

National Society of Accountants

**Tax Organizer**  
for Tax Year 2016

**Compliments of:**



**SAL CENSOPRANO**  
Certified Public Accountant

**Name:**  
 Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_  
 Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_  
**Cell Phone:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Email Address:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Check One:** Single    Married Filing Joint    Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above)    Unmarried Head of Household

**Dependents**

Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2016	No. of Months of Qualifying Healthcare Coverage

\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students \_\_\_\_\_

**Taxpayer:** 65 or over    Blind/Disabled    **Spouse:** 65 or over    Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2016.**

**YES    NO**

Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

Did you contribute to a Qualified State Tuition Plan?

If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ \_\_\_\_\_

Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.

If yes, were you or your spouse at least 70 ½ years of age on Dec. 31<sup>st</sup>?

Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:

Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Were any funds withheld? Yes    No Amount: \$ \_\_\_\_\_

Were the withdrawn funds used to pay medical expenses? Yes    No

Were you called to active duty before you withdrew the amounts?

If you are self-employed, did you pay health insurance premiums for yourself and your family?

Amount: \$ \_\_\_\_\_

Did you pay alimony? If yes, paid to: \_\_\_\_\_

SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Did you receive alimony, if so how much? \$ \_\_\_\_\_

**YES    NO**

Did you have any adoption expenses? \$ \_\_\_\_\_

Did you receive gifts in excess of \$15,671 from a foreign entity?

Did you receive gifts in excess of \$100,000 from a foreign person?

Did your college student receive educational benefits under a prepaid tuition program?

Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?

Did you receive an advance child tax credit payment? If yes, how much? \$ \_\_\_\_\_

Have you ever qualified for the Earned Income Tax Credit?

Did you purchase an alternative fuel motor vehicle?

Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

Did you receive a Form 1099-A and/or Form 1099C? If so, please provide any Form(s) 1099 you received.

Did you or your spouse contribute to a Health Savings Account?

Did you or your spouse pay any interest on a student loan?

### Health Care Reform

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

**Estimated Tax Payments**

	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Wage Income**

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Payer	T or S	Amount	Plan Type

**Retirement Benefits Received** (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

**Interest Income** (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage	Early Withdrawal Penalty	Tax Exempt (Y or N)


**Total Municipal Bond Interest Earned in 2016: \$** \_\_\_\_\_

**For seller financed mortgage: Buyer's name, Social Security number and addresses:** \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount		Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account? Yes  No

Did you have any stock sales in 2016? If yes, submit all 1099B forms. Yes  No

Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_

Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security		Unemployment		Alimony		State Refund		Schedule K Income		Other	
Taxpayer												
Spouse												

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired		Date Sold		Sale Price		Depreciation Taken (if applicable)		Cost or Basis	


\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income (Attach 1099 Forms)**

Property Description																			
Gross Income																			
Expenses																			
Advertising																			
Auto & Travel																			
Cleaning & Maintenance																			
Commissions																			
Insurance																			
Professional Fees																			
Mortgage Interest																			
Other Interest																			
Repairs																			
Supplies																			
Taxes																			
Utilities																			
Wages/Schedule																			
% Occupancy by Taxpayer																			

**Depreciable Asset Additions**

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)


**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_

Federal ID No. \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

Principal Product \_\_\_\_\_

Method Used to Value Inventory \_\_\_\_\_

Accounting Method: Cash \_\_\_\_\_ Accrual \_\_\_\_\_

**Gross Income** **Amount**

Gross Income..... \_\_\_\_\_

Less Returns/Allowances..... \_\_\_\_\_

**Cost of Sales**

Beginning Inventory..... \_\_\_\_\_

Purchases..... \_\_\_\_\_

Cost of Labor..... \_\_\_\_\_

Materials and Supplies..... \_\_\_\_\_

Freight In..... \_\_\_\_\_

Other..... \_\_\_\_\_

Ending Inventory..... \_\_\_\_\_

**Deductions**

Advertising.....		
Auto-Truck Expense.....		
Bad Debts.....		
Collection Expense.....		
Commissions.....		
Professional Dues & Subscriptions..		
Employee Benefit Program.....		
Freight & Express .....		
Utilities.....		
Insurance.....		
Interest—Mortgage.....		
Interest—Other.....		
Janitorial & Cleaning.....		
Laundry.....		
Legal & Accounting Fees.....		
Office Expense.....		
Postage.....		
Rent.....		
Repairs.....		
Salaries.....		
Supplies.....		
Telephone.....		
Travel.....		
Total Meals & Entertainment.....		
.....		
.....		

Crop Insurance Proceeds.....		
Federal Gasoline Tax Credit.....		
Other.....		

**Deductions**

Breeding Fees.....		
Chemicals.....		
Conservation Expenses.....		
Custom Hire (Machine Work).....		
Employee Benefits Programs.....		
Feed Purchased.....		
Fertilizers & Lime .....		
Freight & Trucking .....		
Gasoline, Fuel, Oil.....		
Insurance .....		
Interest—Mortgage.....		
Interest—Other.....		
Labor Hired .....		
Pension & Profit Sharing Plans.....		
Rent of Farm, Pasture.....		
Repairs, Maintenance .....		
Seeds, Plants Purchased .....		
Storage, Warehousing.....		
Supplies Purchased.....		
Taxes .....		
Utilities .....		
Veterinary Fees, Medicine.....		
.....		
.....		

Did you have business start-up costs in 2016? Yes No  
 If so, was the business running by the end of 2016? Yes No  
 Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2016? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home? Yes No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for

**Retirement Contributions for 2016** Do you want to make any nondeductible contributions? Yes No  
 Taxpayer

IRA or Roth, Specify  
 SEP  
 Keogh  
 Other:

**Farm Income (Attach 1099 Forms)**

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method: Cash Accrual

**Income**

Sales of Items Bought for Resale..... \_\_\_\_\_  
 Cost of Items Bought for Resale..... \_\_\_\_\_

**Sales of Livestock & Produce Raised Except for Breeding Stock**

Feeders & Calves.....		
Pigs & Sheep .....		
Poultry & Eggs .....		
Dairy Products.....		
Corn, Peas, etc. ....		
Wheat, Oats, Hay & Straw .....		
Fruit .....		
Patronage Dividends .....		
Agricultural Program Payments.....		
Commodity Credit Loans Neglected....		
CCC Loans: Forfeited.....		
Repaid with Certificates.....		

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings).....	
.....	
.....	

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_

Did you pay any one household employee \$2,000 or more in 2016? Yes No

Did you withhold Federal income tax during 2016 at the request of any household employee? Yes No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2016 to household employees? Yes No

Was the employee under age 18? Yes No Student? Yes No

Do you have a Form I-9 on file for your household employee? Yes No

Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Wages    FITW    SS Withheld    Employer Share FICA    Advance EIC    FUTA    State Unemployment

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_.

Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_.

Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? Yes No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging during Move.....			

**Travel Expense**

	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

**Taxes**

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.*.....	
.....	

\*Not yet extended

**Charitable Contributions**

Cash Contributions*.....	
.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
Miles for Charity .....	

\*Contributions of \$250 or more require written substantiation from the organizations.

**Automobile Expense**

**Total Miles Driven**

Car 1

Car 2

**Total Mileage**

**Business Mileage**

Business Use %

Average Daily Commuting

Written Records Available    Y/N    Y/N

Is another vehicle available for personal use?

Y/N

Y/N

Is an employer-provided vehicle available for personal use?

Y/N

Y/N



**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

Provider's Name & Address (Include Individual's Name and/or Org. Name)    SS No. or Federal ID    Amount

Did you receive employer-provided dependent care assistance benefits?    Yes    No    Amount: \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing/settlement statement)

Date Old Residence Acquired    *Cost or Basis of Old Residence*

Cost of Improvements (landscaping, driveway, roof, etc.)

Date Old Residence Sold    *Selling Price*

Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)

Was any part of residence rented or used for business?

Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?

Date New Residence Acquired (or construction began)

Date you occupied new residence    *Cost of New Residence*

If married do you and/or your spouse meet the ownership and residence requirements?

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person.    Yes    No    \_\_\_\_\_

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

	<b>Amount</b>	
Road Tolls.....	_____	_____
Taxi, Subway.....	_____	_____
Telephone, Telegraph.....	_____	_____
Tips.....	_____	_____
Other.....	_____	_____
.....	_____	_____
.....	_____	_____
.....	_____	_____

	<b>Car 1</b>	<b>Car 2</b>
<b>Actual Automobile Expenses</b>		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		