

Tax Organizer For 2017 Income Tax Return

Prepared For:

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Prepared By:

**Tax Preparation Service
4602 1/2 Ridge Cliff Drive
Eagan, MN 55122**

This Tax Organizer can be used to help identify information needed to prepare your 2017 income tax return. Enter your 2017 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2017 income tax return.

If you have any questions, please feel free to contact us at (612)791-2320.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

| | | | | | | | |
|--------------------|--|------------------------|---------------|---------------|---------------------|--------------------------|--------------------------|
| Name | | SSN or ITIN | Date of Birth | Date of Death | Occupation | Blind | Disabled |
| Taxpayer | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Address | | Apt. | City or town | State | Zip Code | County | |
| Foreign country | | Foreign province/state | | | Foreign postal code | | |
| E-mail Address(es) | | | | Home Phone | Mobile Phone | | |

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2017.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

| Name | Relationship | Date of Birth | SSN or ITIN | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income | Child Care Expenses Paid |
|------|--------------|---------------|-------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

| | |
|---|---|
| <p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> | <p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> |
|---|---|

5. IDENTIFICATION INFORMATION

| | |
|---|---|
| <p>Taxpayer</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p> | <p>Spouse</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p> |
|---|---|

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

| Employer Name | Taxpayer | Spouse |
|---------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Unreported tip income received: _____

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

3. RETIREMENT DISTRIBUTIONS

| Attach 1099-R & 5498 | Roth | Other | Taxpayer | Spouse |
|----------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Payer Name | IRA | IRA | Taxpayer | Spouse |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach SSA 1099 or RRB 1099

| | Yes | No |
|---|--------------------------|--------------------------|
| Did you receive social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive railroad retirement benefits? | <input type="checkbox"/> | <input type="checkbox"/> |

6. OTHER INCOME

| Description | Amount |
|---------------------------|--------|
| State income tax refund | _____ |
| Alimony received | _____ |
| Unemployment compensation | _____ |
| Gambling winnings | _____ |
| Jury pay | _____ |
| Hobby income | _____ |
| Scholarships (grants) | _____ |
| NOL Carryforward | _____ |
| Child support | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? Yes No
2. Did you earn any foreign income or pay any foreign taxes? Yes No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? Yes No
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2017? Yes No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? Yes No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

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1. EDUCATION

| Attach 1098-Ts, 1098-E's and 1099-Q's: | | | | | | Student Loan | Books, Supplies | | | |
|--|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|---------------|-------------|--------------------------|
| Student Name | Educational Institution | Fr | So | Jr | Sr | Oth | Tuition & Fees | Interest Paid | & Equipment | 529 Plan |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |

2. JOB-RELATED MOVING EXPENSES

| Description | Amount |
|--|--------|
| Lodging | _____ |
| Gas and Oil | _____ |
| Mileage | _____ |
| Other | _____ |
| Miles from old home to your new workplace | _____ |
| Miles from old home to old workplace | _____ |

4. OTHER DEDUCTIONS

| Description | Amount |
|---|--------|
| Educator expenses | _____ |
| Alimony paid Rec. SSN: _____ | _____ |
| Health Savings Account contributions | _____ |
| Archer Medical Savings Account contributions | _____ |
| Jury duty repayment to employer | _____ |
| Foreign qualified housing expenses | _____ |
| Contributions to College 529 Savings Plan | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |

3. IRA CONTRIBUTIONS

| Description | Amount |
|--|--------|
| Contributions to a Traditional IRA | _____ |
| Contributions to a ROTH IRA | _____ |

5. MISCELLANEOUS DEDUCTION QUESTIONS

| | |
|--|--|
| 1. Did you purchase an item(s) during 2017 for which you paid a large amount of sales tax? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you refinance a mortgage during 2017? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

blank

1. CHILD CARE CREDIT

| Attach Daycare Provider Statement(s): | | Tax-Exempt | Telephone Number | Identification Number | Amount Paid |
|---------------------------------------|---------|--------------------------|------------------|-----------------------|-------------|
| Care Provider Name | Address | | | | |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |

2. RESIDENTIAL ENERGY CREDIT

| Description | Amount | Description | Amount |
|-----------------------------------|--------|---|--------|
| Solar electric property | _____ | Metal or asphalt roof | _____ |
| Solar water heating | _____ | Exterior windows and skylights | _____ |
| Small wind energy | _____ | Electric heat pump or central air conditioner | _____ |
| Geothermal heat pump | _____ | Natural gas, propane or oil water heater | _____ |
| Fuel cell property | _____ | Biomass fuel stove | _____ |
| Insulation material | _____ | Natural gas, propane or oil furnace | _____ |
| Exterior doors | _____ | Advanced main air circulating fan | _____ |

1. Were the qualified improvements for your main home in the United States? Yes No

2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Are you currently repaying the First-Time Homebuyer Credit? Yes No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

| Federal estimated payments | Date Paid | Amount Paid |
|--|-----------|-------------|
| Applied from 2016 federal refund | _____ | _____ |
| 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |

| State estimated payments | State Name: _____ | Date Paid | Amount Paid |
|--|-------------------|-----------|-------------|
| Applied from 2016 state refund | | _____ | _____ |
| 1st quarter payment | | _____ | _____ |
| 2nd quarter payment | | _____ | _____ |
| 3rd quarter payment | | _____ | _____ |
| 4th quarter payment | | _____ | _____ |

| Local estimated payments | Locality Name: _____ | Date Paid | Amount Paid |
|--|----------------------|-----------|-------------|
| Applied from 2016 local refund | | _____ | _____ |
| 1st quarter payment | | _____ | _____ |
| 2nd quarter payment | | _____ | _____ |
| 3rd quarter payment | | _____ | _____ |
| 4th quarter payment | | _____ | _____ |