

2016 Individual Taxpayer Organizer



TAXSAVERS

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Before we prepare your tax return you should review this tax preparation checklist to help you get organized.

Along with this, your tax preparation checklist should also get you in the right frame of mind. Once you are organized and ready to move forward, you will find that everything begins to fall into place.

What is the overall goal of a tax preparation checklist? Simply put, it will help you get everything together before you begin to file your tax return or show up for your appointment with us.

As you move down the checklist, you will find items you may have missed as well as things that were accounted for in the past.

Tax Preparation Checklist

Please provide the following documentation:

- All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).
- If you are a new client, please provide copies of the last 3 year's tax returns (2013, 2014 & 2015).
- The completed Individual Income Tax Organizer. Note: If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."
- Copy of the closing statement if you bought or sold real estate.
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- Detail of estimated tax payments made, if any.
- Income and deductions categorized on a separate sheet for business or rental activities.
- List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.
- Copy of all acknowledgement letters received from charitable organizations for contributions made in 2016.

Name of Taxpayer :	SS#
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Email

Occupation	Date of birth	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address	City	State	Zip
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County	Home phone	Work or cell
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Name of Spouse:	SS#
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Email

Occupation	Date of birth
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(Enter information below only if different from Taxpayer)

Address	City	State	Zip
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County	Home phone	Work or cell
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If you moved during 2016, enter your previous address. Date of move

Filing status: Single Married Filing Jointly Married Filing Separately Widow(er) Head of Household Unsure

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Have you received any notice from the IRS or state revenue department within the past year? Yes No

Same-sex married couples are required to file as Married Filing Jointly or Married Filing Separately for federal returns. Same-sex married couples may also want to file amended returns for prior tax years.

Names of dependent children Child's full name	Social Security Number	Date of Birth	Months lived in home in 2016	Relationship to taxpayer	College student?

Did any of the children have income above \$1,000 for the year? Yes No

Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2016?

Yes No

Other dependents or people who lived with you

Name	Social Security #	Date of birth	Relationship	Income
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If you are due a refund, would you like it directly deposited into your bank account? Yes No

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name of Bank:	Routing transit number: Account number:
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Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

Questions – All Taxpayers

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

General Return & Filing Information

<p>• Yes • No Were you notified by the IRS or your State of any changes to a prior year's return? <i>*If Yes, please provide a copy of the IRS or State notices.</i></p>
<p>• Yes • No Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return?</p>

**If Yes, please explain or attach documentation.*

Lifestyle and Taxes	• Yes • No	Are either you or your spouse legally blind?				
	• Yes • No	Did you pay or receive alimony in 2016? Paid/Received \$	Recipient's SSN:			
	• Yes • No	Did you have health insurance for you, your spouse, and all dependents for the entire year?				
	• Yes • No	Did you purchase health insurance through a public exchange?				
	• Yes • No	Will there be any significant changes in income or deductions next year, such as retirement?				
	• Yes • No	Have you paid alternative minimum tax (AMT) in previous years?				
	• Yes • No	Did you pay anyone for domestic services in your home?				
	• Yes • No	Did you purchase a new energy-efficient car, truck, or van?				
	• Yes • No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?				
	• Yes • No	Are you a member of the military?				
	• Yes • No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?				
Children and Education	• Yes • No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? Designee's name: _____ Phone number: _____ PIN (any Five digits) _____				
	• Yes • No	Were any children born or adopted in 2016?				
	• Yes • No	Were any children attending college?	Year in college	Paid by you: Tuition \$	Student loan interest \$	Books \$
				Paid by student: Tuition \$	Student loan interest \$	Books \$
			Other expenses:			
	• Yes • No	Did you pay any tuition for a private school for a dependent or take classes yourself?				
		Student:			Amount paid \$	
		Name and address of school:				
	• Yes • No	Did you pay for child or dependent care so you could work or go to school?				
		Name of provider:			EIN or SS #	
		Address			Amount paid \$	
• Yes • No	Do you have any children who earned more than \$2,000 of investment income?					
Investments	• Yes • No	Did you, or will you, contribute any money to an IRA for 2016?				
	• Yes • No	Did you roll over any amounts from a retirement account in 2016?				
	• Yes • No	Did you sell or transfer any stock or sell rental or investment property?				
	• Yes • No	Did you have any investments become worthless or were you a victim of investment theft in 2016?				
	• Yes • No	Were you granted, or did you exercise, any employee stock options during 2016?				
Deduction	• Yes • No	Did you pay any interest on a loan for a boat or RV that has living quarters?				
	• Yes • No	Did you pay sales taxes on a major purchase in 2016, such as a vehicle, boat, or home?				
	• Yes • No	Did you have any uninsured loss to your property in 2016?				

Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office or use your car for business?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?
Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a main home during the year? If yes, provide closing statement.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home?

State Information Full-Year Resident Part-Year Resident Nonresident

States of residence during 2016 and dates:

School district:

Do you rent or own your home? Rent Own

Health Care Information

	YES	NO
Please provide copies of the health insurance form(s) 1095A, 1095B or 1095C. *Please enclose all copies of forms received.		
Did you (or your spouse) receive form(s) 1095A, 1095B or 1095C? *If Yes please enclose all copies of forms received and skip to the next section.		
Were you and all members of your household covered by health insurance for the entire year? *If Yes please provide the following information related to your health insurance coverage and skip to the next section. Insurance Provider (HAP Blue Cross etc.):		
Employer Provider (if applicable):		
Policy Number (plan number etc.):		
Was your insurance policy cancelled in 2016? *If Yes please provide the following information related to your health insurance coverage Months I/we were not covered:		
Do you have an Exemption from the Marketplace (also called the Exchange?)		
Does any of the following apply to you, your spouse or other members of your household? 1. I/we had No health insurance for entire year? 2. I/we had No health insurance for more than three months? 3. I/we are not required maintain coverage under an exemption?		

Client notes pertaining to Health Care Information

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint Provide additional statements if more room is needed Forms W-2—Wage and Tax Statement

T/ S	Employer name	T/ S	Employer name
	1)		4)
	2)		5)
	3)		6)

Forms 1099-INT—Interest Income

T/ S/ J	Name of issuer	T/ S/ J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-DIV—Dividends and Distributions

T/ S	Name of issuer	T/ S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-R—Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/ S	Name of issuer	T/ S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59 1/2, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds—include statement)

Payer:

Other Income

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$		\$
Social Security (taxpayer)—provide SSA-1099	\$		\$
Social Security (spouse)—provide SSA-1099	\$		\$
Business income (see Sole Proprietorship Tax Organizer)		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see Rental Property Tax Organizer)		Sale of other property	

Sales and Exchanges : Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of Property	Purchase date	Cost/basis	Sell date	Sale price
		\$		\$
		\$		\$

Itemized Deductions Worksheet

Deductions must exceed \$6,300 Single, \$12,600 MFJ, \$9,300 HOH, or \$6,300 MFS to be a tax benefit.

Medical Expenses

Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$

Medical Miles _____ @ \$0.19

Taxes Paid

Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State Withholding	Reported on W-2
State Estimated Taxes-Paid in 2016	\$
Real Estate Tax – Residence	\$
Real Estate Tax – Other	\$
Personal Property Tax	\$
Property Tax Refund-Received in 2016	\$
Foreign Tax Paid	\$
Other	\$
Balance paid in 2016 from prior years (do not include penalty & interest).	\$

Did you keep receipts for sales tax paid during 2016?

Yes No

Did you purchase a car, plane, boat or home in 2016?

Yes No

Sales tax paid: \$ _____ Purchase Paid: \$ _____

Date:

Charitable Contributions

If over \$500 in noncash charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Charitable Mileage: _____ @ \$0.14	\$

Casualty Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft, provide details to your tax preparer

Yes No

Miscellaneous Itemized Deductions

The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other job related expenses, provide information on a separate sheet.

Were any expenses reimbursed by your employer? Yes No

Dues	\$	Supplies	\$
Investment Expenses	\$	Tax Prep Fee	\$
Job Education	\$	Tools	\$
Job Seeking	\$	Uniforms	\$
Legal Fees	\$	Union Dues	\$
Licenses	\$	Other	\$
Safety Equipment	\$	Other	\$
Subscriptions	\$	Other	\$

Other Miscellaneous Deductions

The following deductions are not subject to a 2% of income limit.

Gambling Losses	\$	Federal estate tax IRD	\$
Impairment related expenses	\$	Loss from Box 2, K-1, Form 1065B	\$

Interest Paid

Do not include interest paid for full or partial business or rental-use Property, including business use of the home. Provide all Form 1098 or lender information and ID numbers.

Main Home	\$	Equity Loan	\$
Second Home	\$	Equity Loan	\$
Points	\$	Investment Interest	\$

Other Deductions or Questions

Notes:

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Legal expenses are deductible only if related to producing or collecting taxable income.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustment Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA).	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2016 may be made in 2017.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2016 may be made in 2017.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials	Ask preparer

Estimated Tax Payments

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2015 refund?		\$		\$
Total		\$		\$

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect Financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is normally established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- | | |
|---|--|
| *Pension or IRA distributions | *Sale or purchase of a business |
| *Sale or purchase of a residence or other real estate | *Retirement |
| *Significant change in income or deductions | *Notice from IRS or other revenue department |
| *Job change | *Self-employment |
| *Marriage, Divorce or separation | *Charitable contributions of property |
| *Attainment of age 59 ½ or 70 ½ | in excess of \$5000 |