

Miscellaneous Information

Name:

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

Personal Information

Yes No

 Did your marital status change during the year?

If "Yes," explain _____

 Can you or your spouse be claimed as a dependent by someone else?

 Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

 Did you have any changes in dependents during the year?

If "Yes," explain _____

 Can another person qualify to claim any dependents?

 Did you have any childcare expenses during the year?

 Did you have any adoption expenses during the year?

 Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

 Did any member of your household **NOT** have healthcare coverage for the entire year?
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).

 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

 Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

 Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

 Did you have any income from, or pay taxes to, a foreign country?

 Did you own property in a foreign country?

 Did you receive any tips not reported to your employer?

 Did you receive any disability income during the year?

 Did you cash any U.S. savings bonds during the year?

 Did you receive any other income not provided with this organizer?

If "Yes," explain _____

 Did you start a new business or purchase any rental property during the year?

 Did you sell an existing business, rental property, or other property during the year?

 Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

 Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

 Did you buy or sell any stocks, bonds, or other investments during the year?

 Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

 Did you foreclose or abandon a principal residence or real property during the year?

 Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

 Did you receive any principal or interest during this year from property sold in prior years?

 Did you rent out your home or use it for business?

 Did you sell, exchange, or purchase any real estate during the year?

 Did you acquire a new or additional interest in a partnership or S corporation?

 Did you have any debts canceled or forgiven this year?

 Does anyone owe you money that has become uncollectible?

 Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

 Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

 Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

 Did you receive any state or local income tax refunds from prior years?

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?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- 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?
If "Yes," are you splitting the gift with your spouse?
- 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 taxes to your estimated taxes?
- If you have an overpayment of taxes, do you want the refund applied to your estimated taxes?
- Did you make any estimated payments toward your taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain
- 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

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

- Married
 Married filing separately
 Single
 Widow(er) If spouse passed away 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						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Appointment Information & Notes

Notes

Healthcare Coverage Questionnaire

Name:

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

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

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

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy cancelled ?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
 - Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

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

Wages & Salaries

Provide all copies of Form W-2

Employer name	wages

Retirement

Provide all copies of Form 1099-R

Payer name	distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

Payer name	amount

Other Income and Adjustments

Name: _____

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

Other Income

	Taxpayer	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	_____	_____
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

	Taxpayer	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	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

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) _____

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 _____

- | | | |
|--|--|---|
| <input type="checkbox"/> This business started or was acquired | <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 business |
| <input type="checkbox"/> This business was disposed of | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |

Income

Gross receipts or sales	_____	Other income	_____
Income from Form 1099-MISC	_____		_____
Returns & allowances	_____		_____

Expenses

Advertising	_____	Travel	_____
Car & truck expenses	_____	Total meals & entertainment	_____
Commissions & fees	_____	Utilities	_____
Contract labor	_____	Wages	_____
Depletion	_____	Other expenses (list)	_____
Employee benefit programs	_____		_____
Insurance (other than health)	_____		_____
Mortgage interest	_____		_____
Other interest	_____		_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____
Repairs & maintenance	_____		_____
Supplies	_____		_____
Taxes & licenses	_____		_____

Cost of Goods Sold

Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a 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

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties 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 _____

- This property is your main home Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of Yes No You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

Income

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 and homeowner expenses
Advertising	_____	_____
Auto & travel	_____	_____
Cleaning & maintenance	_____	_____
Commissions	_____	_____
Depletion	_____	_____
Insurance	_____	_____
Legal & professional fees	_____	_____
Management fees	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Repairs	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Schedule F - Profit or Loss from Farming

Name: _____

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

General Information

Principal product _____

Employer ID number _____

This farm was disposed of

Yes No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

This farm received government subsidy

Yes No

You filed Form(s) 1099 for the individual(s)

Income

Sale of livestock / other items _____ Beginning inventory for accrual _____

Cost of items bought for resale _____ Ending inventory for accrual _____

Sale of products you raised _____ You used unit-livestock-price or farm-price inventory method

Total cooperative distributions _____ Other income _____

Total agricultural payments _____

Commodity Credit Corporation (CCC) loans: _____

CCC loans reported _____

CCC loans forfeited _____

Crop insurance proceeds: _____

Amount received _____

You elect to defer _____

Custom hire income _____

Expenses

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, & equipment _____

Rent - other (land, animals, etc.) _____

Repairs & maintenance _____

Form 4835 - Farm Rental Income and Expenses

Name: _____

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

General Information

Description _____ Employer ID Number _____

- This farm was disposed of
- This farm received applicable subsidy

Income

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	_____		_____	
<input type="checkbox"/> You elect to defer	_____		_____	

Expenses

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

Number of miles the vehicle was driven
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	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

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