

2017 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name		_____		Last name.....		_____	
First name		_____		First name		_____	
Middle Initial.....	_____	Suffix.....	_____	Middle Initial.....	_____	Suffix.....	_____
Social security number.....		_____		Social security number		_____	
Occupation		_____		Occupation.....		_____	
Work phone		_____		Work phone.....		_____	
Cell phone		_____		Cell phone		_____	
E-mail address.....		_____		E-mail address.....		_____	
Date of birth.....		_____		Date of birth		_____	
Address		_____		Apartment number.....		_____	
City		_____		State.....		_____	
Home phone.....		_____		ZIP Code.....		_____	
		Fax number		_____			

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2017 qualified student loan interest..... _____

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2016 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2017	_____	_____
Roth IRA contributions made for 2017	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2017 Deductions

Medical and Dental Expenses	2017 Amount	2016 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses:		
_____	_____	_____

Taxes	2017 Amount	2016 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses	2017 Amount	2016 Amount
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name		
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name		
_____	_____	_____

Cash/Check/Credit Contributions	2017 Amount	2016 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2017 Amount	2016 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____

<p>1 Did a lender cancel any of your debt in 2017? (Attach any Forms 1099-A or 1099-C).....</p> <p>2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? If yes, please attach details.....</p> <p>3 Did you purchase a motor vehicle or boat during 2017? If yes, attach documentation showing sales tax paid.</p> <p>4 Did you purchase a hybrid or electric vehicle in 2017? If yes, enter year, make, model, and date purchased: _____</p> <p>5 Did you donate a vehicle in 2017? If yes, attach Form 1098C.....</p> <p>6 What was the sales tax rate in your locality in 2017? % State ID</p> <p>7 Did your marital status change during 2017? If yes, explain: _____</p> <p>8 Were you or your spouse permanently and totally disabled in 2017?</p> <p>9 Do you have dependents who must file?</p> <p>10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...</p> <p>11 Did you provide over half the support for any other person during 2017?</p> <p>12 Did you incur adoption expenses during 2017?</p> <p>13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?</p> <p>14 Did you receive any disability payments in 2017?</p> <p>15 Did you receive tip income not reported to your employer?</p> <p>16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2017? If yes, attach closing or escrow statements, 1099-C or 1099-A forms.....</p> <p>b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....</p> <p>17 Did you incur any casualty or theft losses during 2017?</p> <p>18 Did you incur any non-business bad debts?.....</p> <p>19 Did you pay any individual for domestic services in 2017?.....</p> <p>20 Did you buy or sell any stocks or bonds in 2017?</p> <p>21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..</p> <p>22 Did you incur any moving expenses? If yes, attach details.....</p> <p>23 Did you receive any income not included in this Tax Organizer?..... If yes, please attach information.</p> <p>24 Do you expect your income and deductions in 2018 to be the same as 2017?</p> <p>If no, attach explanation of changes expected.</p> <p>25a Did you and your dependents have health insurance coverage for the full year?</p> <p>b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....</p> <p>26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____</p> <p>27 Enter your state of residence..... Taxpayer _____ Spouse _____</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
---	----------------------	----------------------

Electronic Filing and Direct Deposit of Refund

<p>If your tax return is eligible for Electronic Filing, would you like to file electronically?.....</p> <p>The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?</p> <p>If yes, please provide a voided check (not a deposit slip) if your bank account information has changed. What type of account is this?.....</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

General Questions

ORG3

PERSONAL INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did your marital status change during 2017?
If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no , enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name ▶
Phone Number ▶ Personal Identification Number (5 digit PIN) ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you or your spouse plan to retire in 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2017 or 2018): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2017?
(Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2017? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																				
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																				
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2017 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2017 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2017. The national average bronze plan amount is \$272 per month and limited to \$1,360 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

State Information Worksheet

ORG60

GENERAL INFORMATION

- 1 Enter your state of residence Taxpayer _____ Spouse _____
- 2 Check the appropriate box if:
- | | | | | | |
|---------------------------|--------------------------|--------------------------|----------------------|---------------------|--|
| | Taxpayer | Spouse | | | |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> | Date of entry: _____ | Date of exit: _____ | |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c Nonresident | <input type="checkbox"/> | <input type="checkbox"/> | | | |
- 3 Resident locality: _____
- 4 County: _____ School district: _____ School district number: _____
- 5 Check if disabled Taxpayer Spouse

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

- 8 Did you file a state return for 2016? Yes No
- 9 Do you want state forms and instructions sent to you next year? Yes No
- 10 Do you want any applicable penalty and interest calculated and added to the return? Yes No
- 11 How do you want your state refund (if any) applied?
- | | | |
|---|--|--|
| a Refunded <input type="checkbox"/> | b Apply to 2018 estimates <input type="checkbox"/> | c Apply to 2018 taxes <input type="checkbox"/> |
|---|--|--|
- 12 Additional state information: _____
- _____
- _____

GENERAL INFORMATION

1 Enter your state of residence Taxpayer _____ Spouse _____

2 Check the appropriate box if:

	Taxpayer	Spouse		
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>	Date of entry: _____	Date of exit: _____
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>		
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>		

3 Resident locality: _____

4 County: _____ School district: _____ School district number: _____

5 Check if disabled Taxpayer Spouse

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

8 Did you file a state return for 2016? Yes No

9 Do you want state forms and instructions sent to you next year? Yes No

10 Do you want any applicable penalty and interest calculated and added to the return? Yes No

11 How do you want your state refund (if any) applied?

a Refunded b Apply to 2018 estimates c Apply to 2018 taxes

12 Additional state information: _____
