

## 2016 Summary 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 at end of 2016

- Married  
 Married filing separately  
 Single  
 Widow(er), Date of Spouse's Death if deceased in 2016 \_\_\_\_\_

#### 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 from 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2016 appointment is scheduled for \_\_\_\_\_

Notes

## 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?

## Dependent Information

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim the child?
- 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 \$1900 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 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?
- Did you make any major purchases (vehicle, boats, etc.) during the year?
- Did you pay any real estate property taxes or personal property taxes during the year?
- Did you pay mortgage interest during the year?

**Miscellaneous Information**

Name:

SSN:

- 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 2015 taxes to your 2016 estimated taxes?
- If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
- Did you make any estimated payments toward your 2016 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 physical copy or a PDF copy of your tax return?

**Preparer Notes**

Miscellaneous Notes

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Had healthcare coverage:	For the entire year	For part of the year (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 it applies to any member of the household

- Was your previous insurance policy cancelled in 2016?
- 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

Attach all copies of Form W-2

Employer name	2016 federal wages	2015 federal wages

## Retirement

Attach all copies of Form 1099-R

Payer name	2016 distribution	2015 distribution

## Form 1099-Misc Income

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

Payer name	2016 amount	2015 amount

**Income**

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

Payer name	2016 ordinary dividends	2015 ordinary dividends	2016 qualified dividends	2015 qualified dividends

**Interest Income**

Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income

Payer name	2016 interest	2015 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

### Sale of Assets

Name:

SSN:

**Sale of Capital Assets (Not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 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 in 2016 . . . . .	_____	_____	_____	_____
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

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 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 . . . . .	_____	_____	_____	_____
Contributions made to a myRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

	2016	2015
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____
<input type="checkbox"/> 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 \_\_\_\_\_

- This business started or was acquired during 2016  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2016  Yes  No You filed Form(s) 1099 for the individual(s)

**Income**

	2016	2015		2016	2015
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC. . . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2016	2015		2016	2015
Advertising . . . . .	_____	_____	Travel . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Total meals & entertainment . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Utilities . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Wages . . . . .	_____	_____
Depletion . . . . .	_____	_____	Other expenses . . . . .	_____	_____
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**

	2016	2015		2016	2015
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		

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

Number of miles the vehicle was driven during 2016      Number of miles driven in prior years

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_      Business \_\_\_\_\_ 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	
	2016	2015	2016	2015
Mortgage interest . . . . .				
Real estate taxes . . . . .				
Excess mortgage interest . . . . .				
Insurance . . . . .				
Rent . . . . .				
Repairs & maintenance . . . . .				
Utilities . . . . .				
Other expenses . . . . .				

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.



Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with columns for 2016 and 2015. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, and Medical and dental expenses (list).

Charitable Contributions

Table with columns for 2016 and 2015. Rows include Donations to charity (cash), Miles driven for charitable purposes, and Donations to charity (noncash).

Job Expenses & Certain Misc. Deductions

Table with columns for 2016 and 2015. Rows include Necessary job expenses you paid that were not reimbursed by your employer (list), Tax preparation fees, and Investment expenses not entered elsewhere.

Taxes Paid

Table with columns for 2016 and 2015. Rows include State and local income taxes, Sales tax, Real estate taxes, Personal property taxes, and Other taxes (list).

Interest paid

Table with columns for 2016 and 2015. Rows include Mortgage interest paid, Mortgage interest paid to an individual, Qualified mortgage insurance premiums, and Investment interest.

Other Misc. Deductions

Table with columns for 2016 and 2015. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, Impairment-related work expenses, Claim repayments, Unrecovered pension investments, Schedule K-1, and Ordinary loss debt instrument.

Other Information

Name:

SSN:

**Mortgage Interest**

Attach all copies of Form 1098

Lender's name	2016 Mortgage Interest Received	2015 Mortgage Interest Received	2016 Mortgage Insurance Premiums	2015 Mortgage Insurance Premiums	2016 Real Estate Taxes Paid	2015 Real Estate Taxes Paid

**Employee Business Expenses**

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2016	2015	2016	2015
Rural mail carrier expenses . . . . .				
Parking fees, tolls, local transportation				
Meals & entertainment . . . . .				
Overnight business travel expenses (Do not include meals & entertainment)				
Other business expenses . . . . .				

- You used your personal vehicle for your job during 2016
- You are a reservist
- You are a qualified performing artist
- You are a member of the clergy
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses

**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**

Attach all copies of Form 1098-T

Student Name _____		Student Name _____	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Name _____		Student Name _____	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

