

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
<input type="checkbox"/> All 1099 INT, DIV, MISC, R, Etc.
<input type="checkbox"/> All 1099 SSA, 1099 RRB
<input type="checkbox"/> All 1099 B (Sale of Stocks/Mutual Funds)
<input type="checkbox"/> All 1098 Mortgage Interest, 1098-T, 1098-E
<input type="checkbox"/> All K-1's (Partnerships, Corporations, Etc.)
<input type="checkbox"/> HEALTH INSURANCE (Form 1095 A, B, C)
<input type="checkbox"/> Health Savings Account (HSA) Year End Statements | <input type="checkbox"/> 529 Education Account Year End Statements
<input type="checkbox"/> Property & Personal Real Estate Tax Bills
<input type="checkbox"/> Settlement Sheets (Purchase OR Sale of Home OR Rental)
<input type="checkbox"/> Stocks / Mutual Funds Purchase Information
<input type="checkbox"/> Investment Year End Statements
<input type="checkbox"/> Student's Itemized College Financial Statement
<input type="checkbox"/> Student &/or Dependent Tax Return if 'Self-Prepared'
<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 (We will fill in.)	First Quarter (due 4/15/17)	Second Quarter (due 6/15/17)	Third Quarter (due 9/15/17)	Fourth Quarter (due 1/15/18)	TOTALS
		\$\$ Amount Check # / Date Paid	\$\$ Amount Check # / Date Paid	\$\$ Amount Check # / Date Paid	\$\$ Amount Check # / Date Paid	
Federal	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	
State	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	
Local	\$	\$	\$	\$	\$	\$
		Ck#	Ck#	Ck#	Ck#	

INTEREST INCOME

(Include Form(s) 1099-INT)

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

DIVIDEND & CAPITAL GAIN INCOME

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

Payer - DIVIDENDS	Ordinary	Qualified
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Payer - CAPITAL GAINS		
	\$	
	\$	
	\$	
	\$	

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
		\$	\$	\$	\$	\$	\$
		\$					
		\$					
		\$					
T	Social Security	\$					
S	Social Security	\$					

IRA CONTRIBUTIONS

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

	Traditional	Roth
Taxpayer	\$	\$
Spouse	\$	\$

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? (IF YES, see Page 1, Q 10)	__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
Commissions & Fees \$ _____
K-1 Income Statements S-Corporations, Partnerships, Estates, Etc.
Alimony Received \$ _____
Jury Duty Who Received? \$ _____ T _____ S _____
Tax Refunds State \$ _____ Local \$ _____
Unemployment (1099G) \$ _____
Royalties \$ _____
Lottery & Gambling Winnings \$ _____
ALIMONY PAID
To (Name) _____
SSN _____
Amount \$ _____

EDUCATION EXPENSES PAID FOR COLLEGE, GRAD SCHOOL, ETC.

Student Name	Institution Name	Tuition	Date Paid	Required Fees (Enrollment & Books)	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		
Real Estate Taxes (MAIN HOME)		
	County / Township	\$
	School	\$
Real Estate Taxes (2nd HOME)		
	County / Township	\$
	School	\$
Personal Taxes		
	County	\$
	Township	\$
	LST / OPT Tax	\$
	UE / SUI Tax	\$
Sales Tax – Vehicle / Boat (include bill of sale)		\$

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

	Taxpayer Spouse	
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>) _____	_____	_____
REIMBURSEMENT from Employer _____	_____	_____

PERSONAL VEHICLE BUSINESS MILEAGE

Do you have written records? _____ Yes _____ No

	Taxpayer Spouse	
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 _____	_____	_____
REIMBURSEMENT from Employer _____	_____	_____

**** 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!