

## 2017 Summary Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Marital Status at end of 2017

- Married  
 Married filing separately  
 Single  
 Widower(er) If spouse deceased in 2017 enter the date of death \_\_\_\_\_

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No Are you blind?  
 Yes  No Are you disabled?  
 Yes  No Are you a full-time student?  
 Yes  No Do you want \$3 to go to the Presidential Election Campaign Fund?

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2017 appointment is scheduled for \_\_\_\_\_

#### Notes

## Miscellaneous Information

Name:

SSN:

## Personal Information

Yes No

- Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

- Can you or your spouse be claimed as a dependent by someone else?

- Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

## Dependent Information

- Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

- Can another person qualify to claim any dependents?

- Did you have any childcare expenses during the year?

- Did you have any adoption expenses during the year?

- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

## Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

## Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

- Did you have any income from, or pay taxes to, a foreign country?

- Did you own property in a foreign country?

- Did you receive any tips not reported to your employer?

- Did you receive any disability income during the year?

- Did you cash any U.S. savings bonds during the year?

- Did you receive any other income not provided with this organizer?

If "Yes," explain \_\_\_\_\_

- Did you start a new business or purchase any rental property during the year?

- Did you sell an existing business, rental property, or other property during the year?

- Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

- Did you buy or sell any stocks, bonds, or other investments during the year?

- Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

- Did you foreclose or abandon a principal residence or real property during the year?

- Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

- Did you receive any principal or interest during this year from property sold in prior years?

- Did you rent out your home or use it for business?

- Did you sell, exchange, or purchase any real estate during the year?

- Did you acquire a new or additional interest in a partnership or S corporation?

- Did you have any debts canceled or forgiven this year?

- Does anyone owe you money that has become uncollectible?

- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

## Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

- Did you receive any state or local income tax refunds from prior years?

### Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Itemized Deduction Information (continued)

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year?<br>If "Yes," attach Form 1098-C.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling losses during the year?   |

#### Retirement Information

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year?   |

#### Education Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your household attend a post-secondary school during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?   |

#### Miscellaneous Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss due to damaged or stolen property?<br>If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts to any one person in excess of \$14,000 during the year?<br>If "Yes," are you splitting the gift with your spouse? _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change in employment? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a business owner who paid health insurance premiums for your employees during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2017 taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to have any refund or balance due directly deposited or withdrawn?<br>If "Yes," provide a canceled checking or savings slip.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority?<br>If "Yes," explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a copy of your tax return emailed to you instead of receiving a printed copy?   |

#### Preparer Notes

##### Miscellaneous Notes

## INCOME

Place an X next to income received in 2017 from any of the below sources:

- Wages, salaries, tips reported on a W-2
- Interest/Dividends
- State tax refund from prior year tax return (i.e. 2015 refund received in 2016)
- Alimony
- Self-employed business income
- Capital gain or loss
- Other gains or losses
- Rental real estate, royalties, partnership, s corp or trust
- Farm income
- Unemployment compensation
- Gambling winnings
- Other

## ADJUSTMENTS

Place an X next to any items that applied to you in 2017:

- Educator expenses
- HSA contributions
- Self-employed SEP, simple and qualified plan contributions
- Self-employed health insurance
- Penalty on early withdrawal of savings
- Alimony paid
- IRA contributions

CREDITS/TAXES

Place an X next to any items that applied to you in 2017:

\_\_\_\_\_ First-time homebuyer credit repayment

\_\_\_\_\_ Paid with extension to file

OTHER

\_\_\_\_\_ Are you a current OR former member of the United States military

\_\_\_\_\_ What county did you live in on 1/1/17 \_\_\_\_\_

\_\_\_\_\_ What county did you work in on 1/1/17 \_\_\_\_\_

\_\_\_\_\_ How do you want to receive your tax refund

\_\_\_\_\_ IRS paper check

\_\_\_\_\_ IRS direct deposit – need routing number, account type and account number

\_\_\_\_\_ Apply to 2018 tax liability

\_\_\_\_\_ EPS bank products to have tax prep fee withheld from refund

\_\_\_\_\_ paper check

\_\_\_\_\_ direct deposit

\_\_\_\_\_ VISA card

\_\_\_\_\_ Did you pay rent on your principal place of residence

\_\_\_\_\_ Did any of your dependents attend private or home school

\_\_\_\_\_ Did you make any purchases where Indiana sales tax was not paid

\_\_\_\_\_ Did you make any contributions to an Indiana 529 plan

\_\_\_\_\_ Did you donate money or property to an Indiana college or university

\_\_\_\_\_ Did you have any HSA distributions If yes, were they used for medical \_\_\_\_\_

\_\_\_\_\_ Did you have any 529 distributions If yes, were they used for education \_\_\_\_\_