



2017 Tax Organizer, Taxpayer / Spouse Information

Tax Filing Status: Single Married, Filing Jointly Married, Filing Separately
 Head of Household Qualifying Widow with Child Unknown

	SSN	First Name	MI	Last Name	DOB
Taxpayer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Occupation	Preferred Email Address	Daytime Phone	Cell Phone
Taxpayer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did your name and / or address change last year? Yes No

Did your marital status change last year? Yes No

	You		Spouse	
Are you and / or your spouse a full-time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you and / or your spouse legally blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you and / or your spouse like to contribute to the Presidential Campaign Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dependent(s) Information

Do you and / or your spouse have dependents in 2017? Yes No

Dependent's Legal Name	SSN	DOB	Is the dependent a full-time student?		Are you claiming the dependent in 2017?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Personal Income, Deductions, & Credits

Direct Deposit Information

If you are due a refund, would you like the money deposited directly into a bank account? Yes No

Bank Name	Routing Number	Account Number	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Healthcare Coverage

Did everyone in your household have medical health care coverage for all or part of 2017? Yes No

	Full Year Coverage	Partial Year Coverage	N/A Not Covered
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you included Form 1095 from your insurance provider? Yes No

If you had coverage for any part of the year, how was the coverage obtained?

Employer Sponsored Plan Healthcare.gov / Connect for Health CO

Medicare Health Care Sharing Ministry

Purchased directly from insurance provider

Did you and / or your spouse pay *after tax* health care premiums? *Do not include any pre-tax payroll deductions made as part of an employer sponsored insurance plan.* Yes No

If yes, how much were the premiums? \$

Are you self-employed? Yes No

Foreign Bank Accounts

Did you and / or your spouse own or have signature authority over a foreign bank account? Yes No

If yes, in what country?

Do you and / or your spouse have signature authority or any other consideration in any foreign bank accounts, securities, or other financial accounts that exceed \$10,000? Yes No

If yes, have you filed an FBAR with FinCEN for tax year 2017? Yes No

2016 State Tax Refund

Did you and / or your spouse receive a tax year 2016 refund from your state of residence? Yes No

If yes, how much was that refund? \$



Personal Income, Deductions, & Credits

2017 Estimated Tax Payments

Did you and / or your spouse make any Federal and / or State estimated tax payments? Yes No

If you made estimated tax payments to a state, which state?

	FEDERAL Estimated Tax Payments		STATE Estimated Tax Payments	
	Date	Amount	Date	Amount
1 st Quarter	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2 nd Quarter	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3 rd Quarter	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4 th Quarter	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Additional Payment	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Did you provide copies of checks or other supporting documentation as proof of payment? Yes No

Income

Please indicate if you and / or your spouse had any of the following income sources:

Reported Income	Taxpayer	Spouse	# of Docs.	Retirement Income	Taxpayer	Spouse	# of Docs.
W-2's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	1099-SSA Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1099-MISC Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	1099-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
K-1 Statement(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>				

Investments	Taxpayer	Spouse	Joint	# of Docs.
1099-INT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1099 -DIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1099-B/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Property	Taxpayer	Spouse	Joint	# of Docs.	Cost Basis /Purchase Price	1031 Exchange
1099-MISC Rent / Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
1099-S Sale of Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Income

Alimony / Spousal Support Received	\$ <input type="text"/>	Tips / Cash	\$ <input type="text"/>
Personal Loan Interest	\$ <input type="text"/>	Monetary Gifts Received	\$ <input type="text"/>
Other:	<input type="text"/>		\$ <input type="text"/>



Personal Income, Deductions, & Credits

Individual Retirement Accounts

Did you and / or your spouse contribute to a Traditional, Roth, or SEP IRA? Yes No

	Traditional	Roth	SEP
Taxpayer	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Spouse	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Do you want to make additional contributions for tax year 2017? Yes No

If yes, how much? \$ Contribution Type: Traditional Roth SEP

Did you convert a Traditional IRA to a Roth IRA in 2017? Yes No

Student Loan Interest

Did you and / or your spouse pay any student loan interest? Yes No

Taxpayer	\$ <input type="text"/>	Spouse	\$ <input type="text"/>
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Has / have form(s) 1098-E from the lender been provided? Yes No

Alimony Payments

Did you and /or your spouse make any alimony or spousal support payments to an ex-spouse (must be specifically addressed in the divorce decree / documentation)? Yes No

Recipient's Name	Recipient's SSN	Total Amount Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

529 Plan / Tuition Program Contributions

Did you and / or your spouse make any contributions to a 529 education plan? Yes No
Please only include contributions you have made if more than one taxpayer is contributing to the account(s)

Student's Name	Account Owner	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>



Personal Income, Deductions, & Credits

Dependent Child Care Expenses

Did you and / or your spouse have child care expenses for one or more children who you are claiming as dependents? Yes No

Child's Name	Care Provider's SSN / EIN	Child Care Expenses		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
Care Provider's Name	Care Provider's Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has supporting documentation from the listed child care provider been provided? Yes No

Child's Name	Care Provider's SSN / EIN	Child Care Expenses		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
Care Provider's Name	Care Provider's Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has supporting documentation from the listed child care provider been provided? Yes No

Child's Name	Care Provider's SSN / EIN	Child Care Expenses		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		
Care Provider's Name	Care Provider's Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has supporting documentation from the listed child care provider been provided? Yes No

Health Saving Accounts

Did you and / or your spouse make any contributions to a HSA? Yes No

Taxpayer HSA \$ Family HSA \$

Was the HSA funded as part of an employer sponsored health plan? Yes No

Amount contributed by your employer to your HSA \$

Has supporting documentation from the listed child care provider been provided? Yes No



Personal Income, Deductions, & Credits

College / University Education Expenses

Did you, your spouse, or any of your dependents (whom you claimed for this tax year) have any college / secondary education expenses? Yes No

Student's Name	College / University Attended	Years Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the student enrolled at least half-time for at least one academic period? Yes No

Is the student pursuing a degree? Yes No

Has the student previously completed a four-year post-secondary degree? Yes No

Has the student been convicted of a felony for possession of a controlled substance? Yes No

Tuition / Fees	Room / Board	Books / Supplies	Grants and / or Scholarships
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Has form 1098-T from this college / university been provided? Yes No

Student's Name	College / University Attended	Years Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the student enrolled at least half-time for at least one academic period? Yes No

Is the student pursuing a degree? Yes No

Has the student previously completed a four-year post-secondary degree? Yes No

Has the student been convicted of a felony for possession of a controlled substance? Yes No

Tuition / Fees	Room / Board	Books / Supplies	Grants and / or Scholarships
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Has form 1098-T from this college / university been provided? Yes No

Taxes Paid

Did you and / or your spouse pay state or local tax, purchase any large ticket items, or have auto registration expenses in 2017? Yes No

Sales Tax on Large Ticket Item(s)	\$ <input type="text"/>	Car Registration / Plates	\$ <input type="text"/>
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Other, please explain	\$ <input type="text"/>	<input type="text"/>
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Have receipts or other supporting documentation been provided? Yes No



Personal Income, Deductions, & Credits

Long Term Care (LTC) Premiums

Did you and / or your spouse make any premium payments for Long Term Care Insurance? Yes No

Taxpayer \$ Spouse \$

Has supporting documentation from the insurance provider been provided? Yes No

Out of Pocket Health Care Expenses

Did you and / or your spouse have out of pocket health care expenses in 2017? Yes No

Medical Deductibles	\$ <input type="text"/>	Dental Premiums	\$ <input type="text"/>
Medical Co-Pays / Co-Insurance	\$ <input type="text"/>	Dental Deductibles, Co-Pays, Expenses	\$ <input type="text"/>
Medical Labs / X-Rays	\$ <input type="text"/>	Vision Premiums	\$ <input type="text"/>
Prescriptions	\$ <input type="text"/>	Vision Deductibles, Co-Pays, Expenses	\$ <input type="text"/>
Other, please explain	\$ <input type="text"/>	<input type="text"/>	
Medical Mileage	<input type="text"/>	<i>Please only enter the number of miles driven</i>	

Have receipts or other supporting documentation been provided? Yes No

Mortgage Interest / Property Taxes

Did you and / or your spouse have one or more home mortgage loans in 2017? Yes No

If you paid interest mortgage and / or taxes on one or more rental properties, please include that information with your rental expenses.

Property Loan	Interest Paid	2017 Property Tax	2018 Property Tax Pre-Paid	Original Loan Amount
Primary Residence	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Primary Residence, 2 nd Mortgage	\$ <input type="text"/>			
HELOC	\$ <input type="text"/>			
Second Home	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RV / Travel Trailer / Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Has / have the 1098(s) and / or other supporting documentation been provided? Yes No



Personal Income, Deductions, & Credits

Home Refinancing

Did you and / or your spouse refinance your *primary* residence in 2017? Yes No

If yes, was cash taken out of the loan for anything other than home improvements? Yes No

What was that money used for?

Charitable Giving – Cash Donations

Did you and / or your spouse make any charitable donations by cash, check, or goods in kind (items purchased specifically for a donation)? Yes No

Organization	Amount	Organization	Amount
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Have receipts or other supporting documentation been provided for all donations? Yes No
All donations of \$250 or more require receipts / proof of donation.

Charitable Donations – Non-Cash Donations

Did you and / or your spouse make any non-cash charitable donations? Yes No

[Click here](#) (CTRL + Click) to access a guide of suggested values for commonly donated items.

Organization	Description of Donated Items	Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Have receipts or other supporting documentation been provided for all donations? Yes No
All donations of \$250 or more require receipts / proof of donation.



Personal Income, Deductions, & Credits

Volunteer Miles

Did you and / or your spouse have volunteer miles?

Yes No

Total volunteer miles driven

Please only enter the number of miles driven

Unreimbursed Employee Expenses

Did you and / or your spouse have unreimbursed employee expenses?

Yes No

If you are self-employed, please include all expenses with your self-employment information.

Continuing Education

\$

Professional Dues / Fees

\$

Subscriptions

\$

Tools / Shoes

\$

Uniforms / Upkeep

\$

Union Dues

\$

Qualified Educator Expenses

\$

Job Hunting Expenses

\$

Other:

\$

Misc. Expenses

Please enter the amounts of any of the following expenses in 2017:

Tax Preparation Fees

\$

Safe Deposit Box Fees

\$

Certain Legal Fees, please explain legal fees below.

\$

Additional Information / Clarification



Self-Employment Income & Expenses

Business Details

Did you and / or your spouse have Self Employment income in 2017? Yes No

If you have more than one business, please complete a separate Self Employment portion of the Tax Organizer for each business. Do not combine income and expenses from multiple businesses on one page.

Name / DBA EIN

Product or Service

Address City State ZIP

Did you start or acquire this business in 2017? Yes No

Did you dispose of this business in 2017? Yes No

Did you make payments of \$600 or more to an individual who is not an employee? Yes No

If yes, did you file form 1099-MISC for the individual(s) Yes No

Income

Total Income included on one or more 1099-MISC (from page 4 of this organizer)	\$	<input type="text"/>
Income not included on a 1099-MISC	+	\$ <input type="text"/>
Returns & Allowances	-	\$ <input type="text"/>
Income from this business	=	\$ <input type="text"/>

New Equipment

Was new equipment purchased or put into service for the business in 2017? Yes No

Equipment Description	Purchase Date	Purchase Amount	% Business Use	Prior Year Depreciation?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No



Self-Employment Income & Expenses

Home Office

Did you have a home office dedicated to the exclusive use for this business in 2017? Yes No

What is the square footage of your space used for your business sq. ft What is the total square footage of your home? sq. ft

Preferred home office accounting method: Safe Harbor (\$5 / sq ft) Expense Allocation Whichever is best

If you selected Expense Allocation or whichever is best, please provide the following information:

Cost of your home	\$	<input type="text"/>	Cost of land	\$	<input type="text"/>	2017 Home Improvements	\$	<input type="text"/>
Mortgage Interest	\$	<input type="text"/>	Real Estate Taxes	\$	<input type="text"/>	Home Owners Insurance	\$	<input type="text"/>
Home Maintenance	\$	<input type="text"/>	Repairs	\$	<input type="text"/>	Utilities	\$	<input type="text"/>

Office Supplies / Expenses

Bank Charges	\$	<input type="text"/>	Office Phone	\$	<input type="text"/>
Cell Phone / Pager	\$	<input type="text"/>	Office Rent	\$	<input type="text"/>
Customer Gifts	\$	<input type="text"/>	Office Supplies	\$	<input type="text"/>
Continuing Education	\$	<input type="text"/>	Postage / Shipping	\$	<input type="text"/>
Dues / Fees	\$	<input type="text"/>	Subscriptions	\$	<input type="text"/>
Internet	\$	<input type="text"/>	Other Office Expenses	\$	<input type="text"/>

Business Mileage

Did you incur business mileage in 2017? Yes No

Year of Car Type of Car Date placed in service

Do you have another vehicle available for personal use? Yes No

Is this vehicle available for use during off-duty hours? Yes No

Do you have a written mileage log / record Yes No

Business Mileage Personal Mileage

Parking Tolls / Fees \$ Property Tax (Plate Renewal) \$



Self-Employment Income & Expenses

Business Expenses

Advertising	\$	<input type="text"/>	Pensions / Profit Share	\$	<input type="text"/>
Commissions & Fees	\$	<input type="text"/>	Rent – Vehicle /Machinery	\$	<input type="text"/>
Contract Labor	\$	<input type="text"/>	Rent – Other	\$	<input type="text"/>
Employee Benefits	\$	<input type="text"/>	Repairs / Maintenance	\$	<input type="text"/>
Insurance	\$	<input type="text"/>	Supplies	\$	<input type="text"/>
Interest – Mortgage	\$	<input type="text"/>	Taxes & Licenses	\$	<input type="text"/>
Interest -- Other	\$	<input type="text"/>	Tools	\$	<input type="text"/>
Legal & Professional Services	\$	<input type="text"/>	Utilities	\$	<input type="text"/>
Meals & Entertainment	\$	<input type="text"/>	Wages	\$	<input type="text"/>

Business Travel

Airfare	\$	<input type="text"/>	Meals while traveling	\$	<input type="text"/>
Hotel	\$	<input type="text"/>	Transportation	\$	<input type="text"/>

Cost of Goods Sold (COGS)

Beginning Inventory		\$	<input type="text"/>
Purchases	+	\$	<input type="text"/>
Cost of Labor	-	\$	<input type="text"/>
Materials and Supplies	-	\$	<input type="text"/>
Ending Inventory	=	\$	<input type="text"/>



Rental Property Income and Expenses

Rental Property(ies) Details

Did you and / or your spouse have Rental and / or Royalties income in 2017? Yes No

Did you make payments to anyone in 2017 that required a 1099-MISC to be filed? Yes No

Property A Address City State ZIP

Single Family Residence Multi Family Residence Land Commercial Use Royalties

Number of days property was rented or available for rent in 2017: Number of days property was used for personal benefit in 2017:

Property Ownership % Was this property sold in 2017? Yes No Sale Date:

Did you receive a 1099-MISC or other documentation regarding income on this property? Yes No

Property B Address *if applicable* City State ZIP

Single Family Residence Multi Family Residence Land Commercial Use Royalties

Number of days property was rented or available for rent in 2017: Number of days property was used for personal benefit in 2017:

Property Ownership % Was this property sold in 2017? Yes No Sale Date:

Did you receive a 1099-MISC or other documentation regarding income on this property? Yes No

Property C Address *if applicable* City State ZIP

Single Family Residence Multi Family Residence Land Commercial Use Royalties

Number of days property was rented or available for rent in 2017: Number of days property was used for personal benefit in 2017:

Property Ownership % Was this property sold in 2017? Yes No Sale Date:

Did you receive a 1099-MISC or other documentation regarding income on this property? from 2017? Yes No



Rental Property Income and Expenses

Rental Property(ies) Income and Expenses

Income	Property A	Property B	Property C
Rental / Royalty Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Expenses			
Advertising	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cleaning & Maintenance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Commissions	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Legal & Professional Fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Management Fees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Interest – Mortgage	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Repairs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Supplies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Taxes	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Utilities	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HOA	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Additional Information / Clarification