

Miscellaneous Information

Name:

SSN:

Personal Information

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| | | If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |

Dependent Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any changes in dependents during the year? |
| | | If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another person qualify to claim the child? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any childcare expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any adoption expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income? |
| | | Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.) |

Health Care Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did any member of your household NOT have healthcare coverage for the entire year? |
| | | Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. |
| | | If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? |

Income, Purchases, Sales, and Debt Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any tips not reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any U.S. Savings Bonds during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any other income not provided with this organizer? |
| | | If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business or purchase any rental property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell an existing business, rental property, or other property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any business assets or convert any assets to business use? |
| | | If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investments during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell a principal residence during the year? |
| | | If "Yes," provide closing documentation for the purchase and sale of the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you foreclose or abandon a principal residence or real property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance your principal home or second home or take out a home equity loan during the year? |
| | | If "Yes," provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any principal or interest, during this year, from property sold in prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you rent out your home or use it for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell, exchange, or purchase any real estate during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire a new or additional interest in a partnership or S corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? |
| | | If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service. |

Itemized Deduction Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boats, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal property taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year? |

Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?
- Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
- If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
- Did you make any estimated payments toward your 2016 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a voided checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
Would you like a physical copy or a PDF copy of your tax return? _____

Preparer Notes

Miscellaneous Notes

2016 Summary 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 end of 2016

- Married
 Married filing separately
 Single
 Widow(er), Date of Spouse's Death if deceased in 2016 _____

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 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2016 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Had healthcare coverage:	For the entire year	For part of the year (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 it applies to any member of the household

- Was your previous insurance policy cancelled in 2016?
- 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

Attach all copies of Form W-2

Employer name	2016 federal wages	2015 federal wages

Retirement

Attach all copies of Form 1099-R

Payer name	2016 distribution	2015 distribution

Form 1099-Misc Income

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

Payer name	2016 amount	2015 amount

Income

Name: _____

SSN: _____

Dividend Income

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

Payer name	2016 ordinary dividends	2015 ordinary dividends	2016 qualified dividends	2015 qualified dividends

Interest Income

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

Payer name	2016 interest	2015 interest

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

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 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 2016	_____	_____	_____	_____
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

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 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

	2016	2015
Number of miles from old home to old workplace	_____	_____
Number of miles from old home to new workplace	_____	_____
Expense 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		

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name

EIN

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2016
 Business _____ Commuting _____ Total _____

Number of miles driven in prior years
 Business _____ Total _____

Garage rent				Property tax		
Gas				Repairs		
Insurance				Tires		
Licenses				Tolls		
Oil				Other expenses		
Parking fees						
Lease payments						
Interest						

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities, not used exclusively for business, complete the following questions

How many days during the year was the area used _____ How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2016	2015	2016	2015
Mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs & maintenance				
Utilities				
Other expenses				

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

	2016	2015
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 (list) . . . _____		

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

	2016	2015
Donations to charity (cash) _____		
Miles driven for charitable purposes _____		
Donations to charity (noncash) . . _____		
If noncash donations are greater than \$500, list below.		

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

Tax preparation fees _____	
Other nonpersonal expenses related to taxable income (list)	

Investment expenses not entered elsewhere _____	

Other Misc. Deductions

Amortizable bond premiums . . . _____	
Federal estate tax _____	
Gambling losses _____	
Impairment-related work expenses . _____	
Claim repayments _____	
Unrecovered pension investments . _____	
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

Attach 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