

Your 2017 Tax Organizer

Please answer each question-Provide additional information if necessary	Yes	No
Did your address, marital status, or dependents change last year?		
Were either you or your spouse 65 or older in 2014? OR Blind? Y/N _____		
Did you start a new business last year?		
Did you sell any property, your home, or business last year? (bring documents)		
Was last years return changed by the IRS? (bring letters of proof of change)		
Do you want your refund direct deposited? (please bring your account #)		

Important Documents to Bring:		Business Income/Inventory	
Income	Bring these	Business Expenses	Amount
Forms W-2 (Wages)		Gross Receipts or Sales	\$
Forms 1099R (Retirement)		If you have inventory - Total Purchases	\$
Forms 1099 SSA (Social Sec.)		Inventory ON 01/01/2017	\$
Forms 1099INT (Interest Income)		Inventory ON 12/31/17	\$
Forms 1099 DIV (Dividend Inc)		Advertising	\$
Forms 1099G (State Tax Refund)		Business Mileage @ .53.5 cents / mile	\$
Forms 1099G (Unemployment)		Commissions and Fees	\$
Verification of stock transaction:		Contract Labor	\$
Purchase Date and Price		Insurance (other than health)	\$
Sales Date and Price		Legal and Professional	\$
Any other income not mentioned:		Office Expenses	\$
i.e. alimony etc.		Rent of Vehicles, Equip., Machinery etc.	\$
Form 1095A (Affordable Care Act)		Rent of Buildings or Property	\$
Verification of the following:		Repairs and Maintenance	\$
IRA Deductions-you and spouse:		Supplies	\$
Keogh/SEP Deduction		Taxes and Licenses	\$
Dates & Amounts of estimated payments		Travel (Air, Bus, Taxi, Motel, etc).	\$
State Payments		Meals	\$
		Utilities (Gas, Power, Water, Sewer)	\$
Itemized Expenses:	Amount	Wages	\$
Medical Insurance Premiums (paid by you)	\$	Union Dues	\$
Medical Expenses (paid by you)	\$	Uniforms	\$
Medical Mileage: .24 cents/ mile =	\$	Work Boots	\$
Real Estate taxes (bring statement)	\$	Coveralls / Gloves	\$
Mortgage Interest (bring statement)	\$	Work Tools	\$
Equity Loans Interest (bring statement)	\$	Other Expenses	\$
Charitable Contributions	\$	Home Office expense	\$
Cash Charitable Contributions	\$		\$
Non Cash Contributions (ARC, Youth R. or	\$	Specific Questions for Day Care Business	
Charitable Mileage _____ X141/2 / mile	\$	Square foot of Home used for Day Care	
Tax preparation fees	\$	Amount reimbursed for Food Program	\$
Employee business expense (unreimbursed)	\$	Total # of Breakfast / lunches / snacks served	
Moving expense (meals/lodging)	\$		
Moving mileage @ .23 1/2 cents / mile	\$		
Child and Dependent Care Expenses:			
Providers Name and Address			
Either SSN or TIN # (must have this #)			
Amount Paid to provider (must have #)			
	\$		
Use additional pages if necessary			

Affordable Care Act

Bring all your Health insurance information:

- *did you have health insurance?
- *did you buy insurance from the marketplace?
- *did your employer provide or offer health insurance?
- *were all members of your household covered?