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 INFORM	IATION															
Name		SS	N or ITIN	Da	ate of E	Birth	Date o	of De	eath		Occ	upation	1	Bling	1 k	Disabled
Taxpayer														_H	+	\dashv
Spouse Street Address		Apt.	City or	town			State			Zip.	Code			Cour	ntv	
Street Address															,	
Foreign country		Forei	gn provin	ce/state						For	eign p	ostal c	ode			
E-mail Address(es)					Home	e Phor	ie				Mobi	ile Phoi	ne			
2. FILING STATUS																
Z. TILING GIATOG																
X Single	Check	f pare	nt (or som	neone els	se) car	n claim	you as	a d	epen	dent	on the	eir retur	n.			
Married Filing Joint	_	•	,		,		,		•							
Married Filing Separate	☐ Check	f you l	ived apar	t from yo	our spo	ouse fo	r all of 2	2017	7.							
Head of Household																
Qualifying Widow(er)	Year spous	se died	! <u> </u>													
3. DEPENDENTS																
Name	Relationship	Dat	e of Birth	SSN or	· ITIN			Dis	abled	ı						l Care
						With	n You			Stu	ıdent	Gross	Incom	e Ex	pen	ses Paid
								[
								ļ	_		_					
								[_		+			-		
	+	-							+	-	+					
				l .												
4. REFUND INFORMAT	ION															
1. Would you like to have ar	ny refunds direc	ly dep	osited into	o your ba	ank ac	count?									'es	□No
Bank Assaumt						Donk .	1									
Bank Account Ownership	Taymayar 🗆	_	п.			Бапк <i>I</i> Owner	Accoun	τ	ı	- -			_	г	_	
Type	Taxpayer Checking	Spous	e ∐ Jo	oint		Type	SHIP			╡┆	axpay	er 🗌	Spou	se L	┙、	Joint
Bank name	Checking [Saving	JS			Bank r	ame				HICCKII	¹⁹ 🗀	Savin	gs		
Routing number							g numb	er								
Account number						Accou	nt numb	er								
Account outside the juriso	diction of the Un	ited St	ates?	Yes		Accou	nt outsid	de th	ne jur	isdic	tion of	f the Ur	nited S	tates	?	Yes
E IDENTIFICATION IN	CODMATION															
5. IDENTIFICATION INI	FURIMATION															
Taxpayer					:	Spous	e									
Type of ID:	Driver's license	, I	State-issue	ed ID		Type o					river's	license	e \square	State	-iss	ued ID
	No ID					. , , , 0				=	o ID		- Ш	J.4.0	.55	
ID number					l	ID num	nber		!							
Location of issuance			· · · · · · · · · · · · · · · · · · ·				on of iss	uar	ice							
Issue date					I	lssue c	late									
Expiration date					1	Eynirat	ion date	_								

PERSONAL INFORMATION ORGANIZER

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Please complete this Organizer before your appointment.

6. HEALTH CARE INFORMATION
1. Does everyone in your tax household have qualified health insurance for all 12 months of 2017? Yes No
Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent
on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.
1a. If No above, please check which months your tax household had qualified health insurance in 2017.
NAME ALL JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC
Taxpayer:
Spouse:
Dependent:
Dependent:
Dependent: _ _ _ _ _ _ _
Dependent:
Dependent:
2. Please indicate where you received your health insurance from for all members of your tax household. Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)
7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS
7. MISCELEAREOUS I ERSONAL IN ORMATION QUESTIONS
1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. 2. Were you a victim of identity theft and have you been contacted by the IRS?
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,100?
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?
7. Did you give a gift of more than \$14,000 to one or more people?
8. COMMENTS

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	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
Unreported tip income received:	
	5. CAPITAL GAINS AND LOSSES
A INTEREST AND DIVIDEND INCOME	Au. 1 4000 D
2. INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
Attack 4000 INT 4000 DIV on other statements	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	
Payer Name Taxpayer Spouse	
	6. OTHER INCOME
	6. OTHER INCOME
	Description Amount
l	State income tax refund
l—————————————————————————————————————	Alimony received
	Unemployment compensation
	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
O. RETIREMENT DISTRIBUTIONS	Hobby income
Attach 1099-R & 5498 Roth Other	Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
Attach SSA 1099 or RRB 1099 Yes No	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
Did you receive railload retirement benefits:	
7. MISCELLANEOUS INCOME QUESTIONS	
1. Did you sell your home?	
O Did and a series in the series in the series to the seri	
2. Did you earn any foreign income or pay any foreign taxes?	
2. Daniel barra a barrier and a same (UCA). Anaban MCA an Mad	i Advantana (MA) MOAO
3. Do you have a health savings account (HSA), Archer MSA or Med	icare Advantage (MA) MSA? Yes No
4 Did you have a financial account in a faraign country (i.e. hards acc	count cognition account eta \2
4. Did you have a financial account in a foreign country (i.e. bank acc	
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 leans, home mortees	o oto \2
5. Did you have any debt forgiven (i.e. student loans, home mortgage	e, etc.)?

DEDUCTIONS ORGANIZERPlease 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 Student Name	and 1099-Q's: Educational Institution	Fr So Jr		Student Loan n & Fees Interest Paid	& Equipment 529 Plan
2. JOB-RELATED MO	OVING EXPENSES		4. OTHER	DEDUCTIONS	
Gas and Oil Mileage Other Miles from old home to y	Amoul		Alimony pai Health Savin Archer Medi Jury duty re Foreign qua Contribution Other	d Rec. SSN: ngs Account contribution cal Savings Account contribution payment to employer . lified housing expenses as to College 529 Saving	Amount Amount Amount As
Contributions to a ROTH	Amount ional IRA		Other Other		· · · · <u> </u>
1. Did you purchase an ite	em(s) during 2017 for which you ortgage during 2017?				

CREDITS AND PAYMENTS ORGANIZER

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Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT				
Attach Daycare Provider Statement(s):		Telephone	Identification	
Care Provider Name Address	Tax-Exempt	Number	Number	Amount Paid
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2. RESIDENTIAL ENERGY CREDIT				
Description Amount	Description			Amount
Solar electric property	Metal or asphalt r	oof		
Solar water heating	Exterior windows			
Small wind energy	Electric heat pum			
Geothermal heat pump	Natural gas, prop			
Fuel cell property	Biomass fuel stov			
Insulation material	Natural gas, prop			
Exterior doors	Advanced main a			
LAGIOLUUUIS	Auvanceu IIIaiil a	ii onculating la	411	
1. Were the qualified improvements for your main home in the United	States?			☐Yes ☐No
Were any of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of this many of the improvements related to the construction of the improvement related to the construction of				= =
2. Were any or the improvements related to the constituction of this mi				∐Yes ∐No
3. MISCELLANEOUS CREDIT QUESTIONS				
3. MIGGELEAREOGG GREDIT &GEGTIORG				
1. Did you pay any expenses related to the adoption of an eligible child?)			Yes No
Are you currently repaying the First-Time Homebuyer Credit?				
3. Do you (and your spouse) have a social security number that allows the security number that				∐Yes ∐No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or lo	ocai governmentai u	init or agency		∐Yes ∐No
4. ESTIMATED TAX PAYMENTS				
Federal estimated payments			e Paid	Amount Paid
Applied from 2016 federal refund		<u></u>		
1st quarter payment				
2nd quarter payment				_
3rd quarter payment				
4th quarter payment				
State estimated payments State Name:		Date	e Paid	Amount Paid
Applied from 2016 state refund		<u></u>		
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
		·		
Local estimated payments Locality Name:		Date	n Daid	
Applied from 2016 local refund			Falu	Amount Paid
		· ·	= raiu 	Amount Paid
1st quarter payment		· ·	= Faiu = =	Amount Paid
			= raiu 	Amount Paid
1st quarter payment				Amount Paid