

## 2017 INCOME TAX DATA ORGANIZER

**This Income Tax Data Organizer assists you to collect documents & information needed to complete your income tax return.**

### PERSONAL INFORMATION

	Name	Social Security #	Birthdate	Occupation	Cell Phone #
Taxpayer					
Spouse					
Street Address & City		Township	School District	County	State & ZIP
					Home Phone
E-Mail Address		Taxpayer:		Spouse:	
▶Do you have a will? ___Y___N		▶Do you feel you have sufficient life insurance? ___Y___N			
Direct Deposit (Provide a JOINT account if married)					
Bank Routing # _____		Account # _____		<input type="checkbox"/> Checking (Please include a copy of check.) <input type="checkbox"/> Savings	

Give \$3 to Presidential Campaign?	Taxpayer ___Y___N	Spouse ___Y___N	Marital Status ___Single
Are you or your spouse blind?	___Y___N	___Y___N	___Married
Dependent on another return?	___Y___N	___Y___N	___Separated as of _____ Date
			___Divorced as of _____ Date

### DEPENDENT CHILDREN

*(If dependent is a COLLEGE STUDENT, include tuition statement from bursar / finance office. See page 3.)*

*(If dependent ALREADY FILED A TAX RETURN, include a copy of dependent's tax return.)*

Name	Social Security #	Birthdate	Relationship	Student (Y/N)	College Grade Level as of 12/31/17 (see page 3)	Childcare Cost (see page 4 to list childcare information)
						\$
						\$
						\$
						\$

### OTHER INDIVIDUALS RESIDING IN YOUR HOME OR OTHER DEPENDENTS

Name	Social Security #	Birthdate	Relationship	Dep's own income	\$ Support by you	\$ Support by others	# Months in home
				\$	\$	\$	#

**Include the following documents with your information.**

- |  |   |
|--|---|
| <input type="checkbox"/> All W2's & FINAL PAYSTUB<br><input type="checkbox"/> All 1099 INT, DIV, MISC, R, Etc.<br><input type="checkbox"/> All 1099 SSA, 1099 RRB<br><input type="checkbox"/> All 1099 B (Sale of Stocks/Mutual Funds)<br><input type="checkbox"/> All 1098 Mortgage Interest, 1098-T, 1098-E<br><input type="checkbox"/> All K-1's (Partnerships, Corporations, Etc.)<br><input type="checkbox"/> HEALTH INSURANCE (Form 1095 A, B, C)<br><input type="checkbox"/> Health Savings Account (HSA) Year End Statements | <input type="checkbox"/> 529 Education Account Year End Statements<br><input type="checkbox"/> Property & Personal Real Estate Tax Bills<br><input type="checkbox"/> Settlement Sheets (Purchase OR Sale of Home OR Rental)<br><input type="checkbox"/> Stocks / Mutual Funds Purchase Information<br><input type="checkbox"/> Investment Year End Statements<br><input type="checkbox"/> Student's Itemized College Financial Statement<br><input type="checkbox"/> Student &/or Dependent Tax Return if 'Self-Prepared'<br><input type="checkbox"/> Home Energy Improvements Paperwork & Receipts |
|--|---|

1. If you have a tax refund, do you want the refund applied to next year's estimated taxes? \_\_\_Y\_\_\_N
2. Did you receive any tax adjustments or correspondence from IRS &/or State? \_\_\_Y\_\_\_N (Include copy)
3. Did you have HEALTH INSURANCE? \_\_\_Y\_\_\_N (If yes, complete blue medical form)
4. Did you give a gift of more than \$14,000 to one or more people? \_\_\_Y\_\_\_N
5. Did you contribute to a 529 College Education Savings Account? \_\_\_Y\_\_\_N (Include Year-End Statements)
6. Did you make any home improvements that qualify for an energy credit? \_\_\_Y\_\_\_N (Include Paperwork)
7. Did you have a foreign bank account, foreign trust, or foreign business? \_\_\_Y\_\_\_N
8. Did you withdraw money or write checks from a mutual fund? \_\_\_Y\_\_\_N
9. Did you provide a home for or help support anyone not listed above? \_\_\_Y\_\_\_N
10. Did you have 1099 info FOR US TO COMPLETE? (See our website for 1099 requirements.) \_\_\_Y\_\_\_N (Provide separately before 1/31)
11. Did you have:
  - Self-employment or hobby income? \_\_\_Y\_\_\_N
  - Rental income from real estate or other property? \_\_\_Y\_\_\_N (See page 3)
  - Farm income from animals, crops, or subsidies? \_\_\_Y\_\_\_N
  - Income from timber, minerals, oil, gas, copyrights, patents? \_\_\_Y\_\_\_N
12. Total Purchases / Services (internet, out of state, etc.) for which no PA Sales Tax was paid. \$ \_\_\_\_\_

**This Income Tax Data Organizer assists the taxpayer & preparer to EXPEDITE your income tax return.**

### ESTIMATED TAX PAYMENTS

(Provide Check # & Date Paid)

	Prior Year Credit <i>(We will fill in.)</i>	First Quarter <i>(due 4/15/17)</i>	Second Quarter <i>(due 6/15/17)</i>	Third Quarter <i>(due 9/15/17)</i>	Fourth Quarter <i>(due 1/15/18)</i>	TOTALS
		\$\$ Amount <i>Check # / Date Paid</i>	\$\$ Amount <i>Check # / Date Paid</i>	\$\$ Amount <i>Check # / Date Paid</i>	\$\$ Amount <i>Check # / Date Paid</i>	
<b>Federal</b>	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	
<b>State</b>	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	
<b>Local</b>	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	

### INTEREST INCOME

(Include Form(s) 1099-INT)

Payer - INTEREST	Amount
	\$
	\$
	\$
	\$
	\$
<b>SELLER FINANCED INTEREST</b>	<b>Amount</b>
Payer Name:	\$
Address:	
Payer's SSN or EIN:	

### DIVIDEND & CAPITAL GAIN INCOME

(Include Form(s) 1099-DIV & 1099-B)

Payer - DIVIDENDS	Ordinary	Qualified
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Payer - CAPITAL GAINS</b>		
	\$	
	\$	
	\$	
	\$	

### INVESTMENTS SOLD

(Include Form(s) 1099-B & Year End Statements)

# of Shares	Investment	Date Acquired	Date Sold	Sales Price	Cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### PENSION, SOCIAL SECURITY, IRA, ANNUITY

(Include Form(s) 1099-R, 1099-SSA, 5498 & Year End IRA Statements)

T = Taxpayer or S = Spouse

Recipient T or S	Payer	Amount	ROLLOVER TO		IRA USED FOR		
			Traditional	Roth IRA	Education	First Home	Medical
		\$	\$	\$	\$	\$	\$
		\$					
		\$					
		\$					
<b>T</b>	<b>Social Security</b>	\$					
<b>S</b>	<b>Social Security</b>	\$					

### IRA CONTRIBUTIONS

(Contribution You Made OR You Will Make by 4/15/18)  
Contribution Max \$5,500 (Age 50+ \$6,500)

	Traditional	Roth
<b>Taxpayer</b>	\$	\$
<b>Spouse</b>	\$	\$

### SALE OF PROPERTY

(Include Form(s) 1099-S & Settlement Sheets for Original Purchase & Sale of Property)

Land, Primary or Vacation Home	Date Acquired	Purchase Price + Improvements
		\$
		\$

RENTAL INCOME				
	Property #1	Property #2	Property #3	Property #4
Description				
Address				
Income (Gross Rent)				
Was \$600+ paid for services during the year? <i>(IF YES, see Page 1, Q 10)</i>	__Yes __No	__Yes __No	__Yes __No	__Yes __No
Advertising				
Auto & Travel				
Cleaning & Maintenance				
Commissions & Fees				
Insurance				
Legal & Accounting				
Mortgage Interest				
Other Interest				
Repairs				
Supplies				
Real Estate Taxes				
Utilities				
Improvements				
Miles Driven for Rental	Miles	Miles	Miles	Miles
What % of property did you occupy during the year?	%	%	%	%
Vacation Home? Number of days YOU occupied.	Days	Days	Days	Days
Active participation?	__Yes __No	__Yes __No	__Yes __No	__Yes __No

OTHER INCOME
<b>Commissions &amp; Fees</b> \$ _____
<b>K-1 Income Statements</b> S-Corporations, Partnerships, Estates, Etc.
<b>Alimony Received</b> \$ _____
<b>Jury Duty Who Received?</b> \$ _____ T _____ S _____
<b>Tax Refunds</b> State \$ _____ Local \$ _____
<b>Unemployment (1099G)</b> \$ _____
<b>Royalties</b> \$ _____
<b>Lottery &amp; Gambling Winnings</b> \$ _____
<b>ALIMONY PAID</b>
To (Name) _____
SSN _____
Amount \$ _____

**EDUCATION EXPENSES PAID FOR COLLEGE, GRAD SCHOOL, ETC.**

Student Name	Institution Name	Tuition	Date Paid	Required Fees <i>(Enrollment &amp; Books)</i>	Scholarship Received
		\$		\$	\$
		\$		\$	\$

PLEASE INCLUDE tuition statement from bursar / finance office.

PLEASE INCLUDE student loan interest paid. \$ \_\_\_\_\_ *(Include Form(s) 1098-E)*

MEDICAL & DENTAL PAID DURING 2017	
Expense Type	
(1) Out-of-Pocket Medical Insurance	\$
(2) Medicare Insurance	\$
(3) Long Term Care Insurance	\$
(4) Prescriptions	\$
(5) Doctor / Dentist / Orthodontist / Etc.	\$
(6) Eyeglasses / Medical Aids / Etc.	\$
(7) Hospitals / Ambulance	\$
(8) Nursing Home / Skilled Care	\$
(9) LESS: Insurance Reimbursements	\$
(10) TOTAL (1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 - 9)	\$
Number of Miles Driven To & From Medical Care	Miles

TAXES PAID DURING 2017		
<b>Real Estate Taxes (MAIN HOME)</b>		
	County / Township	\$
	School	\$
<b>Real Estate Taxes (2<sup>nd</sup> HOME)</b>		
	County / Township	\$
	School	\$
<b>Personal Taxes</b>		
	County	\$
	Township	\$
	LST / OPT Tax	\$
	UE / SUI Tax	\$
<b>Sales Tax – Vehicle / Boat</b> <i>(include bill of sale)</i>		\$

**INTEREST EXPENSE**

Paid to Bank (*Attach Form(s) 1098*)  
 Mortgage Interest \$ \_\_\_\_\_  
 Home Equity Loan Interest \$ \_\_\_\_\_

Interest Paid to Individual \$ \_\_\_\_\_  
 Individual's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_

**Refinance:** Loan Date \_\_\_\_\_ # of Years \_\_\_\_\_  
 (*Please include Refinance Settlement Documents*)

**UNREIMBURSED EXPENSES  
 YOU PAID AS A W-2 EMPLOYEE**

*Please list ALL expenses incurred AND any reimbursements*

	<b>Taxpayer Spouse</b>	
Union Name _____ # _____	_____	_____
Union Name _____ # _____	_____	_____
Business Supplies _____	_____	_____
Tools, Equipment, Safety Equipment _____	_____	_____
Uniforms ( <i>include cleaning</i> ) _____	_____	_____
Other - _____	_____	_____
Other - _____	_____	_____
Travel (# Days away from home) _____	_____	_____
Airfare, Train, etc. _____	_____	_____
Lodging _____	_____	_____
Taxi, Car Rental, etc. _____	_____	_____
Rental Car - Fuel Expense _____	_____	_____
Meals & Entertainment ( <i>Total</i> ) _____	_____	_____
<b>REIMBURSEMENT from Employer</b> _____	_____	_____

**PERSONAL VEHICLE BUSINESS MILEAGE**

Do you have written records? \_\_\_\_\_ Yes \_\_\_\_\_ No

	<b>Taxpayer Spouse</b>	
Vehicle Make/Year _____	_____	_____
Date Vehicle Purchased _____	_____	_____
Total Miles ( <i>personal + business</i> ) ** _____	_____	_____
Business Miles ( <i>should be less than total</i> ) _____	_____	_____
Round Trip Commuting Miles _____	_____	_____
Interest Paid on Vehicle Loan _____	_____	_____
Lease Payments on Vehicle _____	_____	_____
Parking & Tolls _____	_____	_____
Gas / Oil / Repairs ( <i>actual records</i> ) _____	_____	_____
Insurance Paid for Year _____	_____	_____
<b>REIMBURSEMENT from Employer</b> _____	_____	_____

**\*\* MILEAGE VERIFICATION (check all that apply to you)**

-Maintenance/Repair Records \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Mileage Log \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Year End Odometer Reading \_\_\_\_\_ Yes \_\_\_\_\_ No

**CHARITABLE CONTRIBUTIONS**

(*List the name of each charity for cash contributions over \$3,000 AND non-cash contributions over \$500*)

Church \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Cash \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-Cash (*under \$500 – Fair Market Value*) \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Non-Cash \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-Cash (*over \$500*) \_\_\_\_\_ \$ \_\_\_\_\_  
 Charitable Miles \_\_\_\_\_ # \_\_\_\_\_ miles

**HOME OFFICE EXPENSE**

Total Square Feet of Home \_\_\_\_\_ sq. ft.  
 Square Feet Used for Business \_\_\_\_\_ sq. ft.  
 Insurance \$ \_\_\_\_\_  
 Maintenance & Repairs \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Utilities  
 Garbage \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_ Other- \_\_\_\_\_ \$ \_\_\_\_\_  
 Oil \$ \_\_\_\_\_ Other- \_\_\_\_\_ \$ \_\_\_\_\_

**Provide the following (IF you did not previously provide)**

Purchase Price + Renovations \$ \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_

**INVESTMENT EXPENSES**

Tax Preparation Fee \$ \_\_\_\_\_  
 Safe Deposit Box Rental \$ \_\_\_\_\_  
 Mutual Fund Fees \$ \_\_\_\_\_  
 IRA Maintenance Fee (*out of pocket*) \$ \_\_\_\_\_  
 Investment Counselor \$ \_\_\_\_\_  
 Penalty Fee (*Early Withdraw - Savings*) \$ \_\_\_\_\_

**CHILDCARE PROVIDER INFORMATION**

Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ or E.I.N. \_\_\_\_\_  
 Child/Children cared for: \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_

Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ or E.I.N. \_\_\_\_\_  
 Child/Children cared for: \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_

**REIMBURSEMENT from Employer** \$ \_\_\_\_\_

**To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary to prepare my tax return. I am aware that I am responsible for maintaining adequate records.**

\_\_\_\_\_  
 Signature Required \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signature Required \_\_\_\_\_ Date \_\_\_\_\_

***We look forward to serving you!***