

2017 Personal Tax Organizer

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is avoid overlooking anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

To report Business, Rental, or Farm income, an organizer can be obtained from our website at www.churchwelltax.com/resources

1. Personal Information

A. Taxpayer	
First & Last Name	
Social Security Number	
Date of Birth	
Occupation	
Cell Phone	
E-mail	
Legally Blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Spouse	
First & Last Name	
Social Security Number	
Date of Birth	
Occupation	
Cell Phone	
E-mail	
Legally Blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Primary Address	
Street	
City	
State/Zip	/
Home Phone	
D. Marital Status	
<input type="checkbox"/> Married	File Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Single	
<input type="checkbox"/> Widow(er)	Date of Spouse's Death: _____
E. Direct Deposit/Payment	
Same as last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct Deposit Refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Withdrawal Balance Due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Name	
Routing Number	
Account Number	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

F. Earned Income Credit	
Notified by the IRS that you are ineligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior EIC claim disallowed by IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Dependent 1	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Relationship	
Date of Birth	
Social Security Number	
Months lived with taxpayer during tax year	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under 18 or Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
H. Dependent 2	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Relationship	
Date of Birth	
Social Security Number	
Months lived with taxpayer during tax year	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under 18 or Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
I. Dependent 3	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Relationship	
Date of Birth	
Social Security Number	
Months lived with taxpayer during tax year	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under 18 or Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	

2. Income

A. W-2 Wages

Please provide W-2 forms (Required)

B. Interest & Dividend Income

Please provide 1099-INT and 1099-DIV forms (Required)

C. Investment Income/Loss

Please provide any related 1099 forms and brokerage statements showing **Dates Acquired, Purchase Price, Date Sold, and Sales Price.**

D. Debt Forgiven (Cancellation of Debt)

Please provide 1099-C forms and any related information and documentation about the debts forgiven, including 1099-A forms if applicable.

E. 1099-MISC Income

Please provide 1099-MISC forms. Complete a "Business Income" organizer if appropriate.

F. Other Income (Indicate Amount)

You Spouse

Partnership, Trust, or S-Corp (Provide K-1 copies)

State Tax Refund (Provide 1099-G)

Social Security (Provide SSA-1099)

Pension Income (Provide 1099-R)

Unemployment Compensation (Provide 1099-G)

Gambling Winnings (Provide W-2G)

Alimony Received

Other (Specify):

3. IRA

	You	Spouse
Do you participate in an Employer Retirement Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert a traditional IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>

A. Traditional IRA, Keogh & SEP Plans

Contributions

Withdrawals (Provide 1099s)*

Rollovers

B. Roth IRA

Contributions

Withdrawals (Provide 1099s)*

Rollovers

*Please indicate reason for withdrawal if under age 59½

4. Property Sold

Please provide 1099-S and closing statements

5. Estimated Taxes Paid

Payment Due	Date Paid	Federal	State
Applied from last years refund	-----		
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

6. Child or Dependent Care

A. Care Provider #1 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

B. Care Provider #2 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

C. Care Provider #3 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

7. Itemized Deductions

If you are filing married separate: If one spouse itemizes deduction, both must.

A. Medical Expenses

Medical Insurance Premiums
Medicare Insurance Premiums
Long Term Care Insurance
Fees for Doctors & Dentists
Acupuncture & Chiropractic Care
Fees for Hospitals
Prescription Drugs
Nursing Care <input type="checkbox"/> In Home
Eye Exams, Glasses, Contact Lenses, Contact Lens Solution
Hearing Aids & Batteries
Ambulance & Paramedics
Auto Miles (To and from Medical Treatment)
Travel Expenses (Parking, Taxi, Lodging, Etc.)
Other (Specify):

B. Taxes Paid (Not including business & rental expenses)

Real Estate Taxes (Please provide a copy of Property Tax Bill with parcel number):
Check if claiming home office expense (Organizer Section 8) <input type="checkbox"/> Home Office
Primary Residence Real Estate Tax
Additional Home Real Estate Tax
Investment Property (non-rental) Real Estate Tax
Vehicle "License Fees" (Not the entire registration amount)
Personal Property Tax (Cars, Boats, Etc.)
Income Taxes Paid to another State (Specify)
City, County, and Local Taxes (Specify)

C. Interest Expense (Not including business & rental expenses)

Primary Residence Mortgage Interest (Provide 1098)
2nd Home Mortgage Interest
Equity Loan Mortgage Interest
<input type="checkbox"/> Has the original home loan been refinanced?
<input type="checkbox"/> Did you refinance any of these loans this year? (Provide closing statements)
<input type="checkbox"/> Does your Home Equity Debt (Line of Credit) exceed \$100,000?
<input type="checkbox"/> Does the total of all your home loan balances exceed \$1 million?

E. Cash Contributions

Recipient:	Amount:
Recipient:	Amount:
Recipient:	Amount:
Recipient:	Amount:
Recipient:	Amount:

F. Non-Cash Contributions

If total donations exceed \$500 you must provide the dates, locations, and a detailed description of the items donated. See the Salvation Army Valuation Guide for help determining the value of items donated.

Recipient:	Item:	Value:
Recipient:	Item:	Value:
Recipient:	Item:	Value:

G. Other Deductions

Gambling Losses (Only to extent of winnings)
Casualty Loss—Describe:

H. Non-Reimbursed Employee Expenses (Not Self Employment)

Union & Professional Dues
Business Gifts (Up to \$25 per recipient)
Job Seeking & Resume Fees
Entertainment & Meals
Insurance (Malpractice, E&O, Etc.)
Occupational License, Fees, Credentials, Etc.
Publications & Journals
Telephone
Tools (Costing less than \$500)
Supplies
Uniforms
Uniform Cleaning

D. Non-Reimbursed Employee Expenses: Tools Purchased over \$500

Item:	Cost:
Item:	Cost:

I. Miscellaneous

Tax Preparation Fees
Investment Advisory Fees
Safe Deposit Box
Other (Specify):

J. Energy Efficient Home Improvements

Improvement:	Cost:
Improvement:	Cost:
Improvement:	Cost:
Improvement:	Cost:

8. Home Office

For Employee Home Office Only.

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. Enter 100% of home taxes and mortgage interest under Itemized Deductions on Sections 7B&C.

A. Area of Home

Total Square Footage of Home

Square Footage of Area used for Business

B. Home Office Expenses

\$ Amount	Expense applies to:	
Insurance	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Rent	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Repairs & Maint.	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Utilities	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only

9. Education Expense

You must provide Form 1098-T if one was issued by the school (often provided online).

Enter "Taxpayer," "Spouse," or the dependent's name on the lines below before completing Parts A & B.

Student 1:

Student 2:

Student 3:

A. Tuition Credit

	Student 1	Student 2	Student 3
Check if Full-Time Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Prior Years Completed			
Have High School Diploma or GED?			
For Degree or Credential Program?			
Ever convicted of a drug related felony?			
Tuition Cost			
Fees & Course Materials Cost			
Books, Supplies, Equipment Cost			

B. Continuing Education

	Student 1	Student 2	Student 3
Tuition & Fees Cost			
Books & Supplies Cost			

10. Employee Business Expenses

A. Business Vehicle Expense (As Un-reimbursed Employee)

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year /

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? Yes No

Do you have written records to support use? Yes No

Was another vehicle available for personal use? Yes No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, Licence & Fees

B. Business Travel (As Un-reimbursed Employee)

Airfare, Train, Etc.

Lodging (Not including meals)

Meals

Auto Rental, Bus, Taxi, Etc.

Laundry

Non-Reimbursed Miles Driven

Other (Specify):

C. Job Related Moving Expense

Miles from Old Home to New Job

Miles from Old Home to Old Job

Transportation Costs

Travel Costs (Do not include meals)

Other (Specify):

Amount Reimbursed by Employer

11. Signature

To the best of my knowledge, all of the information contained within this document is true, correct, and complete.

Taxpayer:

Date:

Spouse:

Date:

Please attach an additional sheet with any Questions, Comments, or Notes.