Tax Organizer For 2016 Income Tax Return

Prepared For:

New Client

,

Prepared By:

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This Tax Organizer can be used to help identify information needed to prepare your 2016 income tax return. Enter your 2016 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2016 income tax return.

If you have any questions, please feel free to contact us at (717)889-8418.

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMA	ATION														
						2	l	<u> </u>					T DI		<u></u>
Name		SSN	N or ITIN	Da	ate of I	3irth_	Date	Date of Death		Occupation		Blir	id	Disabled	
Taxpayer New Client Spouse													╁┼	┼┼	\dashv
Street Address	-	Apt.	City or	town			State			Zip	Code		Coi	unty	
Street Address	The State State								,						
Foreign country Foreign province/state Foreign p						ostal code									
E-mail Address(es)					Hom	e Phon	ie				Mob	ile Phone			
2. FILING STATUS														_	
2. TILING STATUS															
X Single	_	you li	nt (or som				-		-	dent	on the	eir return.			
Co. DEDENDENTO															
3. DEPENDENTS															
Name	Relationship	Date of Birth SSN or ITIN Months Lived Disabled Full Time With You Student							Dependent Gross Incor			ld Care nses Paid			
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4. MISCELLANEOUS PE	RSONAL INF	ORM	ATION	QUEST	TIONS										
1. Check the applicable boxes	s if you wish to	contrik	oute \$3 to	the Pre	esident	ial Elec	ction ca	mpa	aign f	und.		Taxpaye	 эг		Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?									N.I.						
1	-	-			-									Ш	No
If Yes, please furnish the	6-digit PIN issu	ied to	you by th	ne IRS .											
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2016?							Yes			No					
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?									No						
5. Do you have any children age 18 or under (or student under age 24) wo had unearned income or more than \$2,100?								Yes			No				
6. If any of your children are r dividends on your return?	equired to file a	returi	n, do you 	elect to	repor	t your c	child's ir	ntere	est ar	nd 		Yes			No
7. Did you give a gift of more	than \$14,000 to	one (or more p	people?								Yes			No

				_									
	AC	A He	alth	Care	Org	aniz	er						
1 Does everyone in your tax household have qualified health insurance for all 12 months of 2016? Yes No													
Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.													
1a If No above, please check which months your tax household had qualified health insurance in 2016.													
12 Saber 5, presso orion million months your tax noticentral mad qualified modific modification in 2010.													
NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: New													
Spouse:													
Dependent:	▎∐	l∐	Щ	IЩ	Ц	IШ			Ш	Ш	Ц	l ∐	
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Dependent:	l H	ΙĦ	H	lΗ	H	ΙĦ			H		H	l H	
2 Please indicate where you received	ent-Sp	onsore	d Mar	ketplac	;e [] Priva	ate Exc	hange	(Indiv	idual Ir	nsuran	ce Cor ′es Г	npany) ີ No
3a If Yes above, have you filed for any	exem	ptions	throug	jh the g	jovern	ment-s	ponso	red ma	rketpla	ace?		es [] No
Please indicate below who qualifies	for an	exem	otion f	rom the									
NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: <u>New</u>	IШ												
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Spouse:													
Dependent:													
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INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
Unreported tip income received:	
	5. CAPITAL GAINS AND LOSSES
A INTEREST AND DIVIDEND INCOME	Aug. 1, 4000 B.
2. INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
Attack 4000 INT 4000 DIV as athan statements	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	
Payer Name Taxpayer Spouse	
	L L
	6. OTHER INCOME
	6. OTHER INCOME
	Description Amount
I	State income tax refund
l	Alimony received
	Unemployment compensation
	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
O. RETIREMENT DISTRIBUTIONS	Hobby income
Attach 1099-R & 5498 Roth Other	Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
Attach SSA 1099 or RRB 1099 Yes No	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
Did you receive railload retirement benefits:	
7. MISCELLANEOUS INCOME QUESTIONS	
1. Did you sell your home?	
2. Did you earn any foreign income or paid any foreign taxes?	
3. Do you have a health savings account (HSA), Archer MSA or Med	licare Advantage (MA) MSA? Yes No
4.50	
4. Did you have a financial account in a foreign country (i.e. bank ac	
If Yes, did the aggregate value of all financial accounts exceed \$	S10,000 at any time during 2016? Yes No
5 Pidway have any debt (collection for the first	
I S LUIG VOU DAVE ANY GENT TOTALIVED (LE STUDENT JOANS HOME MORTGAG	e, etc.)?

DEDUCTIONS ORGANIZERPlease complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

1. EDUCATION									
Attach 1098-Ts, 1098-E's and Student Name	1099-Q's: Educational Institution	Fr So Jr	Sr Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment 529 Plan			
2. JOB-RELATED MOVI	NG EXPENSES		4. O	THER DEDUC	TIONS				
Description	Amount		Desc	ription		Amount			
Lodging						· · ·			
1	<u> </u>	I							
"		I				S			
I	new workplace	l l	Archer Medical Savings Account contributions Jury duty repayment to employer						
1	orkplace	l l	Foreign qualified housing expenses						
			Contr	ibutions to Colle	ege 529 Savings	Plan			
3. IRA CONTRIBUTIONS	1					· · ·			
C. IIVA CONTINUESTICING	•			· ·		· · · —			
Description	Amount			· · · · · · · · · · · · · · · · · · ·					
Contributions to a Traditional	I IRA								
Contributions to a ROTH IRA	· <u></u>		Other						
5. MISCELLANEOUS DE	DUCTION QUESTIONS								
1. Did you purchase an item(s	s) during 2016 for which you pa	aid a large a	mount (of sales tax?.		Yes No			
2. Did you refinance a mortga	ge during 2016?					Yes No			

New Client

CREDITS ORGANIZER

Please complete this Organizer before your appointment. Earned Income Credit Organizer is on a separate page.

New Client

1. CHILD CARE CREDIT										
Attach Daycare Provider State Care Provider Name		Tax-Exempt		Identification Number						
2. RESIDENTIAL ENERG	GY CREDIT									
Description	Amount	Description			Amount					
Solar electric property		Metal or asphalt	roof							
Solar water heating	Exterior windows and skylights									
Small wind energy	Electric heat pump or central air conditioner									
	Geothermal heat pump			Natural gas, propane or oil water heater						
1	· · · · · · · · ·	Biomass fuel stove								
	Natural gas, propane or oil furnace Advanced main air circulating fan									
Exterior doors	· · · · · · · · · <u> </u>	Advanced main a	in circulating i	aii						
	vements for your main home in the Unite ments related to the construction of this r				Yes No					
3. MISCELLANEOUS CF	REDIT QUESTIONS									
1. Did you pay any expenses	related to the adoption of an eligible child	d?			☐Yes ☐No					
2. Are you currently repaying	the First-Time Homebuyer Credit?				☐Yes ☐No					
3. Do you (and your spouse)	have a social security number that allows	s you to work and is	valid?		☐Yes ☐No					
4. Were you issued a Mortgag	ge Credit Certificate (MCC) by a state or	local governmental	unit or agency	?	☐Yes ☐No					

PAYMENTS AND BANKING ORGANIZER

Please complete this Organizer before your appointment.

New Client

1. ESTIMATED TAX PAYMENTS			
Federal estimated payments		Date Paid	Amount Paid
Applied from 2015 federal refund			
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
State estimated nauments State Name:		Date Paid	Amount Paid
State estimated payments State Name: Applied from 2015 state refund		Dale Falu	Amount Paid
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
Thi quartor payment			
Local estimated payments Locality Name:		Date Paid	Amount Paid
Applied from 2015 state refund		/	
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
2. REFUND INFORMATION			
	·		
1. Would you like to have any refunds directly deposited into your bank ac	count?		. Yes No
Bank Account	Bank Account		
Ownership	Ownership		pouse 🗌 Joint
Type	Туре	Checking S	avings
	Bank name		
Routing number	Routing number		
Account number	Account number		
Account outside the jurisdiction of the United States?	Account outside the jui	risdiction of the Unit	ed States?
2 COMMENTS			
3. COMMENTS			
l			