

# Client Tax Organizer

## Tax Year 2016

*Please provide us with all statements (W-2s, 1098s, 1099s, etc.) New clients: please provide a copy of last year's return.*

### 1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Daytime Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Email Address		How would you prefer we contact you?			

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	___ Yes ___ No	___ Yes ___ No	___ Married	Will file Jointly: ___ Yes ___ No
Disabled	___ Yes ___ No	___ Yes ___ No	___ Single	___ Widow(er), Date of Spouse's Death _____
Covered by Health Insurance Entire Year?	___ Yes ___ No	___ Yes ___ No	___ Divorced during the tax year?	

### 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Covered by Health Insurance Entire Year?	Months Lived With You	Disabled or Full Time Student?	Dependent's Gross Income

**Please answer the following questions to determine maximum deductions:**

- |   |   |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? If yes, please provide us with income &amp; expenses. <span style="float: right;">___ Yes ___ No</span></p> <p>2. Did you receive income from raising animals or crops? If yes, please provide us with income &amp; expenses. <span style="float: right;">___ Yes ___ No</span></p> <p>3. Did you receive rent from real estate or other property? If yes, please provide us with income &amp; expenses. <span style="float: right;">___ Yes ___ No</span></p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights or patents? <span style="float: right;">___ Yes ___ No</span></p> <p>5. Did you withdraw or write checks from a mutual fund? <span style="float: right;">___ Yes ___ No</span></p> <p>6. Do you have a foreign bank account, trust, or business? <span style="float: right;">___ Yes ___ No</span></p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <span style="float: right;">___ Yes ___ No</span></p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? If so, please provide to us. <span style="float: right;">___ Yes ___ No</span></p> <p>9. Do you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$2,100? <span style="float: right;">___ Yes ___ No</span></p> <p>10. Did you give a gift of more than \$14,000 to one or more people? <span style="float: right;">___ Yes ___ No</span></p> <p>11. Did you own \$10,000 or more in foreign financial assets? <span style="float: right;">___ Yes ___ No</span></p> | <p>12. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <span style="float: right;">___ Yes ___ No</span></p> <p>13. Did you have any debts cancelled, forgiven, or refinanced? Please provide detail. <span style="float: right;">___ Yes ___ No</span></p> <p>14. Did you go through bankruptcy proceedings? <span style="float: right;">___ Yes ___ No</span></p> <p>15. Did you pay rent? If so, how much? \$ _____ Was heat included? <span style="float: right;">___ Yes ___ No</span></p> <p>16. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <span style="float: right;">___ Yes ___ No</span></p> <p>17. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? (See Section 20) <span style="float: right;">___ Yes ___ No</span><br/>If yes, which individual attended school? How many years have they attended post-secondary education?</p> <hr/> <p>18. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? If yes, please provide receipt and supporting paperwork. <span style="float: right;">___ Yes ___ No</span><br/>If you answered yes to #18, have you previously claimed the energy credit? <span style="float: right;">___ Yes ___ No</span></p> |
|---|---|

### 3. Wage, Salary Income

Attach W-2's

Employer:

_____	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse
_____	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse
_____	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse
_____	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse
_____	<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>	Spouse

### 4. Interest Income

Attach 1099-INT and broker statements

Payer:	Amount

### 5. Dividend Income

Attach 1099-DIV

Payer	Ordinary	Capital Gains

### 6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - **Attach K-1**


### 7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Improvements
Personal Residence *		
Vacation Home		
Land		
Other		

\* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 19 (Job-Related Moving).

### 8. I.R.A. (Individual Retirement Account)

Contributions for the tax year

	Amount	Date	Traditional or Roth?
Taxpayer			
Spouse			

Amounts withdrawn. **Attach 1099-R & 5498**

Plan Trustee	Reason for Withdrawal	Reinvested?
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No

### 9. Pension, Annuity Income

Attach 1099-R

Payer *	Reason for Withdrawal	Reinvested?
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:                      Taxpayer      Spouse

Social Security Benefits    \_\_\_ Yes \_\_\_ No    \_\_\_ Yes \_\_\_ No

Railroad Retirement        \_\_\_ Yes \_\_\_ No    \_\_\_ Yes \_\_\_ No

Attach SSA 1099, RRB 1099

### 10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - **Attach 1099-B & confirmation slips.**

Investment	Date Acquired/ Sold	Cost	Sales Price

### 11. Education Distributions

Attach 1099-Q

Payer	Distribution	Qualified Expenses

## 12. Other Income

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_  
Child Support \_\_\_\_\_  
Scholarship (Grants) \_\_\_\_\_  
Unemployment Compensation \_\_\_\_\_  
Prizes, Bonuses, Awards \_\_\_\_\_  
Gambling, Lottery winnings \_\_\_\_\_  
    Gambling, Lottery expenses \_\_\_\_\_  
Unreported Tips \_\_\_\_\_  
Director/Executor's Fee \_\_\_\_\_  
Commissions \_\_\_\_\_  
Jury Duty \_\_\_\_\_  
Worker's Compensation \_\_\_\_\_  
Disability Income \_\_\_\_\_  
Veteran's Pension \_\_\_\_\_  
Payments from Prior Installment Sale \_\_\_\_\_  
State Income Tax Refund \_\_\_\_\_  
Other: \_\_\_\_\_

## 13. Medical/Dental Expenses

Medical Insurance Premiums (paid by you)  
(if through payroll, must be post-tax) \_\_\_\_\_  
Prescription Drugs \_\_\_\_\_  
Doctor/Dental/Orthodontist \_\_\_\_\_  
Hospital \_\_\_\_\_  
Medical Equipment, Supplies \_\_\_\_\_  
Nursing Care \_\_\_\_\_  
Glasses, Contacts \_\_\_\_\_  
Long-Term Care Premiums: Taxpayer: \_\_\_\_\_  
  Spouse: \_\_\_\_\_  
Medical Miles (# of miles) \_\_\_\_\_  
Other (explain): \_\_\_\_\_

## 14. Taxes Paid

Property Tax on Principal Residence \_\_\_\_\_  
Property Tax on Second Residence \_\_\_\_\_  
Other: \_\_\_\_\_

## 15. Investment Related Expenses

Tax Preparation Fee \_\_\_\_\_  
Safe Deposit Box Rental \_\_\_\_\_  
Investment/Broker Fees \_\_\_\_\_  
Other Investment Expenses: \_\_\_\_\_

## 16. Interest Expense

Mortgage Interest Paid (attach 1098) \_\_\_\_\_  
Interest Paid to an Individual for your home \_\_\_\_\_  
    Paid to: Name \_\_\_\_\_  
            Address \_\_\_\_\_  
            Social Security No. \_\_\_\_\_  
Investment Interest \_\_\_\_\_  
Premiums paid for qualified mortgage insurance \_\_\_\_\_

## 17. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property \_\_\_\_\_  
Description of Property \_\_\_\_\_  
    Amount of damage \_\_\_\_\_  
    Insurance Reimbursement \_\_\_\_\_  
    Repair Costs \_\_\_\_\_

## 18. Charitable Contributions

Amount of Cash Donation: \_\_\_\_\_  
    Church \_\_\_\_\_  
    United Way \_\_\_\_\_  
    Other: \_\_\_\_\_  
Amount of Non-Cash Donation: (provide receipt and value of donation)  
    Goodwill \_\_\_\_\_  
    Salvation Army \_\_\_\_\_  
    Other: \_\_\_\_\_  
Volunteer Number of Miles: \_\_\_\_\_

## 19. Employment Related Expenses That You Paid (Not Self-Employed)

Union & Professional Dues \_\_\_\_\_  
Books, Subscriptions, Supplies \_\_\_\_\_  
Licenses \_\_\_\_\_  
Tools, Equipment \_\_\_\_\_  
Uniforms \_\_\_\_\_  
Other: \_\_\_\_\_  
Office in Home: Total Square Feet of Home \_\_\_\_\_  
                          Total Square Feet of Office \_\_\_\_\_  
                          Total Home/Renters Insurance \_\_\_\_\_  
                          Total Utilities \_\_\_\_\_

**20. Education Expenses (including grade K-12 private tuition) *MUST PROVIDE US WITH FORM 1098-T FOR COLLEGE TUITION***

Student's Name	Amount Paid	Grade Level	School Attended	Type of Expense (Tuition, Books)

**21. Job-Related Moving Expenses**

Date of Move \_\_\_\_\_  
 Cost of Moving Household Goods \_\_\_\_\_  
 Cost of Lodging During Move \_\_\_\_\_  
 Travel to New Home (# of miles) \_\_\_\_\_

**22. Business Mileage**

Do you have written records? \_\_\_ Yes \_\_\_ No  
 Did you sell or trade in a car used  
 for business? (If yes, provide paperwork) \_\_\_ Yes \_\_\_ No  
 Make/Year of Vehicle \_\_\_\_\_  
 Total Miles for the year \_\_\_\_\_  
 Total Business Miles for the year \_\_\_\_\_  
 Gas, Oil, Repairs, Insurance, Etc. \_\_\_\_\_  
 Lease Payment or Interest Paid \_\_\_\_\_

**23. Business Travel**

Lodging, Airfare, Train, Etc. \_\_\_\_\_  
 Meals (# of days \_\_\_\_\_)  
 Other \_\_\_\_\_  
 Reimbursement Received \_\_\_\_\_

**24. Other Deductions**

Alimony Paid to: \_\_\_\_\_  
 Recipient's Social Security Number: \_\_\_\_\_  
 Student Loan Interest Paid \_\_\_\_\_  
 Health Savings Account Contributions \_\_\_\_\_  
 Annual Deductible \$ \_\_\_\_\_ Single Plan or Family Plan? (circle one)

College Savings Plan Contributions:	Beneficiary	Amount
Is it a Wisconsin account? ___ Yes ___ No		

**25. Residency**

State of Residence \_\_\_\_\_  
 Town \_\_\_\_\_ Village \_\_\_\_\_ School District: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 Out of State Purchases subject to WI sales tax \$ \_\_\_\_\_

**26. Questions, Comments, Other Information**

**27. Child & Other Dependent Care Expenses**

**\*\* Be sure to also complete this section even if you receive dependent care benefits from your employer. \*\***

Name of Care Provider	Address	Social Security # or Employer ID #	Amount Paid

**28. Estimated Tax Payments (For 2016 Taxes)**

Date Paid	Federal Estimated Tax Payment Amount	Date Paid	State Estimated Tax Payment Amount

**29. Direct Deposit of Refund**

Would you like to have your refund(s) directly deposited into your account? \_\_\_ No \_\_\_ Yes If yes, Please provide a voided check.  
 Type of Account \_\_\_ Checking \_\_\_ Savings Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**To the best of my knowledge, the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.**

X \_\_\_\_\_  
 Taxpayer Date

X \_\_\_\_\_  
 Spouse Date