

2016 TAX ORGANIZER						
Client Name or Names:						
Client Social Security Numbers			Primary:		Spouse:	
Client Dates of Birth			Primary:		Spouse:	
Since 12/31/15, did you get (check one):			Married?		Divorced?	
If newly married:			Widowed?		If widowed, date:	
			Spouse Name (First, Middle, Last)			
			New Spouse SS#:		Spouse DOB:	
Address:						
Primary Taxpayer Cell Phone:				Spouse Cell Phone:		
Home Phone:				Other Phone:		
Dependents		Date of Birth:	Relationship:	Social Security Number:	Months in your home:	
Did you remove any Dependents during 2016?			Name:			
INCOME					CONTRIBUTIONS	
W-2's, 1099's attached:		Yes	No	# of Forms	Dollar Amount	
Salary & Wages (W-2)					Total Church	\$
Social Security (1099-SSA)					Total Charity	\$
Interest (1099-INT)					Noncash Donations (FMV)	\$
Dividend (1099-DIV)					Name of Charity Given to:	
Stock Sales (1099-B)					Charitable Miles Driven	# of Miles:
Pensions (1099-R)					MISC DEDUCTIONS	
Non-Employee Comp (1099-Misc)					Tax Preparation Fees	\$
Unemployment Comp (1099-G)					Safe Deposit Box Rent	\$
Gambling Winnings (W-2G)					Investment Fees	\$
Partnership or S Corp (K-1)					Disaster or Theft	\$
					Other:	\$
OTHER INCOME		Dollar Amount			EMPLOYEE EXPENSES (If not reimbursed by employer)	
Alimony Received		\$			Miles Driven (Unreimbursed)	# of Miles:
Self-Owned Business Income		Request Schedule C Organizer			Travel Expenses	\$
Rental Income		Request Schedule E Organizer			Meals & Entertainment	\$
OTHER DEDUCTIONS					Union Dues	\$
Work Related Moving Expenses		\$			Uniforms (Not street clothes)	\$
IRA contributions		\$			Gifts, etc.	\$
Alimony Paid		\$			Supplies	\$
					Safety Equipment/Tools	\$
MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)				CHILD & DEPENDENT CARE		
Health Premiums (if not deducted pre-tax on your paycheck)		\$			Child & Dependent Care Paid	\$
Prescription Drugs & Insulin		\$			Age of Child or Dependent:	
Doctors/Dentists/Hospitals		\$			Provider Name:	
Ambulances		\$			Provider Federal ID or SSN:	
Glasses & Contact Lenses		\$				
Hearing Aids & Batteries		\$			EDUCATION EXPENSES	
Long-Term Care Premiums		\$			College Tuition (1098-T)	# of Forms Attached
Medical Miles Driven		# of Miles			Student Loan Interest (1098-E)	
TAXES PAID				Questions, Comments or Notes:		
Real Estate Tax		\$				
Tax on Car Tags		\$				
MORTGAGE INTEREST PAID						
Mortgage Interest Statement (1098)		# attached				
Mortgage Interest Paid But Not Reported on 1098		\$				
Estimated Taxes Paid (Amount and Date Paid)						
1 st Quarter 2016	\$	Date:		3 rd Qtr	\$	Date:
2 nd Quarter 2016	\$	Date:		4 th Qtr	\$	Date:

Please fill out additional information questions and healthcare information on other side.