Personal Legal Plans
Client Organizer 2016

TAXPAYER		SPOUSE
	NAME	
	SOCIAL SECURITY NUMBER	
	OCCUPATION	
	DATE OF BIRTH	
	EMAIL ADDRESS	
	CELL PHONE	

Address: _____ **Home Phone:** _____

City:_____ **State:** _____**Zip:**_____ **County:** _____

DEPENDENT CHILDREN & OTHER DEPENDENTS

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	INCOME

List any dependents from above who do not live with you._____

Does anyone in your household have Market Place Health Insurance? Yes No

PLEASE BRING THE FOLLOWING WITH YOU TO YOUR APPOINTMENT

Copy of last year's tax return if you are a new client.

Wage statements (W-2) and Income statements (1099-INT, 1099-DIV, 1099-B (stock sales)).

1099 for miscellaneous income, unemployment, state tax refund or debt cancellation.

1099-R - Pension, 1099-SSA - Social Security, 1099-RRB - Railroad Retirement.

1095-A - Health Insurance Marketplace Statement

1095-B - Health Coverage

1095-C - Employer-Provided Health Insurance Offer and Coverage

K-1 (Partnership, Subchapter S Corporation or Estate).

Checks payable to IRS or State for estimated taxes paid in April, June, Sept., 2016 & Jan., 2017.

1098 - Mortgage interest, real estate taxes, personal property taxes and school tuition.

Complete copy of tax reporting statement from your broker.

Closing statements if you bought or sold real property (including your house) or refinanced.

YOUR TAX APPOINTMENT

Day: _____ Date: _____ Time: _____AM / PM

Be Prepared. Please carefully read and complete this entire organizer before your appointment.

Completed by:_____ Date:_____

As a matter of policy and for future reference, this completed organizer will be kept in our office.

If you would like a copy for your records, please ask your Tax Consultant for one.

Personal Legal Plans
Client Organizer 2016

Did you receive a distribution reported on Form 1099R from an IRA, Pension, Profit Sharing or any other plan maintained by your employer?_____ Did you turn 70 1/2 during 2016? _____
Did you rollover to a Traditional IRA or convert any of the above funds to a Roth IRA during 2016? _____
Did you receive Social Security Benefits in 2016? You_____ / Spouse_____
Do you have bank or securities accounts or other financial accounts in any foreign countries? _____
Do you own property located outside the United States? _____
Do you receive a pension or social security equivalent from a foreign country? _____

Note: All distributions from an IRA or 401(k) must be reported on your return even if taxes were withheld.

Interest Income

Taxable Source	Amount	Taxable Source	Amount

Non-Taxable Source	Amount	Non-Taxable Source	Amount

Dividend Income

(Bring 1099s and broker statements and we will enter data below.)

Source	1a	1b	2a	2b	2c	2d	3	5	Fgn. Tax	FT Inc.

Securities and Properties Sold

(Bring 1099s and broker statements and we will enter data below.)

Description	Date Sold	Date Acquired	Sales Price	Cost

Loss Carryover from Prior Year

Long Term _____ **Short Term** _____

Miscellaneous Income

State tax refund			Scholarships & grants	
Jury duty			Prizes & awards	
Gambling & lottery winnings			Unemployment compensation	
Alimony received (Taxpayer)			Alimony received (Spouse)	
Tips received			Other	

Personal Legal Plans
Client Organizer 2016

Interest paid on a student loan			IRA Contributions	
Educator expenses paid			Traditional	
College tuition paid		***Bring Form 1098-T issued by school.***	Roth	
Contribution to a GA 529 college plan			Educational	
Contribution to HSA or MSA plan			Did you install anything that qualifies for the	
Distribution from an HSA or MSA		***Bring Form 1099-SA.***	Energy Credit? Yes_____No____	
Alimony paid		Recipient: _____	SSN: _____	

Itemized Deductions

Medical

Do not include amounts covered by insurance or paid for with a distribution from an HSA/MSA

********Bring Form(s) 1095-A, 1095-B and/or 1095-C - Health Insurance Coverage Statements.********

Prescription medications		Expenses for qualified long-term care	
Health insurance premiums		Eyeglasses and contact lenses	
Medicare premiums		Medical equipment and supplies	
Taxpayer's long-term care premiums		Medical transportation miles	
Spouse's long-term care premiums		Ambulance fees	
Fees for doctors, dentists, etc.		Lodging for medical purposes	
Fees for hospitals, clinics, etc.		Other medical and dental expenses	
Lab and x-ray fees			

Taxes

Property (Principal residence)	
Additional homes or land (except rental)	
Additional homes or land (except rental)	
Personal use (Vehicle 1)	
Personal use (Vehicle 2)	
Personal use (Vehicle 3)	
Personal use (Vehicle 4)	
Balance due state for 2015 tax year	
Balance due state for a prior tax year paid in 2016	

Estimated Tax Payments

Due on	Federal	State
4/15/16		
6/16/16		
9/15/16		
1/15/17		
Total		

Interest, PMI and Points *(Bring closing statement and/or Form 1098)*

Home mortgage reported on Form 1098		Second Mortgage	
Home mortgage not reported on Form 1098		Home Equity Line of Credit	
Home mortgage paid to an individual		Mortgage insurance premium	

Name: _____

SSN: _____

Address: _____

Points Amount [ ] Refinance loan duration? _____ Month of first payment _____

Are points from a prior refinance currently being amortized? _____

Investment Interest Expense

Margin Interest		Other Interest	
Land Interest		Other Interest	

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Gifts to Charity

Check or cash *(receipt required)*		Household goods, etc. *(receipt required)*		
Name of charity	**Amount**	**Name of charity**	**Date**	**Amount**
Payroll Deduction				
Charitable transportation ***(enter miles)***				

All monetary contributions regardless of amount must be supported by a canceled check, dated bank or credit card statement or a dated receipt from the charity.

Donated clothing and household goods must be in good condition.

Certain miscellaneous deductions (List employment related expenses on insert.)

Qualified educator expenses			Investment exp. related to int. and div.		
Tax preparation fees			Investment counsel and advisory fees		
Safe deposit box rental			Certain attorney and accounting fees		
Job search costs			Gambling losses		
IRA custodial fees (paid by check)			Casualty and theft losses		
Other					

Child Care

If you contributed to a pre-taxed benefit plan at work enter amount.

Provider	**Address**	**EIN**	**Amount**

List any questions you would like answered during your appointment.

Use inserts for income and expenses related to employment and/or rental property.

Personal Legal Plans
Client Organizer 2016

Rental Income and Expenses

(Make copies of this page if you have more than five properties.)

If property was purchased or converted to rental use this year, provide purchase settlement statement.

Property description	Street Address, City, State and Zip Code
1	
2	
3	
4	
5	

Property	1	2	3	4	5
Days Available					
Days Rented					
Personal Use					

Rental Income					

Advertising					
Auto miles	*miles*	*miles*	*miles*	*miles*	*miles*
Travel expenses					
Cleaning					
Insurance					
Legal/Professional fees					
Management fees					
Mortgage interest					
Other Interest					
Repairs					
Supplies					
Taxes					
Utilities					
Termite control					
Condo fees					
Lawn care					

Replacements (furniture, appliances, carpets, drapes, etc.), major repairs, improvements.
List separately below providing property number, description, date of purchase and cost.

Personal Legal Plans
Client Organizer 2016

Self-Employed (Schedule C) or Unreimbursed Employee Expenses (Form 2106)

Business Income and Expenses. Check here if using Form 2106 _ ☐ _

If not self-employed and using Form 2106 enter amount reimbursed by employer for any expenses			
If self-employed enter amount contributed to a SEP in 2016			
If self-employed enter amount paid in 2016 for health insurance		Long-term Care Ins.	

Business name if self-employed		**Business Use Vehicle Information**	
Gross Income (from your books)		Make	
Non-employee income (1099-MISC)		Year	
Returns and refunds		Original cost	
Cost of inventory at beginning of year		Date purchased	
Cost of merchandise purchased during year		Leased? Yes / No	
Cost of items withdrawn for personal use		Lease payment	
Cost of inventory at end of year		Mileage log? Yes / No	

Expense		**Mileage (only if you use your vehicle for business.)**	
Advertising		Total miles (both business and personal)	
Commissions		Self-employed business miles	
Contract Labor		From employer to professional meetings	
Insurance		Between 1st and 2nd job or job to school	
Interest		Job seeking	
Legal/Professional		Average daily round-trip commute	
Office expense		Parking/Tolls	
Rent (office)		**Car and Truck Expenses (if using actual expenses)**	
Rent (equipment)		Gasoline, oil, lubrication	
Repairs		Repairs, maintenance, wash	
Supplies		Tires, batteries, etc.	
Taxes & Licenses		Insurance	
Travel		Registration fees, inspection, etc.	
Meals & Entertainment		Personal property tax	
Utilities		Other	
Wages (W-2)		**Travel Expenses Away From Home**	
Bank charges		Airfare, auto rental, taxi, etc.	
Books/Publications		Meals (include tips)	
Business phone		Lodging (include tips)	
Cell phone		Other	
Gifts			
Uniforms			
Union/Professional dues			
Other expenses			
Other expenses			
Other expenses			

Did you buy any equipment for your business?
If so, provide description, cost and date of purchase.

Description	**Purchase price**	**Purchase date**

Home Office Expense (Check here _____ if you wish to use the simplified method.)

Office Sq. Ft.		Insurance		Rent	
Home Sq. Ft.		Taxes		Mgmt. Fees	
Storage Sq. Ft.		Mortgage Interest		Other Expense	
Maintenance/Repairs		Utilities *		* Gas, electric, but not water.	
Home Office Area					
Home in general **		**Repairs, maintenance, outside painting, but not lawn care.			