

Please choose the tax-year that you are filing for in the drop down below.



# Tax Organizer for Individual Tax Returns 1040 Returns

**Washington**  
732 Broadway, Suite 201  
Tacoma, WA 98402  
Fax: 253.238.0003

**Nevada**  
3225 McLeod Drive  
Las Vegas, NV 89121  
Fax: 702.664.0549

800.706.4741  
[www.AndersonAdvisors.com](http://www.AndersonAdvisors.com)

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Use this Organizer for Individual (or Married Filing Joint) Returns

## IMPORTANT

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.

Anderson Business Advisors  
3225 McLeod Drive, Suite 100  
Las Vegas, NV 89121

Toll Free: 800.706.4741  
Local: 702.214.1100  
Fax: 702.664.0547

E-Mail: [taxcoordinators@andersonadvisors.com](mailto:taxcoordinators@andersonadvisors.com)  
Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

# FAX COVER PAGE

Attention: Tax Preparation Department

To: Anderson Business Advisors: 702.664.0547

Attention:

From:

Date:

Total Number of Pages: (including cover page)

THIS FAX INCLUDES THE FOLLOWING (Check all that apply)

- Client Statement
- Organizer for (Name: \_\_\_\_\_ )
- Supporting Documents
- Other

You may also upload all documents securely online at:  
<https://andersonadvisors.com/upload-documents/>



Dear Valued Client,

This Tax Organizer is designed to help you gather the tax information needed for Anderson to prepare your personal income tax return for .

Do not fill out every page of the organizer, this is intended to provide your tax organizer with as much information as possible. Enter all information for which you do not have official documentation. If any information does not apply to you, please disregard that part of the organizer.

**1. Complete the Tax Organizer**

- Enter all information. If any information does not apply to you or is incorrect, please draw a line through it or make necessary changes.

**2. Gather your supporting documents and make copies.**

- See list below for examples.
- Send the copies with your completed organizer and keep originals.

**3. Submit the Tax Organizer, and any supporting documentation, using one of these methods:**

- Upload to your Box account [<https://andersonadvisors.app.box.com/>], then notify your coordinator.
- Fax: 702-644-0545

**Note: To ensure your privacy, please do not submit your Tax Organizer or supporting documents via email.**

The following are examples of supporting documentation:

- Forms W-2 for wages, salaries, tips, and gambling winnings.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, social security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, options, etc.
- Schedule K-1 from partnerships, S-corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage for the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions, including any Form 1098-C.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by Anderson.

In your Tax Organizer, all social security numbers and bank account numbers have been concealed to protect your privacy. If you need to change or update your social security number or bank account information, please contact our Tax Department. Do not indicate social security number or bank account changes in the organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to our Tax Department immediately.

The IRS does not send out unsolicited e-mails nor make unsolicited phone calls requesting or demanding personal information or immediate payment. Such authentic looking e-mails are called "phishing" emails and responding may expose you to identity theft. If you receive such emails, forward a copy to the IRS at [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email. You may also contact our office regarding any written or electronic correspondence or phone calls that you receive from the IRS.

In order to make the filing deadline for your income tax return, your completed organizer and backup documents should be in our office no later than March 15th, to avoid any expedite fees (Please review Client Statement for more details). Any information received after that date may require an extension to be filed for your return. Also, based on the complexity of your return an extension may need to be filed. Anderson will file your extension when necessary. You are responsible for paying any tax due to the IRS by April 17, in order to avoid certain late penalties and interest even if an extension has been or will be filed.

Your Client Coordinator is available to assist should you have any questions regarding the Tax Organizer, uploading information to Box, or the preparation process.

Thank You for choosing Anderson for your Asset Protection, Estate and Tax Planning needs.

Sincerely,  
Anderson Advisors Tax Team

## CLIENT STATEMENT

In order to make the filing tax deadline, completed Tax Organizers and supporting documents are due in our offices 30 days prior to the return deadline. Tax returns are prepared in the order this information is received. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, client will pay an expedite fee of \$300 for timely completion. If received in the final two weeks before the deadline, we cannot guarantee the return will be completed timely; client will pay an additional \$250 for timely completion. The due date for filing your income tax return is April 17, . It may become necessary to apply for an extension of time to file your tax return if there are unresolved issues, delays in processing, or if we do not receive all the necessary information from you on a timely basis. We will apply for an extension on all returns not filed with the taxing authorities within 3 business days of the filing deadline. All tax is still due and payable by the filing deadline to avoid all penalties and interest..

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson Business Advisors ("Anderson") liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority, contact Anderson. We can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson with data provided by said client.

All tax return preparation fees must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, Anderson will electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:	<input type="text"/>
Name on Credit Card:	<input type="text"/>
Credit Card Number:	<input type="text"/>
Expiration Date:	<input type="text"/>
Security Code:	<input type="text"/>

By submitting this form, you are authorizing Anderson Business Advisors to send you an invoice electronically (via email or Box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Would you like to use your prepaid tax package time for this return or have a quote prior to preparing your return?  
 Yes     No



Anderson Law Group, PLLC  
3225 McLeod Drive  
Las Vegas, NV 89121

Dear Valued Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping permanent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Anderson Business Advisors Tax Team

Accepted By:

Date:

Additional Returns (if applicable):

Anderson Law Group, PLLC  
3225 McLeod Drive  
Las Vegas, NV 89121

## **PRIVACY POLICY**

Certified Public Accountants (CPAs), like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### **TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT**

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### **PARTIES TO WHOM WE DISCLOSE INFORMATION**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### **PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

## Questions (Page 1 of 3)

The following questions pertain to the \_\_\_\_\_ tax year. For any question answered Yes, include supporting detail or documents.

### **Personal Information**

	<b>Yes</b>	<b>No</b>
Did your marital status change? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>

### **Dependents:**

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Include non-child dependents for whom you provided more than half the support.</i>		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18, or student children aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>

### **Healthcare:**

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B, or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		

### **Education:**

Did you or your spouse pay any student loan interest? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children, or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>



## Questions (Page 2 of 3)

### **Deductions and Credits:**

**Yes      No**

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

Did you or your spouse make any large purchases, such as motor vehicles and boats?

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic), or fuel cells?

Did you or your spouse install any alternative energy improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

### **Investments:**

Did you or your spouse have any debts canceled, forgiven, or refinanced?

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S-corporation?

Did you or your spouse sell, exchange, or purchase any real estate?    
If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse, or dispose of any stock acquired under a qualified employee stock purchase plan?

Did you or your spouse engage in any put or call transactions?    
If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

Did you or your spouse sell any securities not reported on Form 1099-B?

### **Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan?

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution?

Did you or your spouse retire or change jobs?

## Questions (Page 3 of 3)

### Personal Residence:

	<b>Yes</b>	<b>No</b>
Did your address change?..... If Yes, provide the new address.	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you move to a different home because of a change in the location of your job?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?.....	<input type="checkbox"/>	<input type="checkbox"/>

### Sale of Your Home:

Did you sell your home?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?..... If Yes, include Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five year period prior to the sale?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?.....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual?.....	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?.....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?.....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are the foreign financial assets valued at over \$10,000?.....	<input type="checkbox"/>	<input type="checkbox"/>

# Personal Information

**Taxpayer:**

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr)    State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		

**Spouse:**

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr)    State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		

**Contact Information:**

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP or Postal Code	
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? . . . . .	Yes	No	
Is the taxpayer claimed as a dependent on someone else's tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
	Taxpayer	Spouse	
Are you considered legally blind per IRS regulations? . . . . .	Yes	No	Yes    No
Do you want to contribute to the Presidential Election Campaign Fund? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you a U.S. citizen or Green Card holder? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS    2 - Issued by State or City ↓

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

## Dependents and Wages

**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---

**Wages and Salaries:**

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in , your account information may already be included below.

Would you like any refunds owed to you directly deposited? Yes No  


Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No  


If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_  
 If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No  


If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_  
 If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No  


Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No  


Name of bank or financial institution \_\_\_\_\_  
 Routing Transit Number (RTN) \_\_\_\_\_  
 Account number \_\_\_\_\_

Type of account:  Checking  Traditional Savings  IRA Savings  myRA  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? Yes No  


Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No  


If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_  
 If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No  


If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_  
 If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No  


Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No  


Name of bank or financial institution \_\_\_\_\_  
 Routing Transit Number (RTN) \_\_\_\_\_  
 Account number \_\_\_\_\_

Type of account:  Checking  Traditional Savings  IRA Savings  myRA  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

# Interest and Dividend Income Information

Include all Forms 1099-INT or other documents for interest received

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code:      2 - Seller Financed    3 - Early Withdrawal Penalty    5 - Accrued Interest      7 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds    Mortgage Interest    4 - Nominee Interest      6 - Original Issue Discount Adjustment    Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	Interest Amount	
A					Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
B					
C					
D					
E					

Dividend Income:

Include all Forms 1099-DIV or other documents for dividends received

(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV						
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Gross Dividends Amount	
A						Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
B						
C						
D						
E						

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_

Employer ID number \_\_\_\_\_

Street address \_\_\_\_\_

City, state, ZIP or postal code, and country \_\_\_\_\_

Method of inventory \_\_\_\_\_

Method of accounting \_\_\_\_\_

**Business Questions for :**

Did you dispose of this business? .....	Yes	No
If Yes, what was the disposition date? .....	(Mo/Da/Yr) _____	
Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....	Yes	No
Were you involved in the operations of this business on a regular, continuous and substantial basis? .....	Yes	No
Have you prepared or will you prepare all required Forms 1099? .....	Yes	No

Amount

Health insurance premiums paid for yourself and your dependents .....

**Income:**

Include all Forms 1099-K

Payment card and third party transactions:

Description	Amount

Miscellaneous income:

Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales .....

Less returns and allowances .....


**Cost of Goods Sold:**

Amount
--------

Beginning inventory .....

Purchases less cost of items withdrawn for personal use .....

Cost of labor (do not include amounts paid to yourself) .....

Materials and supplies .....


Other costs of goods sold:

Description	Amount

Ending inventory .....

# Business Expenses

Name of Business: \_\_\_\_\_  
 Principal Business or Profession: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

	Amount
Parking fees and tolls .....	
Local transportation .....	
Travel expenses .....	
Meals and entertainment .....	

Other Business Expenses:

Description	Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	Amount
Amount received for other expenses .....	
Amount received for meals and entertainment .....	

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

Total miles .....	
Total business miles .....	
Average daily commuting miles .....	
Total commuting miles for the year .....	
Gasoline and oil .....	
Repairs .....	
Insurance .....	
Interest .....	
Taxes .....	
Value of employer provided vehicle .....	
Temporary vehicle rentals .....	
Fair market value of leased vehicle .....	
Vehicle leases .....	

Other Vehicle Expenses:

Description	Amount



## Business Use of Home

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business \_\_\_\_\_  
 Total square footage of home \_\_\_\_\_  
 Total hours home was used for day care during the year \_\_\_\_\_


Was your home used for day care purposes for the entire year? \_\_\_\_\_  
 Were improvements made to the home and/or home office since the time you began using the home for business? \_\_\_\_\_

Yes	No

Expenses: Enter all expenses at 100 percent

Casualty losses \_\_\_\_\_  
 Deductible mortgage interest paid to:  
     Financial institutions \_\_\_\_\_  
     Individuals \_\_\_\_\_  
 Real estate taxes \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Qualified mortgage insurance premiums \_\_\_\_\_  
 Repairs and maintenance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Rent \_\_\_\_\_

Expenses	
Amount	

**Other Expenses:**

Description	Direct Expenses	
	Amount	

## Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Please complete the following table for sales without supporting documentation, otherwise include copies of original supporting documents.

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)	Cost or Other Basis
A					
B					
C					
D					
E					
F					
G					
H					

Installment Sales:

Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	Principal Received

## Retirement Plan and IRA Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS \_\_\_\_\_

IRA Questions for \_\_\_\_\_ :

	Yes	No
Are you covered by an employer's retirement plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
If no, is your spouse covered by an employer's retirement plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any transactions with any IRA during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, explain. _____		

### Total amount converted to Roth IRAs

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, \_\_\_\_\_   
 Note: This information or Form 5498 is required if you received a distribution during the year.

Contributions:

IRA:

Contributions in _____ for the _____ tax return .....	
Contributions in _____ for the _____ tax return .....	
Amount for _____ you choose to be treated as nondeductible .....	

Roth IRA:

Contributions made for the _____ tax year .....	
---	--

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

	Taxpayer		Spouse	
Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....	Yes	No	Yes	No
Do you want to contribute the maximum amount allowed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to:	Amount		Amount	
Simplified employee pension .....				
Defined benefit plan .....				
Defined contribution plan .....				
SIMPLE plan .....				

# Rental and Royalty Income

Location of Property: \_\_\_\_\_

TSJ. . . . . \_\_\_\_\_

Type of property. . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? . . . . . 

Yes

No

Ownership percentage if not 100% . . . . . 

--

 %

How many days was this property rented at fair market value? . . . . . 

--

How many days was this property used personally (including use by family members)? . . . . . 

--

**Income:**

Rents received . . . . . 

Amount

Royalties received . . . . . 

--



## Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

**Miscellaneous Income and Adjustments:**

	TSJ _____	TSJ _____
	Amount	Amount
Unemployment compensation received . . . . .		
Social security benefits received . . . . .		
Medicare premiums withheld . . . . .		
Tier 1 railroad retirement benefits received . . . . .		
Other federal withholding . . . . .		
Other state withholding . . . . .		

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	Amount



## Itemized Deductions - Medical and Taxes

**Medical and Dental Expenses:**

	TSJ	Amount
Prescription medicines and drugs . . . . .		
Total medical insurance premiums paid * . . . . .		
Long-term care expenses . . . . .		
Total insurance reimbursement . . . . .		
Number of miles traveled for medical care . . . . .		
Lodging . . . . .		
Doctors, dentists, etc. . . . .		
Hospitals . . . . .		
Lab fees . . . . .		
Eyeglasses and contacts . . . . .		

		Amount
Taxpayer long-term care insurance premiums paid . . . . .		
Spouse long-term care insurance premiums paid . . . . .		

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	Amount

**Taxes Paid:**

Include copies of your tax bills

	TSJ	Amount
Personal property taxes paid (include vehicle taxes) . . . . .		
Local sales taxes paid on large purchases . . . . .		

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	Amount

**Other Taxes Paid:**

TSJ	Description	Amount



# Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for \_\_\_\_\_ :

Yes	No

Did you refinance your home? (If Yes, enclose the closing statement.) .....

If Yes, how many years is your new mortgage loan? \_\_\_\_\_

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		Amount
		Yes	No	

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	Amount
	Name	Address		

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		Amount
		Yes	No	

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	Amount

## Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$5,000 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	Amount

TSJ	Description	Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations	

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ . . . . . \_\_\_\_\_

Description of the donated property . . . . . \_\_\_\_\_

Donee organization name . . . . . \_\_\_\_\_

Donee organization address . . . . . \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property . . . . .

Fair market value of the donated property . . . . .





## Child/Dependent Care Expenses & Education Expenses

### Child/Dependent Care Expenses:

#### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in \_\_\_\_\_ but paid in \_\_\_\_\_

Employer-provided dependent care benefits that were forfeited in \_\_\_\_\_

carryover used in grace period \_\_\_\_\_

#### Child/Dependent Care Providers:

Provider 1:		
Name .....	_____	
Street address .....	_____	
City, state, ZIP or postal code, and country .....	_____	
Social security number OR .....	_____	
Employer identification number .....	_____	
Telephone number (California only) .....	_____	
	Amount	Amount
Expenses incurred and paid in .....		
Expenses incurred and not paid in .....		

Provider 2:		
Name .....	_____	
Street address .....	_____	
City, state, ZIP or postal code, and country .....	_____	
Social security number OR .....	_____	
Employer identification number .....	_____	
Telephone number (California only) .....	_____	
	Amount	Amount
Expenses incurred and paid in .....		
Expenses incurred and not paid in .....		

#### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Expenses Incurred	Expenses Incurred

#### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Qualified Expenses

# Federal and State Tax Payments

**Refund Application:**

If you have an overpayment of taxes, do you want the excess:

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Federal Estimated Tax Payments:**

1st Quarter Estimate .....	(Due 04-18-	)
2nd Quarter Estimate .....	(Due 06-15-	)
3rd Quarter Estimate .....	(Due 09-15-	)
4th Quarter Estimate .....	(Due 01-17-	)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 overpayment applied to 2017 estimate

## State and City Tax Payments

**State and City Estimated Tax Payments:**

1st Quarter Estimate .....	(Due 04-18-	)
2nd Quarter Estimate .....	(Due 06-15-	)
3rd Quarter Estimate .....	(Due 09-15-	)
4th Quarter Estimate .....	(Due 01-17-	)

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

If you have an overpayment of taxes, do you want the excess applied to your estimated tax liability?  Yes  No

2016 overpayment applied to estimate

Balance of prior year(s)' tax paid in plus

amount paid with 2016 extensions

Estimated tax payments for 2016 paid in

