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Tax Organizer for Year 2017

GENERAL INSTRUCTIONS

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2017 income tax return. The attached worksheets cover income, deductions and credits, and will help in the preparation of your tax return by focusing attention on your special tax needs. Please enter your 2017 information in the designated areas on the worksheets. If you need to include additional information, please attach an additional page. There are instructions throughout the Tax Organizer to help guide you through the various sections. Please **do not** staple supporting documents (i.e. W-2s, 1099s, etc.)

PERSONAL DATA

Current clients: Please provide only your name and any updates to your personal data. New clients: Please complete all personal data.

	TAXPAYER	SPOUSE
Last Name		
First Name, MI		
Social Security Number		
Date of Birth		
Phone Number (s)		
Address		
Email Address		
Fax		
Were you covered by		
Health Insurance in 2017?		
Did you make any purchases in 2017 that did not include Sales Tax ???		
County and School District (provide school district number if applicable):		
Note: If you moved in 2017 please provide the state, county, school district, date(s) of move(s), and applicable State W-2s		
Do you need us to prepare a local return? If so, please indicate locality here and enclosed applicable information:		
Preferred Primary Contact Method (please circle):	HOME PHONE	EMAIL
Preferred Alternate Contact Method (please circle):	HOME PHONE	EMAIL
		MOBILE PHONE
		MOBILE PHONE

PERSONAL DATA Continued				
Filing Status (circle one):	Single	Married Filing Joint	Married Filing Separate	Head of Household
Will someone else be claiming you as dependent on his or her tax return?				Y or N
If Married Filing Separate (MFS), did you live with your spouse during the last 6 months of 2017?				Y or N
If MFS, will your spouse itemize their deductions				Y or N
IRS Discussion Authority: Would you like me to be able to discuss your return preparation with the IRS on your behalf?				Y or N
DEPENDENT INFORMATION				
Relationship	First Name	Last Name	SSN	Date of Birth
Dependent Notes:				
* If you are divorced and your dependent children do not live with you, you must provide form 8832 (Release of Claim) or a copy of your divorce decree.				
* If your dependent did not live with you for the entire year, please indicate the number of months the dependent lived with you.				
E-FILE				
Do you want to electronically file your federal and state (if applicable) return?			Y	or
			N	
If yes, please be advised that Federal and State Tax Code require us to have a signed Form 8879 "IRS E-File Authorization Form" on file <u>before</u> we transmit your tax return. We will supply this to you to sign and return upon completion of your tax return.				
DIRECT DEPOSIT				
The IRS is able to deposit many refunds directly into a taxpayers' accounts. If you receive a refund, would you like direct deposit? Y or N				
Taxpayers may choose to have part of their 2017 refund applied to a tax deductible Traditional or Roth IRA for the 2017 tax year as long as the return is submitted before April 1, 2018. Partial refund amounts can be directly deposited into up to 3 different accounts. Please provide information below and attach a voided check for each account.				
Name of Financial Institution:				
Routing Transit Number:				
Account Number:				
What type of account is this? Checking? _____ Savings? _____ Other (please explain) _____				
PAYMENT OPTIONS				
Full payment of your tax invoice must be received prior to filing your return. We will contact you prior to mailing/filing your return to discuss your 2017 tax return and arrange payment. You may pay by check made payable to Davis & Associates, Accountants, Inc., (\$30.00 fee for returned checks applies). We also accept VISA and MasterCard, however, a 3% convenience fee applies.				

OTHER INFORMATION

Please check any of the following items that apply to you for the 2017 Tax Year:

Received/paid alimony (need amount, SSN of payee)	_____	Received unemployment (need 1099-G)	_____
Adopted a child or incurred adoption expenses	_____	Owed delinquent student loans	_____
Had wages or refund garnished	_____	Owed delinquent child support	_____
Filed bankruptcy	_____	Married or divorced	_____
Received disability payments	_____	Claimed someone who is not a US Citizen/Resident	_____
Qualified for a home office deduction	_____	Sold or purchased a principal residence <small>(include settlement statements)</small>	_____
Paid interest on a student loan	_____	Sold a principal residence lived in less than 2 yrs	_____
Received payments from a pension/profit sharing plan	_____	Incurred any non-business bad debt	_____
Incurred job-related moving expenses (attach details)	_____	Had any installment sale proceeds from relatives	_____
Had a legal discharge of debt	_____		_____

Received a distribution from an IRA, Roth IRA (including conversion from traditional IRA to Roth IRA), IRA, or SEP (please include amount(s), date, and beneficiary name if not the taxpayer or spouse); indicate if you would like me to calculate allowable contribution(s)	Y	N
Had an interest in or signature of authority over a bank account or other financial account in a foreign country, or involved in foreign trust activity		
Received foreign income or paid foreign taxes (not related to a mutual fund investment)	Y	N
Notified by the IRS or state taxing authority of changes to a prior year's return	Y	N
Had changes to a prior year's income, deductions, credits, etc. which would require filing an amended return	Y	N
Have dependents who must file, and you wish me to prepare the return (enclose tax documents)	Y	N

COMMENTS

DOCUMENTS TO ATTACH

Please attach the following documents, if applicable (if Married Filing Separate, indicate owner of income - taxpayer or spouse.)

W-2s for wage income	K-1s from Partnerships, S-Corporations, Estates or Trusts
1099-INT for interest income	Business related income (See Schedule C Worksheet, pg 7)
1099-DIV for dividend income, 1099-B for investment sale proceeds	List of any other source of income
List, including amount and institution, of any tax-exempt interest	A copy of your 2016 tax return (<i>new clients only</i>)
Copies of other compensation or pension documentation (1099s)	Forms 1098 reporting interest paid, copies of real estate tax bills
Brokerage statements showing transactions for stocks/bonds	All other information notices received, or any questionable items

TAXES AND INTEREST PAID

Taxes	Amount	Interest	Amount
Real Estate taxes paid on Principal Residence	\$	Home Mortgage Interest (Principle Residence)	\$
Real Estate taxes paid on additional homes or land (**NOT RENTAL HOMES***)	\$	Points paid to buy, build or improve your main home	\$
Car Tax Paid (only if based on the value of the vehicle)	\$	Points paid on a home equity loan, loan for a 2nd home, or refinance (include month/year of loan & loan term in years)	\$
Amount of any state tax refund received in 2017	\$	Home equity interest (note: subject to certain restrictions)	\$
Amount of any additional state tax paid in 2017 for prior years	\$	Second home (i.e. vacation home) mortgage interest (**NOT RENTAL HOMES***)	\$
Amounts paid for Investment Advising	\$	Applicable interest on RV or Boat qualifying as a second home	\$
Amounts Paid for Investment Advisory Materials and Subscriptions	\$	Investment interest PAID (i.e. margin interest)	\$

CHILD CARE EXPENSES

If you hired someone to care for your children or other dependents while you worked, you may qualify for a tax credit for the expenses.

Generally both spouses must work at least part-time, unless one is incapable of self-care or is a full-time student

The dependent must be your child, under the age of 13, or a person who is mentally or physically incapable of caring for himself or herself.

You must provide the name, address and taxpayer identification number (i.e. EIN or SSN) of the provider you paid to care for your dependent.

Child/Dependent Name (child must be under age 13)	Amount	Provider Name and Address	SSN/EIN

Did you contribute to a dependent care flexible spending account? If so, how much was contributed? \$ _____

CHARITABLE CONTRIBUTIONS - NON CASH

Name and Address of Qualifying Donee Organization	Value/Date	Description of items/Method of Valuation I.e.. Thrift Shop)
<i>Example: Goodwill Industries</i>	\$550	<i>Clothing and household goods/Thrift Shop</i>
	<i>12/15/2017</i>	
1)	/ /	
2)	/ /	
3)	/ /	
4)	/ /	
5)	/ /	

CHARITABLE CONTRIBUTIONS -CASH AND CHECK

If an individual donation exceeds \$500, please provide month/yr acquired, how acquired (i.e. purchase) and your cost

Name and Address of Qualifying Donee Organization	Amount	Name and Address of Qualifying Donee Organization	Amount
<i>Example: Church</i>	\$550		
1)			
2)			
3)			
4)			
5)			

Additional Contributions:

MEDICAL EXPENSES

Include a separate list of medical expenses, ONLY if they exceed 10% of your adjusted gross income. Contact me if you need a supplemental form to help you complete this information.

Did you contribute to a HSA? ("Health Savings Account")	Y N	*Please attach any Health Savings Account 1099's
What amount did you contribute for the year? \$		
What amount did your employer contribute for the year? \$		

Medical Mileage: _____

Amounts paid out of pocket for:

Acupuncture		Fertility Treatments and Drugs	
Ambulance		Hearing Aids	
Blood/Urine Tests		Hospital/Surgical	
Braille Supplies		Lead Based Paint Removal	
Chiropractic		Long Term Care Premiums	
Christian Science Practitioner		Medicare Premiums	
COBRA		Mental Illness Centers/Psychiatric Care	
Dental/Artificial Teeth		Nursing Services	
Doctor Co Pays		Oxygen	
Drug Rehabilitation Centers		Physical Therapy	
Eyeglasses/Contact Lenses and supplies		Prescriptions (including birth control)	
Self Employed Insurance Premiums		Weight Loss Programs	
Special Education Under doctor's orders for a child diagnosed with learning disability		Transportation/Lodging for overnight Trips	
Sterilization		Vision and Vision Surgeries	
Stop Smoking Programs		Wigs	
Transplants		X-Rays	

Casualty/Theft Loss - Include a separate list of casualty or theft losses, ONLY if they exceed 10% of your adjusted gross income. Include reason for damage, type of property, date of event, date asset acquired, value before/after loss, and any insurance proceeds.

Gambling Winnings/Losses - Include a separate list of any gambling winnings, including amount and additional documentation. Any losses can only be used to offset gambling income. Losses greater than winnings are not deductible.

EDUCATIONAL CREDITS

Student Name	SSN	Additional Information	Amount
		Year in School (1-4 or Grad): Hope Credit Claimed in 2016 (Y or N)	
		Year in School (1-4 or Grad): Hope Credit Claimed in 2016 (Y or N)	

STUDENT LOAN INTEREST

If you paid interest on a qualified student loan in 2017 (for you, your spouse or dependents), you may be able to claim a deduction directly from gross income.

Bank/Institution that provided the loan	Amount of interest paid in 2017

ESTIMATED TAX PAYMENTS

during the course of the taxable year as your income is earned. To the extent taxes withheld from your income are not sufficient for this purpose, estimated tax

Federal Payments	Amount	State Payments	Amount
Payment #1 Date:		Payment #1 Date:	
Payment #2 Date:		Payment #2 Date:	
Payment #3 Date:		Payment #3 Date:	
Payment #4 Date:		Payment #4 Date:	

STOCKS & BONDS SOLD

Please provide all **1099-B information statements**, as well as any information you have supporting the cost basis. Please also provide brokerage year-end tax summaries and/or 12/31/15 statements. Purchase dates and sale dates are important to determine proper tax treatment. Please notify me of stock option sales.

Symbol/Description and Quantity	Sale Proceeds	Date Purchased/Date Sold	Cost
*** Please provide brokerage statement ***		Date Purchased / /	
		Date Sold / /	
*** Please provide brokerage statement ***		Date Purchased / /	
		Date Sold / /	
		Date Purchased / /	
		Date Sold / /	

Notes:

Employee Business Deductions and Miscellaneous Deductions

Please list any unreimbursed business deductions below **IF** they are related to the taxpayer's or spouse's W-2 job.

Unreimbursed Business Deductions		Other Miscellaneous	
Union Dues	\$	Tax Preparation Fees Paid in 2017	\$
Professional Publications	\$	Tax Preparation postage/shipping	\$
Office Supplies	\$	Safe Deposit Box	\$
purchase date)	\$	required)	\$
Uniforms and Protective Clothing	\$	Investment counsel and advisory fees	\$
Telephone charges	\$	IRA custodial fees	\$
Postage/shipping	\$	Other miscellaneous expenses	\$
Business cards	\$	Business miles driving on personal vehicle	\$
Pager (when required for convenience of employer)	\$	year	
Cell Phone (when required for convenience of employer)	\$	Date purchased	
Job related education expense (please explain)	\$	Please see Business Entity Questionnaire on pages 9 - 12. If you have any of these expenses NOT reimbursed by an employer for your W-2 job, please indicate here and complete the expense categories on pages 9 - 12.	
Meals & Entertainment	\$		
Travel Expense	\$		

Self Employed Income / Expense Worksheet

Please keep in mind that income statements, P & L's, and balance sheets from an automated accounting system is always our favorite tax return collection method. If you do not use an automated accounting system we ask that you assist us in compiling your figures by completing this form. You may also submit spreadsheets outlining the necessary information. Please keep in mind that not every line on this questionnaire will apply to every business and that we may require further information from you. This form is just a partial survey that we need.

Total money received for the year (Gross Receipts) <small>This figure should match or exceed your bank deposits</small>	
----------------------------------------------------------------------------------------------------------------------------	--

Inventory at the beginning of the year (your cost)		Inventory at year end (your cost)	
----------------------------------------------------	--	-------------------------------------	--

Materials, inventory, and supplies that were used for your own personal purposes	
----------------------------------------------------------------------------------	--

Money that you took as DRAWS for personal wage purposes (NOT W-2 wages or salary)	
-----------------------------------------------------------------------------------	--

Advertising	
Accountant	
Attorney	
Business Supplies	
Business Travel	
Charity	
County Taxes	
Dues	
Memberships	
Entertainment	
Equipment Purchases	
Equipment Rental	
FUTA Tax	
Gifts	
Hotel/Motel/Lodging	

Insurance		Printing	
Interest on Business Use Credit Cards		Professional Education	
Interest on Loans		Publications	
Internet		Rent	
Licenses		Rental Car	
Maintenance		Repairs	
Meals		SEP Contribution	
Marketing		Subcontractors	
Networking		Supplies	
Newspaper		SUTA	
Office Supplies		Telephone Expense	
Parking		Tolls	
Payroll Taxes		Transportation	
Permits		Wages Paid	
Postage & Shipping			

OTHER Please itemize:

If you purchased any Capital Asset Items, over \$100, please list on a separate sheet of paper the cost, date of purchase, and description.

For any previously depreciated Capital Asset Item or Office Equipment sold please list on a separate sheet of paper the date of sale and price.

If we don't already have them, or if you made changes through the year, please provide us with any formation paperwork related to your entity.

Have you conducted, and documented, an annual shareholder/member meeting? (This is applicable even to single member LLC's, S Corps, and C Corporations)

CAR & TRUCK EXPENSE

The purpose of this form is to record all mileage driven for business and investment purposes. This includes mileage for Small Business (Schedule C), Rental Properties, Unreimbursed Employee Expenses (including aviation related mileage for Training, Union Meetings, Temporary Duty Travel, Military Reserve, and FFDO), and other business mileage. Note: Use a copy of this form if you have more than 2 vehicles for business/investment purposes.

CAR/TRUCK #1			CAR/TRUCK #2		
Make, Model and Year of Vehicle			Make, Model and Year of Vehicle		
Date first used for business			Date first used for business		
Average daily round-trip commute mileage			Average daily round-trip commute mileage		
Total miles driven for the year (should be the sum of detail below)			Total miles driven for the year (should be the sum of detail below)		
Number of miles driven for personal use			Number of miles driven for personal use		
Number of miles driven for commute (home to office)			Number of miles driven for commute		
miles driven for business/investment use (details below)			(details below)		
Schedule C (indicate which business if more than one)			Schedule C (indicate which business if more than one)		
Rental Property (indicate which property if more than one)			Rental Property (indicate which property if more than one)		
Unreimbursed Employee/Business Mileage (use detail lines below)			Unreimbursed Employee/Business Mileage (use detail lines below)		
-Training* (see note below)			-Training* (see note below)		
-Union Meetings			-Union Meetings		
-Temporary Duty Travel			-Temporary Duty Travel		
-Military			-Military		
-Other (please explain)			-Other (please explain)		

Was the vehicle leased?	Y	N	Was the vehicle leased?	Y	N
Was the vehicle available for personal use?	Y	N	Was the vehicle available for personal use?	Y	N
Was another vehicle available for personal use?	Y	N	another vehicle available for personal use?	Y	N
Do you have evidence to support the business use?	Y	N	Do you have evidence to support the business use?	Y	N
If Yes, is the evidence written?	Y	N	If Yes, is the evidence written?	Y	N

***Note:** You can only deduct training mileage to the extent it exceeds your commute to/from work (i.e. the airport)

Home Office Deductions			
Total Square footage of house		Gas	
Square Footage of Office		Electric	
Date of Purchase		Oil	
Purchase Price of Dwelling		Insurance	
Irrigation		HOA	
Maintenance		Repairs	
Rent		Trash Pick Up	
Other		Security	
RENTAL PROPERTY INCOME AND EXPENSE			
NOTE: Use a copy of this form if you have more than 2 rental properties			
PROPERTY #1 Location and Description		PROPERTY #2 Location and Description	
Check all that apply: <input type="checkbox"/> Owned by spouse <input type="checkbox"/> Owned jointly <input type="checkbox"/> Rental Property <input type="checkbox"/> Commercial Property <input type="checkbox"/> Active Participation <input type="checkbox"/> Material Participation		Check all that apply: <input type="checkbox"/> Owned by spouse <input type="checkbox"/> Owned jointly <input type="checkbox"/> Rental Property <input type="checkbox"/> Commercial Property <input type="checkbox"/> Active Participation <input type="checkbox"/> Material Participation	
Did you rent to a related party? If Yes, please explain. Percentage Ownership if not 100% _____%		Did you rent to a related party? If Yes, please explain. Percentage Ownership if not 100% _____%	
(if not 100% please indicate below if expenses below are listed at your percentage ownership or 100%)		100%)	
Vacation Home? Y N If Yes, enter:		Vacation Home? Y N If Yes, enter:	
Number of days rented _____ Number of days personal use _____		Number of days rented _____ Number of days personal use _____	

RENTAL PROPERTY INCOME AND EXPENSES			
PROPERTY #1		PROPERTY #2	
Date first used as rental: ___/___/___		Date first used as rental: ___/___/___	
Cost: \$ _____ Value of Land in cost \$ _____		Cost: \$ _____ Value of Land in cost \$ _____	
Rental Income	\$ _____	Rental Income	\$ _____
Advertising	\$ _____	Advertising	\$ _____
Association dues	\$ _____	Association dues	\$ _____
Travel	\$ _____	Travel	\$ _____
Cleaning & Maintenance	\$ _____	Cleaning & Maintenance	\$ _____
Commissions	\$ _____	Commissions	\$ _____
Insurance	\$ _____	Insurance	\$ _____
Legal and professional fees	\$ _____	Legal and professional fees	\$ _____
Allocated tax preparation fees	\$ _____	Allocated tax preparation fees	\$ _____
Licenses and permits	\$ _____	Licenses and permits	\$ _____
Management fees	\$ _____	Management fees	\$ _____
Mortgage interest reported on Form 1098	\$ _____	Mortgage interest reported on Form 1098	\$ _____
Other Interest	\$ _____	Other Interest	\$ _____
Repairs	\$ _____	Repairs	\$ _____
Real Estate Taxes	\$ _____	Real Estate Taxes	\$ _____
Other taxes	\$ _____	Other taxes	\$ _____
Supplies	\$ _____	Supplies	\$ _____
Utilities	\$ _____	Utilities	\$ _____
attach details)	\$ _____	details)	\$ _____
See Car/Truck Expense Section on Pg. 11 to input business mileage			
Furniture, fixtures and Equipment Purchases in 2017		Furniture, fixtures and Equipment Purchases in 2017	
Please provide description, date of purchase and cost:		Please provide description, date of purchase and cost:	

DIRECT SALES BUSINESS OWNERS

2017 Tax Reconciliation

NAME OF COMPANY _____

Total 2017 Vehicle Miles Driven

Total 2017 BUSINESS Miles Driven		Telephone	
TOTAL Money Received from Customers		Meeting Fees	
TOTAL Money Received from Company (should match 1099)		Entertainment	
TOTAL Money Paid to Company for Product		Meals	
Ending Inventory		Food and Expenses for Open House	
Total Product Used Personally/Household		Supplies (Qtips, cotton balls, etc.)	
Advertising		Newspapers/Publications	
Contract Labor/Office Help		Dues and Memberships	
Interest Paid on BUSINESS use only on credit card		Office Supplies	
Professional Fees (Accountant)		Postage	
Rental Car		Business Aids	
Rented Equipment		Equipment Purchased and Date (Computer, Etc.)	
Internet Service			
Repairs of Computers or other equipment		Other	
Business License		Other	
Air, Train, Bus, Taxi		Other	
Parking			
Tolls		***REGARDING TRAVEL, PLEASE COMPLETE THE DESTINATION DETAIL WORKSHEET (Page 15)	
Gifts			
Hostess Gifts			
Trade Show Fees			

DESTINATION DETAIL SHEET

Below please find airport codes for major American cities. Please indicate # of days/nights spent in each location while traveling or business.

For airline personal, please exclude turns.

ABE	_____	ABI	_____	ABQ	_____	ABR	_____
ADK	_____	AFW	_____	AGS	_____	ALB	_____
AUS	_____	BDL	_____	BFI	_____	AFL	_____
BIL	_____	BIS	_____	BNA	_____	BOI	_____
BTR	_____	BUF	_____	BUR	_____	BWI	_____
CAK	_____	CHA	_____	CHS	_____	CID	_____
CMH	_____	COS	_____	CPR	_____	CRP	_____
DAB	_____	DAL	_____	DAY	_____	DCA	_____
DLH	_____	DSM	_____	DTT	_____	DTW	_____
EUG	_____	EWR	_____	FAR	_____	FAT	_____
FSD	_____	FSD	_____	FTW	_____	FWA	_____
GGG	_____	GJT	_____	GRR	_____	GSO	_____
HUF	_____	IAD	_____	IAH	_____	ICT	_____
ISP	_____	JAC	_____	JAN	_____	JAX	_____
LAS	_____	LAX	_____	LBB	_____	LGA	_____
LNK	_____	LVS	_____	LWB	_____	MAF	_____
MDT	_____	MDW	_____	MEM	_____	MFE	_____
MKE	_____	MLB	_____	MLI	_____	MOB	_____
MSY	_____	MWH	_____	MYR	_____	NFL	_____
OKC	_____	OMA	_____	ONT	_____	ORD	_____
PBI	_____	PDX	_____	PDX	_____	PHF	_____
PIA	_____	PIH	_____	PIT	_____	PMD	_____
PSP	_____	PUB	_____	PVD	_____	PDM	_____
RIC	_____	RNO	_____	ROC	_____	ROW	_____
SAN	_____	SAN	_____	SAT	_____	SAV	_____
SCK	_____	SDF	_____	SEA	_____	SFO	_____
SJC	_____	SLC	_____	SMF	_____	SNA	_____
SPS	_____	SRQ	_____	STL	_____	SWF	_____
TPA	_____	TUL	_____	TUS	_____	TYS	_____

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- * Information we receive from interviews regarding your tax situation;
- * Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number,
- * Information from tax--related documents you provide that are required to process tax returns such as Forms w-w2, 1099R, 1009-INT and 1099-DIV, and stock

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our client or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to

If you have any questions about our privacy policy, please contact us.

I/We attest that the information contained in this statement is true and actual to the best of my/our knowledge.

Signature

Date

Name and Title

