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Dear _____,

As 2016 ends and the new year begins, it's time to start thinking about taxes again. We hope 2016 has been a happy and prosperous year for you. Enclosed is your 2016 Tax Organizer which we will use in preparing your 2016 tax return(s). It summarizes your 2015 tax information and provides space for you to enter your 2016 data. A personalized list of necessary tax documents has been prepared based upon last year's return. As you receive your 2016 tax documents, please remove them from the envelopes and place them in the organizer envelope. Please do not highlight or circle information on the documents. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc.

Complete only those schedules that apply to you. If you have already prepared other schedules that are *separated and summarized* by income or deduction category for the necessary information, refer to them in the organizer and enclose them for our use. A fully completed organizer lessens the likelihood of omissions from your tax return, prevents additional fees and allows us to complete the return in a timely manner. If you have questions or need help, please call us. Your efforts are greatly appreciated!

When you have gathered all of your tax information, please contact our office to schedule an appointment to drop off your tax organizer and tax forms. Or you may use our drop box 24 hours a day or upload your organizer and documents to our portal on Secure Drawer. The portal can be accessed from our website. For assistance with the portal, please call our office. Our policy is for a tax professional to review the returns with you prior to signing.

As always, we thank you for the opportunity to provide services to you and your referrals. We look forward to seeing you soon.

Katrina Geety, President & Certified Public Accountant
Christine Blair, Vice President & Enrolled Agent
Diane Cislo, Senior Tax Preparer & ***Jodi Sukeforth***, Administrator & Bookkeeper

Taxpayer Information	Spouse Information
Last name	Last name.....
First name	First name
Middle Initial.....	Middle Initial.....
Suffix.....	Suffix
Social security number	Social security number
Occupation	Occupation.....
Work phone	Work phone.....
Ext ...	Ext ...
Cell phone	Cell phone
E-mail address.....	E-mail address.....
Date of birth.....	Date of birth
Address	Apartment number.....
City	State.....
	ZIP Code.....
Home phone.....	Fax number

Dependent Information

First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses

Name	Address	ID Number	Amount Paid

Education Tuition and Fees

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid

Enter total 2016 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2016	_____	_____
Roth IRA contributions made for 2016	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2016 Deductions

Medical and Dental Expenses	2016 Amount	2015 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
Taxes	2016 Amount	2015 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2016 Amount	2015 Amount
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2016 Amount	
_____	_____	
Cash/Check/Credit Contributions	2016 Amount	2015 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2016 Amount	2015 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

2016 Questions

	Yes	No
1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ? If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2016? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? % State ID		
7 Did your marital status change during 2016? If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2016 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2017 to be the same as 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... Taxpayer _____ Spouse _____		

Electronic Filing and Direct Deposit of Refund **Yes** **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this?..... Checking Savings

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2015?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded	<input type="checkbox"/>	b Apply to 2017 estimates	<input type="checkbox"/>
		c Apply to 2017 taxes	<input type="checkbox"/>
12 Additional state information: _____			

