



## Income Tax Organizer for 2016

**Client Name:** \_\_\_\_\_

January 12, 2017

We wish you have a happy and prosperous new year.

This organizer should help you gathering income tax documents for your 2016 individual income tax return. Please contact our office for an appointment or send us the completed organizer along with supporting documents.

### CLIENT INFORMATION

1. Taxpayer & Spouse – if no change, check this box

		Taxpayer	Spouse
Name			
Date of Birth			
Social Security No.			
Occupation			
Mailing Address			
Telephone	Cell		
	Home		
Email Address			

2. Dependents

Name	Relationship/Months Lived at Home	Date of Birth	Annual Income	Social Security No.

3. Did your bank account information change within the last twelve months? Yes ( ) No ( )

### ESTIMATED TAX PAID FOR 2016

Due Date	Federal Income Tax	Paid On (Date)	State Income Tax	Paid On (Date)
1st est. on 4/18/16				
2nd est. on 6/15/16				
3rd est. on 9/15/16				
4th est. on 1/17/17				
Total				

**INCOME**

- 1) Wage Statement (Form W-2): Taxpayer \_\_\_\_\_ each Spouse \_\_\_\_\_ each
- 2) Interest Income (Form 1099-INT) and Dividend Income (Form 1099-DIV): Attach any Form 1099s.

Payer	Tax ID or SSN(Owner carry)	Interest Received (\$)	Dividend Received (\$)

3) Other income

Prior Year State Tax Refunds (i.e. Form 1099-G)	
Alimony	
IRA, Pension & Annuities: Attach Form 1099-R	
Unemployment Compensation (Form 1099-G)	
Social Security Benefits (Form 1099-SSA)	
Gambling Winnings (Form W-2G) & Lottery Winnings (Form W-2G)	
Schedule K-1 from Partnership, S corporation, LLC or etc.	
Cancellation of Debt: Attach Form 1099-C or Form 1099-A	
Capital gain (loss): Attach Brokerage statement or Form 1099-B	

**ITEMIZED DEDUCTIONS**

1) Medical Expenses:

- a) Medicine and Drug \$ \_\_\_\_\_
- b) Health Insurance Premium \_\_\_\_\_
- c) Doctors, Dentists, Hospitals \_\_\_\_\_
- d) Eye Glasses, Hearing Aids, Etc. \_\_\_\_\_
- \* Reimbursement from Insurance Company for items in d) \_\_\_\_\_

2) Taxes

- a) Real Estate Taxes : Primary Residence \$ \_\_\_\_\_
- Investment Property and/or Land \_\_\_\_\_
- b) DMV Registration Fee(s) \_\_\_\_\_

3) Interest Expenses: Attach Form 1098

- a) Home Mortgage Interest Paid to Lender \$ \_\_\_\_\_
- b) Home Mortgage Interest Paid to an Individual \$ \_\_\_\_\_
- Payee Info: SSN, Name, Address \_\_\_\_\_

- c) Home Equity Loan Interest & Balance \$ \_\_\_\_\_
- d) Qualified Mortgage Insurance Premium \$ \_\_\_\_\_  
 (For those who purchased a home after 2007)
- e) Investment Interest Expenses on land, stocks and etc. \$ \_\_\_\_\_

- Interest paid for auto loans and credit card debts are not deductible.
- Please attach the final escrow closing statement if you sold, purchased or refinanced your home during 2016.

4) Contributions

- a) Church or Nonprofit organization \$ \_\_\_\_\_
- Provide cancelled check copies or any equivalent evidence for contribution under \$250
  - Provide acknowledgement from whom you contributed over \$250
- b) Non Cash Contributions (Vehicle over \$500 requires Form1098-C) \$ \_\_\_\_\_
- Property valued over \$5,000 requires an appraisal report and needs to file Form 8283 to IRS

- 5) Casualty and Theft Losses \$ \_\_\_\_\_
- List of lost properties, cost basis, fair market value, and reimbursements from insurance company

- 6) Miscellaneous: \$ \_\_\_\_\_
- Income Tax Return Fee, Union Dues, Uniform, Tools and Job Supplies, Education Expenses, Educator's Expense and Others

**OTHER INFORMATION**

- 1) Moving Expenses incurred due to new job or business relocation \$ \_\_\_\_\_
- 2) Self-employer Health Insurance including insurance premium paid for your spouse, dependent under 27 years old \$ \_\_\_\_\_
- 3) Retirement Plan: State amount contributed and plan to contribute before the due date of tax return

IRA	
Roth IRA	
Keogh / SEP plan	

- 4) Early Withdrawal Penalty from Form 1099-Int, if any \$ \_\_\_\_\_

5) Alimony Paid

Payee Name	
Social Security No.	
Yearly Total	\$ _____

6) Student Loan Interest: Attach Form 1098-E

Total interest paid	\$ _____	Year you paid first principal payment	_____
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7) Educational Credit: Attach Form 1098-T

Student Name		Grade	
Tuition Paid	\$	Name of School	

8) Child & Dependent Care Credit: Only if both spouses have earned income or are full-time students.

Organization Name		Tax ID #	
Address			
Amount Paid	\$	Tel	

9) Provide Escrow Closing Statement if you acquired home, investment property or business.

10) Residential Energy Credit: Attach Invoice

Where and what were improved: \_\_\_\_\_

Period: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

11) Provide a contract if you purchased electric car.

12) You have to file a gift tax return when the annual gift amount exceeds \$14,000.

**13) Health Insurance Coverage**

- Did you and your dependent have healthcare coverage for the full-year? Yes ( ) No ( )
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage?  
If you received an exemption certificate, please attach.

**14) Foreign Bank Account Reporting (FBAR) and Foreign Account Tax Compliance Act (FATCA)**

- **FBAR (Form 114)**  
United States persons are required to file by 4/18/17 if:
  1. The United States person had a financial interest in or signature authority over at least one financial account located outside of the United States; and
  2. The aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year to be reported
- **Foreign Financial Assets (Form 8938)**  
United States taxpayers are required to report financial accounts maintained at financial institutions outside the U.S., such as bank accounts, investment accounts, mutual funds, stocks, bond, interest in a foreign entity and any financial instrument or contract that has an issuer or counterparty that is not a U.S. person if the value exceeds the threshold set forth by the IRS.

Status	Residence	Value – Any Day	Value - Last Day
Single	US	\$ 75,000	\$ 50,000
Married	US	\$ 150,000	\$ 100,000
Single	Foreign Country	\$ 300,000	\$ 200,000
Married	Foreign Country	\$ 600,000	\$ 400,000

**15) Foreign Trust and Foreign Gifts (Form 3520)**

United States persons are required to file Form 3520 if:

- They have ownership of foreign trusts or certain transactions with foreign trusts
- They receive more than \$100,000 from a nonresident alien individual or a foreign estate
- They receive more than \$15,671 from foreign corporations or foreign partnerships

2016

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

Form for Covered Individual #1 with fields for name, ID number, and months of coverage from 2015 to 2016.

COVERED INDIVIDUAL (#2)

Form for Covered Individual #2 with fields for name, ID number, and months of coverage from 2015 to 2016.

COVERED INDIVIDUAL (#3)

Form for Covered Individual #3 with fields for name, ID number, and months of coverage from 2015 to 2016.

COVERED INDIVIDUAL (#4)

Form for Covered Individual #4 with fields for name, ID number, and months of coverage from 2015 to 2016.

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