

Tax Organizer-2017
for the accounting firm of:
David A. Terry, CPA, P.S.C.
6903 Burlington Pike, Suite B, Florence, KY 41042

Office Hours - Monday - Friday 8:00 am - 4:00 pm

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Please complete the tax organizer in an accurate and complete fashion. Your returns will only be as accurate as the information you provide. Items that are not completed generally lead to questions and additional preparation time and fees. Unanswered questions can result in inaccurate tax returns, tax notices and potentially an audit. To reduce the risk of these occurrences, it is essential you take the necessary time to accurately and completely fill out the entire organizer. Meeting and telephone time is always at a premium during the tax season, so when possible please drop off/mail/fax your information and leave any necessary instructions/questions. Certain tax questions/issues can be answered on our website-www.DavidATerryCPA.com. Remember, the accuracy of your returns is your responsibility so please do complete the entire organizer.

1) Taxpayer: _____
 Name (first, middle initial, last) Social Security # E Mail address Date of Birth

Taxpayer: _____
 Name (first, middle initial, last) Social Security # E Mail address Date of Birth

Dependent: _____
 Name (first, middle initial, last) Social Security # Date of Birth

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 Name (first, middle initial, last) Social Security # Date of Birth

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 Name (first, middle initial, last) Social Security # Date of Birth

2) If the following items have changed from the prior year please provide the information that has changed, otherwise indicate there has been no change.

Changes -	Yes	No	Comments
Address	_____	_____	_____
Telephone number (Please circle your preferred contact number)	_____	_____	work- _____ home- _____ work fax- _____ home fax- _____ cell- _____
Dependents	_____	_____	_____
Occupation	_____	_____	taxpayer- _____ spouse- _____
Over age 65	_____	_____	_____
Previous year tax return (s)	_____	_____	_____

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3) Please complete the following regarding your 2017 income:

	Taxpayer	Spouse	Combined
The following # of W-2's are attached:			
The following # of interest statements (form 1099) are attached:			
The following # of dividend statements (form 1099) are attached:			
The following # of pension/annuity statements are attached:			
The following # of social security statements are attached:			
The following # of railroad retirement statements are attached:			
The following # of form K-1's are attached:			

4) **We are required to file all federal/state returns electronically (certain exceptions apply).**

Electronically filed returns with a tax due will be filed with an effective payment date of April 16, 2018. Local returns, unless otherwise required will be paper filed. To ensure your refunds are correctly received and payments correctly made please provide the following:

Bank name _____

Bank routing number _____

Bank account number _____

If you are uncertain of the routing and account number, please provide us a copy of a canceled check and we will obtain the necessary information. Filing a return electronically will have no effect on the client copy of your return(s). You will receive a complete copy of your return(s).

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5) If the following items apply this tax year, please provide the appropriate information and indicate accordingly:

	Yes	No	Comments
Was everybody on this return covered by health insurance?	_____	_____	_____ If so, please provide Form 1095 (A, B, or C)
Did you make untaxed purchases from out of state retailers?	_____	_____	_____ If so, please provide details
IRA /SEP /401K/pension contributions:	_____	_____	_____ Provide documentation with a summary total
IRA /SEP /401K/pension distributions:	_____	_____	_____ Provide form 1099
Health Savings Account (HSA)	_____	_____	_____ Provide documentation with a summary total
Sale of residence or other real estate:	_____	_____	_____ Provide closing statement from the original purchase & sale
Moving expenses:	_____	_____	_____ Provide documentation with a summary total
Non reimbursed business expenses:	_____	_____	_____ Provide documentation with a summary total
If you are deducting mileage expenses, please provide the following:			
car make/model/year/beginning and ending odometer reading/amount of business miles	_____	_____	_____
Office in home deductions:	_____	_____	_____ Provide documentation with a summary total
Child care expenses:	_____	_____	_____ Provide the annual statement from the provider including amount paid/address & federal tax ID # of the provider
Domestic labor:	_____	_____	_____
(Please provide name/address/social security #/amount paid, if you need us to prepare 1099's)			
Dependents under age 16 with income:	_____	_____	_____ please provide all details and third party stmts
Residential energy efficient property credit	_____	_____	_____ please provide all details and third party stmts
Health coverage tax credit	_____	_____	_____ please provide all details and third party stmts
Education credit	_____	_____	_____ please provide all details and third party stmts
Alternative motor vehicle credit	_____	_____	_____ please provide all details and third party stmts
tax credit - other	_____	_____	_____ please provide all details and third party stmts

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	Federal	State	Comments
6) Tax refunds received during 2017 for prior year (s):			

Taxes paid during 2017 for prior year (s): _____

2017 tax estimates:	Federal:	State:
1st quarter due 4/15/17:	date-_____ check # _____ amount-_____	date-_____ check # _____ amount-_____
2nd quarter due 6/16/17:	date-_____ check # _____ amount-_____	date-_____ check # _____ amount-_____
3rd quarter due 9/15/17:	date-_____ check # _____ amount-_____	date-_____ check # _____ amount-_____
4th quarter due 1/15/18:	date-_____ check # _____ amount-_____	date-_____ check # _____ amount-_____

2016 taxes applied to 2017: _____

Total tax estimates & taxes applied: Federal-_____ State-_____

7) Please list the following itemized deductions (attach an additional sheet if necessary):

	Amount	Comments
Non-reimbursed medical & dental expenses:		
Non-reimbursed health insurance premiums:		
Local income tax paid not reported on form W-2:		
Real estate taxes paid:		
Automobile taxes paid:		
Personal property taxes paid:		
Other taxes paid:		
Home mortgage interest paid:		attach form 1098
Refinancing points paid and length of new loan:		attach closing statement
Contributions by cash or check:		attach supporting detail
Contributions other than cash or check:		attach supporting detail
Unreimbursed employee expenses:		attach supporting detail
Other miscellaneous expenses:		attach supporting detail

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8) Please complete the following regarding stock sales (attach an additional sheet if necessary):

<u>Stock</u>	<u>Sales date</u>	<u>Purchase date</u>	<u>Total Proceeds</u>	<u>Total Cost Basis</u>	<u>Gain / (Loss)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9) Please complete the following related to Self-Employment or Farming activities (attach an additional sheet if necessary):

Business address: _____	Business name: _____
Gross receipts: _____	Business EI#: _____
Cost of goods: _____	Retirement plans: _____
Advertising: _____	Rent/lease: _____
Car & truck: _____	Repairs & maintenance: _____
Commissions & fees: _____	Supplies: _____
Employee benefits: _____	Taxes & licenses: _____
Insurance: _____	Travel: _____
Interest: _____	Meals & entertainment: _____
Professional fees: _____	Utilities: _____
Office : _____	Other: _____

(Please provide the asset name/cost/date placed in service for all capital assets purchased.)

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10) Please complete the following related to Rental Properties or Activities (indicate if there are days of personal use) (attach an additional sheet if necessary):

Rental property: _____ Property address: _____ Gross receipts: _____ Advertising: _____ Car & truck: _____ (attach mileage log... if you do not have one we can provide a blank Excel spreadsheet format for you) Cleaning: _____ Commissions: _____ Insurance: _____ Professional fees: _____ Management fees: _____ Mortgage interest: _____ Maintenance/repairs: _____ Supplies: _____ Taxes & licenses: _____ Utilities: _____ Other: _____	Rental property: _____ Property address: _____ Gross receipts: _____ Advertising: _____ Car & truck: _____ Cleaning: _____ Commissions: _____ Insurance: _____ Professional fees: _____ Management fees: _____ Mortgage interest: _____ Maintenance/repairs: _____ Supplies: _____ Taxes & licenses: _____ Utilities: _____ Other: _____
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(Please provide the asset name/cost/date placed in service for all capital assets purchased.)