

## 2017 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 2017

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse deceased in 2017 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 from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2017 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?  
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 \$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 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	
-----	----	--

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year?                                     |

If "Yes," attach Form 1098-C.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling losses during the year?   |

### Retirement Information

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year?   |

### Education Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your household attend a post-secondary school during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?   |

### Miscellaneous Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss due to damaged or stolen property?<br>If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts to any one person in excess of \$14,000 during the year?<br>If "Yes," are you splitting the gift with your spouse? _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change in employment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a business owner who paid health insurance premiums for your employees during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2017 taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to have any refund or balance due directly deposited or withdrawn?<br>If "Yes," provide a canceled checking or savings slip.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority?<br>If "Yes," explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a copy of your tax return emailed to you instead of receiving a printed copy?   |

### Preparer Notes

#### Miscellaneous Notes

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2017 federal wages	2016 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2017 distribution	2016 distribution

**Form 1099-Misc Income**

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

Payer name	2017 amount	2016 amount





### Other Income and Adjustments

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

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

#### Other Income

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 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 2017 . . . . .	_____	_____	_____	_____
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

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 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

	2017	2016
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 2017       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 2017       Yes    No      You filed Form(s) 1099 for the individual(s)

**Income**

	2017	2016		2017	2016
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2017	2016		2017	2016
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**

	2017	2016		2017	2016
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**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home                      | <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 rental. |
| <input type="checkbox"/> This property was disposed of during 2017            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s)   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2017	2016		2017	2016
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . .		
Rental income from Form(s) 1099-MISC			Royalties from Form(s) 1099-MISC		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising . . . . .					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.
Auto & travel . . . . .					
Cleaning & maintenance . . . . .					
Commissions . . . . .					
Depletion . . . . .					
Insurance . . . . .					
Legal & professional fees . . . . .					
Management fees . . . . .					
Interest - mortgage . . . . .					
Interest - other . . . . .					
Repairs . . . . .					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.
Supplies . . . . .					
Taxes . . . . .					
Utilities . . . . .					
Other expenses (list)					
_____					
_____					
_____					
_____					
_____					
_____					



## 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 2017      Number of miles driven in prior years

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_      Business \_\_\_\_\_ Total \_\_\_\_\_

	2017		2016	
	Business	Commuting	Business	Total
Garage rent . . . . .	_____	_____	_____	_____
Gas . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Licenses . . . . .	_____	_____	_____	_____
Oil . . . . .	_____	_____	_____	_____
Parking fees . . . . .	_____	_____	_____	_____
Lease payments . . . . .	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____
Property tax . . . . .	_____	_____	_____	_____
Repairs . . . . .	_____	_____	_____	_____
Tires . . . . .	_____	_____	_____	_____
Tolls . . . . .	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____

### 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	
	2017	2016	2017	2016
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.



**Other Information**

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

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

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	2017 Mortgage interest received	2016 Mortgage interest received	2017 Mortgage insurance premiums	2016 Mortgage insurance premiums	2017 Real estate taxes paid	2016 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Employee Business Expenses**

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2017	2016	2017	2016
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 member of the clergy                                    |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> 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**

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

