

Miscellaneous Information

Name: _____

SSN: ***-**-****

Personal Information

Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
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If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
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<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
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Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any changes in dependents during the year?
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If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Can another person qualify to claim any dependents?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any childcare expenses during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any adoption expenses during the year?
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<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 \$2100 of unearned income?
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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?
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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?
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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?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from, or pay taxes to, a foreign country?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you own property in a foreign country?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips not reported to your employer?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any U.S. savings bonds during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not provided with this organizer?
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If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell an existing business, rental property, or other property during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any business assets or convert any assets to business use?
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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?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other investments during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell a principal residence during the year?
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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?
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<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?
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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?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you rent out your home or use it for business?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, or purchase any real estate during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional interest in a partnership or S corporation?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts canceled or forgiven this year?
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<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money that has become uncollectible?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
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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?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds from prior years?
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Miscellaneous Information

Name:

SSN: ***-**-****

Itemized Deduction Information (continued)

Yes No

- Did you make any major purchases (vehicle, boat, etc.) during the year?
Did you pay any real estate property taxes or personal taxes during the year?
Did you pay mortgage interest during the year?
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?
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?
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 2016 taxes to your 2017 estimated taxes?
If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
Did you make any estimated payments toward your 2017 taxes?
Do you want to have any refund or balance due directly deposited or withdrawn?
Did you receive any notices from the IRS or state taxing authority?
May the IRS discuss your tax return with your preparer?
Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Preparer Notes

Miscellaneous Notes

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 _____

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 _____

- Checkboxes for business start/acquire, disposal, and 1099 filing status.

Income

Table with 2 columns for 2017 and 2017, rows for Gross receipts or sales, Other income, Income from Form 1099-MISC, Returns & allowances.

Expenses

Table with 2 columns for 2017 and 2017, rows for Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance, Mortgage interest, Other interest, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease, Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals & entertainment, Utilities, Wages, Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2017 and 2017, rows for Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year, and a checkbox for 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

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 _____

- | | | |
|---|--|---|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2017 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> 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			
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 employee payments.

Income

Table with 3 columns: Description, 2017, 2017. Rows include Sale of livestock, Cost of items, Total cooperative distributions, etc.

Expenses

Table with 3 columns: Description, 2017, 2017. Rows include Car & truck expenses, Chemicals, Conservation expenses, etc.

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	_____	_____

Expenses Related to Business

Name: _____

SSN: ***-**-****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- Another vehicle is available for personal use
- There is evidence to support your deduction
- This vehicle is available for use during off-duty hours
- The evidence is written

Number of miles the vehicle was driven during 2017

Business _____ Commuting _____ 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	
Mortgage interest	_____	_____	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.
Real estate taxes	_____	_____	
Excess mortgage interest	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	

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
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: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expense Not Reimbursed by Your Employer

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses	_____	_____
Parking fees, tolls, local transportation	_____	_____
Meals & entertainment	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |

Casualties and Thefts

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____