2017 | 1040 | US | Tax Organizer

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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	Spouse
Firstnameandinitial		
Lastname		
Title/suffix		
Socialsecuritynumber		
Occupation		
Dateofbirth(m/d/y)		
Dateofdeath(m/d/y)		
1=blind		
Homephone		
Workphone		
Workextension		
Cellphone		
E-mailaddress		

Address	In care of	
	Streetaddress	
	Apartmentnumber	
	City	
	State	
	ZIPcode	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Lastname		
Title/suffix		
Dateofbirth(m/d/y)		
Socialsecuritynumber		
Relationship		
Monthslivedathome		

	Dependent No.	Dependent No.
First name		
Lastname		
Title/suffix		
Dateofbirth(m/d/y)		
Socialsecuritynumber		
Relationship		
Monthslivedathome		

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Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

WAGES, SALARIES AND TIPS

Employer name:	2017 Amount	2016 Amount
☐	Attach Forms W-2	
☐		
☐		
☐		
☐		

INTEREST INCOME

Payer name:	2017 Amount	2016 Amount
☐	Attach Forms 1099-INT	
☐		
☐		
☐		
☐		

DIVIDEND INCOME

Payer name:	2017 Amount	2016 Amount
☐	Attach Forms 1099-DIV	
☐		
☐		
☐		
☐		

PENSIONS, IRA AND GAMBLING INCOME

Payer name:	2017 Amount	2016 Amount
☐	Attach Forms 1099-R & W-2G	
☐		
☐		
☐		
☐		
Winnings not reported on W-2G		
Total gambling losses		

OTHER GOVERNMENT FORMS - INCOME

	2017 Amount	2016 Amount
☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-K - Merchant card and third party network payments		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	
Taxpayer:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
Spouse:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		

MISCELLANEOUS INCOME

	2017 Amount	2016 Amount
Taxpayer: Alimony received		
Spouse: Alimony received		
Other:		

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RETIREMENT PLAN CONTRIBUTIONS

	2017 Amount	2016 Amount
Taxpayer: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

	2017 Amount	2016 Amount
☐ Form 1098-E - Student loan interest	Attach Forms 1098	
☐ Form 1098-T - Tuition and related expenses		

ADJUSTMENTS TO INCOME

Taxpayer:

	2017 Amount	2016 Amount
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		

Spouse:

	2017 Amount	2016 Amount
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		

MEDICAL AND DENTAL EXPENSES

	2017 Amount	2016 Amount
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

	2017 Amount	2016 Amount
State income taxes - 1/13 payment on 2016 state estimate		
State income taxes - paid with 2016 state extension		
State income taxes - paid with 2016 state return		
State income taxes - paid for prior years and/or to other states		

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TAXES PAID (continued)

	2017 Amount	2016 Amount
City/local income taxes - 1/13 payment on 2016 city/local estimate		
City/local income taxes - paid with 2016 city/local extension		
City/local income taxes - paid with 2016 city/local return		
State and local sales taxes (except autos and special items)		
Use taxes paid on 2017 purchases		
Use taxes paid on 2016 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

INTEREST PAID

Home mortgage interest and points paid:

	2017 Amount	2016 Amount
☐	Attach Forms 1098	
☐		

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts		

Investment interest (interest on margin accounts):

Passive interest		

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		

Unreimbursed employee expenses:

Other:		