s) W-2.
	Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
	Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
	Form(s) 1099 or statements reporting dividend and interest income.
	1 offings/ 1059 of statements reporting dividend and interest medine.
	Brokerage statements showing transactions for stocks, bonds, etc.
	Brokerage statements showing transactions for stocks, bonds, etc. Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real
	Brokerage statements showing transactions for stocks, bonds, etc. Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.

2016 TAX ORGANIZER

Taxpayer Information			Spouse	Information	
Last name		Last name	····· —		
First name		First name	·····		
Middle Initial	Middle Initial	······	<u> </u>	Suffix	
Social security number		Social security	number	·····	
Occupation		Occupation	····· _		
Work phone			·····		Ext
Cell phone		Cell phone	·····		
E-mail address		E-mail address	······		
Date of birth		Date of birth			
Address	_			Apartment nun	nber
City			<u></u>	ZIP Code	
Home phone		number		_	
Dependent Information					
First name	МІ	Social Security Number	Date	Months Lived	Child Care
Last name	Suffix	Relationship	of Birth	with Taxpayer	Expense
Child and Dependent Care Provider Exp	enses				
Name		Address		ID Number	Amount Paid
Education Tuition and Fees					
Attach all Form 1098-Ts and a list of your quali	fied education	n expenses.			
Student Loan Interest Paid					
Enter total 2016 qualified student loan interest.					

2016 Income

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation	
Employer Name	2015 Amount
Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, Profit-	
1099-R Payer Name	2015 Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	
Railroad Retirement Benefits from Form RRB-1099	
Medicare B premiums withheld	
Medicare C premiums withheld	
Medicare D premiums withheld	
Attack Family 1000 BRICO Brings Income	
Attach Form(s) 1099-MISC — Miscellaneous Income	
1099-MISC Payer Name	
Attach Form(s) 1099-INT — Interest Income	
1099-INT Payer Name	2015 Amount
·	
Attach Form(s) 1099-DIV — Dividend Income	
1099-DIV Payer Name	2015 Amount
	
Attach Form(s) 1099-B, 1099-S — Sales of Stocks, Bonds, Real Estate, etc Attach all stock sale transaction information, including initial cost information.	
Other Government Forms to attach:	
Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Trust or E	Estate Income Form(s) W-2G —
Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs	_state income, i office) w-2G =
Other Income:	
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and experience of all new equipment acquired this year, including date of purchase and cost.	penses for any business, rental or
Retirement Plan Contributions	rer Spouse
Traditional IRA contributions made for 2016	
Roth IRA contributions made for 2016	
SEP Keach Individual 401(k) or SIMPLE Contributions	

2016 Deductions

Medical and Dental Expenses	2016 Amount	2015 Amount
Prescription medications		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes		
Other medical and dental expenses:		
·		
Taxes	2016 Amount	2015 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses		
Home mortgage interest paid - Attach Form(s) 1098.		
Lender's Name	2016 Amount	2015 Amount
Points paid on loan to buy, build or improve main home		
Lender's Name	2016 Amount	
Cash/Check/Credit Contributions		
	2016 Amount	2015 Amount
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, descrice contributed, your cost, value at time of donation, and how you acquired the property.	ption of donation, date a	acquired and date
Miscellaneous Deductions	2016 Amount	2015 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list):		

2016 Questions

1	Did a lender car	ncel any of your debt in	20162 (Attach any	Forms 1099-A or 1099-	C)	-		es	No
2	Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C)								
	attach details					Н	 		
3		se a motor venicle or be ocumentation showing s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • •		• • • • • • • • • • • • • • • • • • • •	Ш	
4	-	_	•	s, enter year, make, m	odel, a	and date purchased:			
5	Did you donate	a vehicle in 2016? If y	es, attach Form 109	8C	• • • • • • •			Ц	Ш
6	What was the sa	ales tax rate in your loo	ality in 2016?	%	State	ID			
7	If yes, explain:	status change during a	2016?		• • • • • • •			Ш	Ш
8		ir spouse permanently	and totally disabled	in 2016?				П	П
9									Ħ
10				student under age 24 w					
11				during 2016?					
12	Did you incur ad	doption expenses durin	g 2016?		• • • • • •				
13	or qualified plan	n within 60 days of the	distribution?	alified plan that was pa					
14								H	\vdash
15								Ш	Ш
16a	Did you buy, sel	II, refinance, foreclose of 1099-A	or abandon a princi forms	pal residence or other r	eal pr	operty in 2016? If ye	s, attach closing or		
b	If you sold a ho	me, did you claim the f	irst-Time Homebuy	er Credit when you purd	hased	1 it?			
17									Ц
18								Ц	
19	Did you pay any	y individual for domesti	c services in 2016?					Н	Н
20								H	Н
21	Did you use the	proceeds from Series	EE or I U.S. savings	s bonds purchased after	1989	to pay for nigher edi	ucation expenses:.	H	H
22	Did you receive	ny moving expenses? I	r yes, attach details. ad in this Tay Organ		• • • • • • •	•••••	•••••	H	Ħ
	23 Did you receive any income not included in this Tax Organizer?						_		
	Do you expect your income and deductions in 2017 to be the same as 2016?								
				ge for the full year?				Ш	Ш
b	b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach								
26									
27	Enter your state	of residence			Tax	cpayer	Spouse		
		and Direct Deposit o		to file electronically?				es	No
•	If your tax return is eligible for Electronic Filing, would you like to file electronically?								
If yo	f you receive a refund, would you like direct deposit?								
-	If yes, please provide a voided check (not a deposit slip) if your bank account information has changed. What type of account is this?								
							necking Sa	virigs	<u>. L</u>
ESTI	Estimated Tax Paid Federal State Local								
	Date	Amount	Date	Amount	1D	Date	Amount		ID
	-								
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ام ۸		mation #	311	In		-1- >			
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Additional Information	ORG5
	
	
	
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