

## Client Organizer - Welcome - 2017

**WARNING: There is a PHONE SCAM targeting taxpayers. Callers are claiming to be IRS officials and telling victims that they owe taxes. The IRS NEVER makes unsolicited calls to people to tell them they owe taxes.**

### Your Appointment

[ ] Please call to schedule your appointment **as soon as possible** : 480-898-7640

[ ] Please mail / fax / email your information to us as soon as possible (*Hint: keep a copy!*)

Indicate a time that we can call to have a phone interview:

*Be sure to call at least 24 hours in advance if you are unable to keep your appointment*

### Preparing for your Tax Appointment

Here is how you can best prepare for your tax appointment:

- Please use the organizer as a guide and **BRING ORIGINAL DOCUMENTS**
- Get all of your paperwork in one place
- Review this organizer
- Review last years tax return. See what has changed
- Look over your checkbook and credit card statements for deductions
- Complete the organizer as best you can, because there are many tax saving opportunities
- **Complete the enclosed Questions checklist. This is required for us to complete your tax return**

### The Short List

*Documents and items that we need to see from you to complete your tax return*

- 1 All W-2 forms
- 2 All 1099 forms, (Banks, Credit Unions, Stock brokerages, Social Security, Misc. Income)
- 3 K-1 forms from any partnerships or S-Corps
- 4 Any correspondence from any tax authority
- 5 Brokerage statements (1099-B) if there were any stocks sold
- 6 Escrow statements (HUD-1) for any real estate purchase, sale or refinance
- 7 All 1098 forms
- 8 Social Security card for any new dependents or clients
- 9 Form 8332 for any non-custodial dependent claimed (new law)
- 10 All 1095 forms. Not providing 1095 forms will cause a delay receiving tax refunds.
- 11 **Driver's license for you and spouse**

### New Clients

- 1 Provide a copy of the tax return the prior year
- 2 Bring the Social Security card for each member of your family
- 3 Fill out the household information section of the organizer
- 4 Bring a driver's license for you and your spouse to the appointment

### An important note about the IRS

The IRS has vastly expanded its audit programs as it has been directed by Congress to "close the gap". As a result, more audits and spot checks are to be expected. **Protect yourself: Keep good records and keep the record for at least 6 years.** Never ignore correspondence from tax authorities, but always be skeptical. The IRS has an annoying tendency to arbitrarily bill for taxes and penalties without first checking the facts.

## Client Organizer - Household - 2017

### Personal Information - *(note changes only)*

<u>Name</u>	<u>Name</u>	<u>Soc. Sec. No.</u>	<u>Date of Birth</u>
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____
Address	_____		
Phone numbers	_____	Cell	_____
E-mail address	_____		

### Filing Status - *choose one*

- Single**                      If you were unmarried or divorced at the end of the year and don't qualify for head of household status
- Married filing Jointly**    If your spouse died during the year, you may still file a joint return with that spouse for the year of death
- Married filing Separately** A married couple may elect to file their returns separately. The IRS disallows many deductions under this filing status and when one spouse itemizes, the other must itemize also.
- Head of Household**        If you were unmarried and you paid more than half the cost of maintaining a home for you and a qualifying person (relative) who lived with you more than half the year. You may qualify if you paid more than half the cost of keeping up a parent's home, even if the parent did not live with you, but you must be able to claim an exemption for your parent in order to qualify.
- Qualifying Widow(er)**    If your spouse died during 2015 or 2016, you have a dependent child living with you and have not remarried

### Dependents (Children & Others) - *(note changes only)*

<u>Name (First, Last)</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Soc. Sec. No.</u>	<u>Months in home</u>	<u>F/T Student</u>	<u>Income</u>
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____

- Are any of the dependents listed above permanently disabled? Y / N  
If yes, which dependent? \_\_\_\_\_
- Are any of the dependents listed above 19 or older during 2017 and not a full-time student for at least 5 months during 2017? Y / N  
If yes, which dependent? \_\_\_\_\_ And what is that individual's gross income for 2017? \_\_\_\_\_

### Guidelines for Dependents - *Note: New Law - divorced parents claiming non-custodial dependents MUST have form 8332*

To qualify as a dependent, that person must be:

1. Unmarried, or if married, does not file a joint return
2. A US Citizen, resident alien or a resident of Canada or Mexico
3. Either a qualifying child or qualifying relative (*see below*)

#### Qualifying Relative

1. Must not be the taxpayer or anyone else's qualifying child
2. Either have lived with the taxpayer all year OR be related
3. Have gross income of less than \$4,050
4. Provide less than half of own support

#### Qualifying Child

1. Taxpayer's child, stepchild, brother, sister, stepbrother
2. Under age 19 OR a full-time student under 24 or disabled
3. Lived with taxpayer more than half the year
4. Provide less than half their own support
5. Cannot be a claimed qualifying child of another taxpayer

*Client Organizer - Questions - 2017*  
**REQUIRED**

**Questions**

Review the following questions and **check if YES** (they help to ensure that we don't miss something important)

- IRS - Legal             Letters received from IRS or state (please bring)  
                              Audit or Tax notice received (bring)  
                              Prior year's returns need to be amended  
                              Legal matters (lawsuit, etc.) during year
- Income                     Change in income or expenses  
                              Large casualty / disaster loss  
                              Foreign bank account or trust? Signing rights on a foreign account?  
                              Received proceeds from an installment sale  
                              Inherited assets last year  
                              Jury duty (you/spouse)  
                              Cashed in any US Savings bonds  
                              Any bartering transactions  
                              Scholarships  
                              Any existing/new K-1 for LLC, S Corp, Estate or Trust  
                                      Do you have a calculation of "basis" in the entity? Y/N  
                                      Are you at risk for your investment? Y/N
- Business                 Part time business or side venture  
                              Business returns need to be completed  
                              Did you start or dispose of a business this past year  
                              Do you have a student loan  
                              Did you receive any Form 1099-K  
                              Bankruptcy or insolvency
- Household               Change in dependents  
                              You or spouse in military or Guard  
                              You or spouse reach 70 ½ this year or next  
                              You or spouse legally blind / disabled  
                              Dependent with investment income over \$ 1,050  
                              Dependent with capital gains  
                              Can you be claimed as a dependent by someone else  
                              Dependent returns need to be completed
- Residence               Debt forgiven, short sale or foreclosure  
                              Sold or refinanced home  
                              Moved your personal residence
- Miscellaneous         Did you pay employees or household help last year  
                              Adoption expenses incurred  
                              Gifts of more than \$14,000 to any one person
- Recordkeeping         Can you substantiate travel/entertainment  
                              Can you substantiate charity donations  
                              Other matters that we should be aware of:

**None of these applied this year**

## Client Organizer - General - 2017

### Credit for Educational Expenses - (degree seeking and non-degree seeking)

Family member	College-University	Tuition	Books & supplies	Scholarships & Grants
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### Child & Other Dependent Care Expenses (for dependents under age 14)

Name of Care Provider	Address	Tax ID	Amount Paid
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\*\*\*\*Are you enrolled in your employer's Cafeteria Plan? Usually, it's the best way to handle child care costs.

### List of Tax Credits. Check ( ) if any apply and supply details:

- |  |  |
|--|--|
| <input type="checkbox"/> Installed solar energy system (skylights, water heater, photocell-system) – bring documentation - <b>\$500 lifetime limit</b> | <input type="checkbox"/> Arizona tuition scholarship credit                    |
| <input type="checkbox"/> Installed energy efficient improvements.  | <input type="checkbox"/> Arizona school ECA (Extra Curricular Activity) credit |
| <input type="checkbox"/> Adoption credit   | <input type="checkbox"/> Arizona Working Poor credit                           |

### Health Savings Account (HSA & MSA)

Contributions to HSA Savings Account _____	Health insurance premiums paid _____
Amount disbursed from HSA:	
Qualified medical expenses _____	Other:(non-qualified) _____

### IRA, SEP, SIMPLE, Keogh Plans and Other Retirement Plans deduction

	You	Spouse
Covered by a retirement plan?	Yes / No	Yes / No
Contribution for:		
IRA - deductible	_____	_____
IRA - non-deductible	_____	_____
Roth IRA	_____	_____
SEP/SIMPLE/Keogh	_____	_____

Did you have a Roth rollover this year? \_\_\_\_\_

### Miscellaneous

Educators classroom supplies purchased (up to \$250) \_\_\_\_\_

Student Loan Interest paid (attach documentation) \_\_\_\_\_

### Foreign Income and Investments

Do you have <b>foreign source income</b> (attach documentation)	Yes / No	
Do you have <b>foreign bank accounts</b> (attach documentation)	Yes / No	Form TDF 90-22.1
Do you have <b>foreign source assets</b> (attach documentation)	Yes / No	

### Estimated Tax Paid

	Date Paid	Federal amount	State amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
	Refund from 2016 return	_____	_____

**Wage, Salary Income**

*Attach W-2s and last paycheck stub:*

Employer	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Interest Income**

*Attach 1099-INT & broker statements*

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____

**Dividend Income**

From Mutual Funds & Stocks *Attach 1099-DIV*

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Gambling & Lottery Income**

*Attach W-2G*

Winnings	Amount
_____	_____
_____	_____
_____	_____
Losses <i>(be sure to have support for losses)</i>	Amount
_____	_____

**Partnership, Trust, Estate Income**

List partnership, LLC, S-corp, trust or estate

*Attach K-1 (Do you have a BASIS calculation?)*

_____	_____
_____	_____
_____	_____

**Investments Sold**

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. *Attach 1099-B & confirmation slips.*

Investment	Dates Acquired	Dates Sold	Sale Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other Income** *Attach 1099*

List All Other Income (Including Non-taxable). Such as .....

Cash income for which you did not receive a 1099;

Alimony Received; Unemployment Compensation (repaid); Unreported tips; Commissions; State tax refunds; Jury Duty

Worker's Compensation; Scholarship (grant); Payment from prior Installment sale; Disability income

**Property Sold**

*Attach 1099s and closing statements for sale & purchase*

Property	Date Acquired	Cost & Imp.
Personal Residence	_____	_____
Vacation Home	_____	_____
Land	_____	_____
Other	_____	_____

\*Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section.

**I.R.A. (Taxable and Non-taxable)**

*Attach 1099-R & 5498*

Contributions for tax year income and Rollovers		
	Amount	Date
Taxpayer	_____	_____
Spouse	_____	_____
Amounts withdrawn.		
Plan	Reason for Withdrawal	Reinvested?
_____	_____	Yes / No
_____	_____	Yes / No

**Pension, Annuity Income**

*Attach 1099-R*

Payer	Reason for Payment	Reinvested?
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

\*Provide statements from employer or insurance company with information on cost of or contributions to plan.

**Social Security Benefits**

*Attach SSA 1099, RRB 1099*

	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Client Organizer - Expenses - 2017

### Medical/Dental Expenses (over 10% of AGI)

Medical Insurance (paid by you)	_____
Prescription Drugs, Insulin	_____
Doctor/Dental/Orthodontist (Braces)	_____
Hospital	_____
Lab & X-rays	_____
Nursing Care, Medical Therapy	_____
Glasses, Contacts, Hearing Aids	_____
Medical Equipment, Supplies	_____
Long-term care insurance	_____
Home improvements for health	_____
Mileage (No. of Miles)	_____

### Taxes Paid - attach receipts

Auto/Boat registration (license renewal)	_____
Property Tax - home(s) & land	_____
State Taxes paid	_____
Sales taxes pd on large purchases (car, RV)	_____

### Interest Expense

*Attach 1098 and Closing papers*

Mortgage interest paid	_____
Second Home	_____
Qualified Mortgage insurance premiums	_____
Interest paid to individual for your home	_____
Points paid on new or refinance mortgage	_____
Paid to: Name, address, Soc Sec #	_____

### Investment Interest

Vacant Land	_____
Brokerage margin account	_____

### Employment-Related Expenses that you paid (Not self-employed) *Attach receipts*

*Must be greater than 2% of adjusted gross income or do not complete*

#### Business Mileage

Do you have written records?	Yes / No
Did you sell or trade in a car used for business?	Yes / No

*If yes, attach copy of purchase agreement*

Make/Year Vehicle	_____
Date Purchased	_____
Total miles (personal & business)	_____
Business miles (not to and from work)	_____
From first to second job	_____
Education (One way work to school)	_____
Round Trip commuting distance	_____
Repairs, wash, insurance	_____
Gas, Oil, Batteries, Tires, etc.	_____
Interest, lease payments	_____

#### Other Deductible Items

Safe Deposit Box Fees	_____
Tax preparation fees	_____

#### Job Search Costs

### Charitable Contributions

*Cash - must attach receipts*

Church	_____
United Way	_____
Scouts, Telethons	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Arizona Tax Credits (school or needy)	_____

*Non-cash - must attach receipts*

Salvation Army, Goodwill	_____
(Itemize items donated in detail)	_____
Volunteer (No. of miles)	_____

### Job-Related Moving Expenses

Date of move	<i>Attach receipts</i>	_____
Move Household Goods		_____
Travel to New Home (No. of Miles)		_____
Lodging During Move		_____

### Casualty/Theft Loss

For property damaged by storm, water, fire, accident or stolen

*Attach Police report*

Location of Property	_____
Description of Property	_____
Amount of Damage	_____
Insurance Reimbursement	_____
Repair Costs	_____
Federal Grants Received	_____

#### Other Business Expenses

Dues- Union, Professional	_____
Books, Subscriptions, Supplies	_____
Licenses	_____
Tools, Equipment, Safety Equipment	_____
Uniforms (include cleaning)	_____
Sales Expense, Gifts	_____
Seminars, Tuition, Books (work related)	_____
Entertainment	_____

#### Office in home:

In Square Feet	a) Total Home	_____
Rent, insurance, utilities	b) Office	_____
Maintenance, internet, other		_____

#### Business Travel

If you are not reimbursed for exact amount, give total expenses	
Airfare, Lodging, Car, Taxi, Other	_____
Meals (No. of Days)	_____
Reimbursement Received	_____

## Client Organizer - Health Care Coverage Questionnaire

Yes [ ] No [ ] Did you and ALL of your dependents have health care coverage for the full year?

If YES, Bring Form 1095 and Stop here

If NO, Please complete this form

MUST List Each Person On Your Tax Return	Indicate for each person if they had health care & which applies		
	For Entire Year	Less Than 12 Months	None At All

- Yes [ ] No [ ] Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? **Attach 1095 forms**
- Yes [ ] No [ ] If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? **Attach exemption certificate**
- Yes [ ] No [ ] Did anyone besides taxpayer/spouse pay for health care coverage for anyone listed above?
- Yes [ ] No [ ] Did you pay for health care coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained? Please select one below...

*Employer / Medicare / Medicaid / Marketplace (Exchange) / Other*

**If you didn't have coverage for any part, or all of the year:**

Answer **YES** if it applies to **ANY** member of the household. Please answer each question.

- Yes [ ] No [ ] Was your previous insurance policy cancelled in 2017?
- Yes [ ] No [ ] Do you have an Exemption from the Marketplace (also called the Exchange)?
- Yes [ ] No [ ] Was coverage offered by taxpayer's or spouse's employer?
- Yes [ ] No [ ] Are you a member of a federally-recognized Indian tribe?
- Yes [ ] No [ ] Are you eligible for services through an Indian health care provider?
- Yes [ ] No [ ] Are you a member of a health care sharing ministry?
- Yes [ ] No [ ] Did you live in the United States the entire year?
- Yes [ ] No [ ] Are you enrolled in TRICARE?
- Yes [ ] No [ ] Did you apply for CHIP coverage
- Yes [ ] No [ ] Do any of the following hardships apply to you? Do NOT indicate which one.
1. Became homeless
  2. Evicted in the past six months, or facing eviction or foreclosure
  3. Received a shut-off notice from a utility company
  4. Recently experienced domestic violence
  5. Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  6. Filed for bankruptcy in the last six months
  7. Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  8. Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member