

**2017
TAX ORGANIZER**

| Taxpayer Information | | | | Spouse Information | | | |
|------------------------------|--|------------------|--|------------------------------|--|-----------------------|--|
| Last name | | | | Last name..... | | | |
| First name | | | | First name | | | |
| Middle Initial..... | | Suffix..... | | Middle Initial..... | | Suffix..... | |
| Social security number | | | | Social security number | | | |
| Occupation | | | | Occupation..... | | | |
| Work phone | | Ext ... | | Work phone..... | | Ext ... | |
| Cell phone | | | | Cell phone | | | |
| E-mail address..... | | | | E-mail address..... | | | |
| Date of birth..... | | | | Date of birth | | | |
| Address | | | | | | Apartment number..... | |
| City | | | | State..... | | ZIP Code..... | |
| Home phone..... | | Fax number | | | | | |

| Dependent Information | | | | | |
|------------------------------|--------|------------------------|---------------|----------------------------|--------------------|
| First name | MI | Social Security Number | Date of Birth | Months Lived with Taxpayer | Child Care Expense |
| Last name | Suffix | Relationship | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Child and Dependent Care Provider Expenses | | | |
|---|---------|-----------|-------------|
| Name | Address | ID Number | Amount Paid |
| | | | |
| | | | |
| | | | |
| | | | |

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2017 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

| | |
|---------------|-------------|
| Employer Name | 2016 Amount |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

| | |
|-------------------|-------------|
| 1099-R Payer Name | 2016 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 | _____ | _____ |

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

| | |
|---------------------|-------------|
| 1099-INT Payer Name | 2016 Amount |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Attach Form(s) 1099-DIV – Dividend Income

| | |
|---------------------|-------------|
| 1099-DIV Payer Name | 2016 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 Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

| | | |
|---|-----------------|---------------|
| Retirement Plan Contributions | Taxpayer | Spouse |
| Traditional IRA contributions made for 2017 | _____ | _____ |
| Roth IRA contributions made for 2017 | _____ | _____ |
| SEP, Keogh, Individual 401(k) or SIMPLE Contributions | _____ | _____ |

2017 Deductions

| Medical and Dental Expenses | 2017 Amount | 2016 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 | 2017 Amount | 2016 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 | 2017 Amount | 2016 Amount |
| _____ | _____ | _____ |
| Points paid on loan to buy, build or improve main home | | |
| Lender's Name | 2017 Amount | |
| _____ | _____ | |
| Cash/Check/Credit Contributions | 2017 Amount | 2016 Amount |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Noncash Charitable Contributions | | |
| Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. | | |
| Miscellaneous Deductions | 2017 Amount | 2016 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): _____ | _____ | _____ |

2017 Questions

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1 Did a lender cancel any of your debt in 2017? (Attach any Forms 1099-A or 1099-C)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? If yes , please attach details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you purchase a motor vehicle or boat during 2017?..... If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you purchase a hybrid or electric vehicle in 2017? If yes , enter year, make, model, and date purchased: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you donate a vehicle in 2017? If yes , attach Form 1098C..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 What was the sales tax rate in your locality in 2017? % State ID | | |
| 7 Did your marital status change during 2017? If yes , explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Were you or your spouse permanently and totally disabled in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you have dependents who must file?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you provide over half the support for any other person during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you incur adoption expenses during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you receive any disability payments in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2017? If yes , attach closing or escrow statements, 1099-C or 1099-A forms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you incur any casualty or theft losses during 2017?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you incur any non-business bad debts?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you pay any individual for domestic services in 2017?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you buy or sell any stocks or bonds in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? . | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you incur any moving expenses? If yes , attach details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Did you receive any income not included in this Tax Organizer?..... If yes , please attach information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Do you expect your income and deductions in 2018 to be the same as 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no , attach explanation of changes expected. | | |
| 25a Did you and your dependents have health insurance coverage for the full year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | |
| 27 Enter your state of residence..... Taxpayer _____ Spouse _____ | | |

Electronic Filing and Direct Deposit of Refund

If your tax return is eligible for Electronic Filing, would you like to file electronically?..... Yes No

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?..... Yes No

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.

What type of account is this?..... Checking Savings

Estimated Tax Paid

| Federal | | State | | | Local | | |
|---------|--------|-------|--------|----|-------|--------|----|
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Additional Information (Enter any additional information here and attach any documents.)
