

# Personal Legal Plans Client Organizer 2017

**TAXPAYER**

**SPOUSE**

	<b>NAME</b>	
	<b>SOCIAL SECURITY NUMBER</b>	
	<b>OCCUPATION</b>	
	<b>DATE OF BIRTH</b>	
	<b>EMAIL ADDRESS</b>	
	<b>CELL PHONE</b>	

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., 2017 & Jan., 2018.
- 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.*

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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 2017? \_\_\_\_\_

Did you rollover to a Traditional IRA or convert any of the above funds to a Roth IRA during 2017? \_\_\_\_\_

Did you receive Social Security Benefits in 2017? 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	

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Interest paid on a student loan		<b>Bring Form 1098-T issued by school.</b>	<b>IRA Contributions</b>	
Educator expenses paid			Traditional	
College tuition paid			Roth	
Contribution to a GA 529 college plan			Educational	
Contribution to HSA or MSA plan				
Distribution from an HSA or MSA				
Alimony paid		Recipient: _____	SSN: _____	

**Itemized Deductions**

**Medical**

<b>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.*****</b>			
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)		<b>Estimated Tax Payments</b> Due on      Federal      State 4/15/17 <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr></table> 6/16/17 <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr></table> 9/15/17 <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr></table> 1/15/18 <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr></table> <b>Total</b> <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr><tr><td style="width:50px; height:20px;"></td><td style="width:50px; height:20px;"></td></tr></table>																											
Additional homes or land (except rental)																													
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Personal use (Vehicle 1)																													
Personal use (Vehicle 2)																													
Personal use (Vehicle 3)																													
Personal use (Vehicle 4)																													
Balance due state for 2016 tax year																													
Balance due state for a prior tax year paid in 2017																													

**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: _____			
<b>Points</b>	Amount <input style="width:80px;" type="text"/>	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 <i>(receipt required)</i>		Household goods, etc. <i>(receipt required)</i>		
Name of charity	Amount	Name of charity	Date	Amount
Payroll Deduction				
Charitable transportation <i>(enter miles)</i>				
<p><b><i>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.</i></b></p> <p><b><i>Donated clothing and household goods must be in good condition.</i></b></p>				

### 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. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>			
Provider	Address	EIN	Amount

List any questions you would like answered during your appointment.

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

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**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
<b>Days Available</b>					
<b>Days Rented</b>					
<b>Personal Use</b>					

Rental Income					

Advertising					
Auto miles	<i>miles</i>	<i>miles</i>	<i>miles</i>	<i>miles</i>	<i>miles</i>
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.**


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

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

<b>If not self-employed and using Form 2106 enter amount reimbursed by employer for any expenses</b>	
If self-employed enter amount contributed to a SEP in 2017	
If self-employed enter amount paid in 2017 for health insurance	Long-term Care Ins. <input type="checkbox"/>

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

Expense	
Advertising	
Commissions	
Contract Labor	
Insurance	
Interest	
Legal/Professional	
Office expense	
Rent (office)	
Rent (equipment)	
Repairs	
Supplies	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Utilities	
Wages (W-2)	
Bank charges	
Books/Publications	
Business phone	
Cell phone	
Gifts	
Uniforms	
Union/Professional dues	
Other expenses	
Other expenses	
Other expenses	

Mileage (only if you use your vehicle for business.)	
Total miles (both business and personal)	
Self-employed business miles	
From employer to professional meetings	
Between 1st and 2nd job or job to school	
Job seeking	
Average daily round-trip commute	
Parking/Tolls	

Car and Truck Expenses (if using actual expenses)	
Gasoline, oil, lubrication	
Repairs, maintenance, wash	
Tires, batteries, etc.	
Insurance	
Registration fees, inspection, etc.	
Personal property tax	
Other	

Travel Expenses Away From Home	
Airfare, auto rental, taxi, etc.	
Meals (include tips)	
Lodging (include tips)	
Other	

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

	Description	Purchase price	Purchase date
Other expenses			
Other expenses			
Other expenses			

**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	
<b>Maintenance/Repairs</b>		Utilities *		* Gas, electric, but not water.	
Home Office Area					
Home in general **		**Repairs, maintenance, outside painting, but not lawn care.			