Tax Year 2016 Client Tax Organizer

Profile:

Client Name: ____

Are you a US citizen or resident alien who did not live outside the US for more than 330 full days during any period of 12 consecutive months? __yes __no

*You will need to provide dates of departures and return if claiming foreign income exclusion

Changes in Filing Status:

Did you get married this year? __________ Please provide spouse's information here:

____

As of Dec 31, did you have a decree of separation? _____

Did you have a child this year? __________

If yes, please provide the SSN , full name and DOB of your new addition:

____

Change in Mailing Address (if different from previous tax return)

____

Change in Jobs?:____

Were you active duty with the US Military in 2016? ___________

Were you a resident of more than one state this year? Which states? _____________

Make sure you provide us with your moving expenses in your documents

ACA information for US citizens and resident aliens:

Did you have Health Care Coverage for the full year? ___

Make sure you provide your Marketplace or Health Insurance Coverage documents to us.

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Checklist of items you may need to submit:

_____ W2 (Wages and Withholdings from Employment)

_____ 1099-MISC (Miscellaneous/Self Employment/Rental Income)

_____ 1099-DIV & 1099-B (Broker Statements of Dividends and Securities)

_____ 1099-INT (Interest Income)

_____ K-1 (Income from partnerships, corporations and trusts)

_____ 1099-G (Refunds from state governments or unemployment income)

_____ 1099-R (Retirement Distributions)

_____ 1099-SA (Health, Medical Account Distributions)

_____ SSA-1099 (Social Security and Medicare Benefits)

_____ 1099-LTC (Long Term Care Benefits)

_____ HUD statements from Personal Sale of Residence & Original HUD statement from initial purchase

For Sole Proprietors:

Are you submitting business financial reports from self-employment for Schedule C? __yes __no

- If we did not manage your business accounting, we will need information regarding **a breakdown of income and expenses from you for the tax year either as an excel spreadsheet or a report generated from an accounting software that you use.**
- Please also include a list of any assets purchased or disposed of during the year (purchases over $500 in value) with date of purchase and amount.
- Are you claiming mileage and auto expenses? __ yes __ no
  - Please provide all of the following: the total miles driven, total personal miles **and** total business miles
  - Please provide date auto was put in use
  - Please provide total costs of the year for your auto for gas, maintenance, repairs and license and registration
- Are you claiming a home office deduction? __ yes __ no
  - Please provide the square footage of your designated office space and documentation of related costs

Are you submitting financial reports for rent and royalties for Schedule E? __yes __no

Are you a real estate professional? __yes __no

- If we did not manage your business accounting, we will need information regarding a breakdown of income and expenses from you for the tax year either as an excel spreadsheet or a report generated from an accounting software that you use.

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- Please also include a list of any assets purchased or disposed of during the year (purchases over $500 in value) with date of purchase and amount

Please indicate with a check mark if you are including information for the following Itemized Deductions:

_____ Medical and Dental expense totals

_____ Real estate and Property tax payments paid

_____ 1098 Mortgage Interest Paid

_____ Charitable Gifts- cash amounts & receipts for non-cash donations

_____ Unreimbursed employee expenses & other misc. deduction details

Please indicate with a check mark if you are including information for the following Contribution Information Statements:

_____ 1098-T (Tuition Statements)

_____ 1098-E (Student Loan Interest Statement)

_____ 1099-Q (Contributions to Tuition Programs, 529, Coverdell ESA)

_____ 5498 (Contributions to an IRA)

_____ 5498-SA (Contributions to HSA, Archer MSA, MSA)

_____ 1095-A Health Insurance Marketplace Statement

Please indicate with a check mark if you are including information for the following Credits and Adjustments Information:

_____ Completed EIC Checklist

_____ Child and Dependent Care expenses and Provider Information (include total paid per provider and each provider's name, address and SSN or TIN)

_____ Employment Related Moving Expenses information

_____ Other

Any other changes this year of which we should be aware?