

2016

1040

US

Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 rows for Employer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-R & W-2G'. Includes rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

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MISCELLANEOUS INCOME

Taxpayer: Alimony received.....

Spouse: Alimony received

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2016 Amount	2015 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement.....

Form 1095-B - Health Coverage.....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

Alimony paid - Recipient name & SSN.....

Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....

Doctors, dentists and nurses.....

Hospitals and nursing homes.....

Insurance premiums.....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement.....

Out-of-pocket lodging and transportation expenses.....

Number of medical miles.....

Other: _____

TAXES PAID

State income taxes - 1/16 payment on 2015 state estimate.....

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2016	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 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"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |