



P O Box 250
1010 Vivian Drive
Grafton, OH 44044

440 - 926 - 9300

After you have received all of your 2016 tax documents, complete this organizer and
1. Call for an appointment, or
2. Drop your documents off, or
3. Mail your documents to our P O Box

2016 TAX ORGANIZER

In order for us to complete your tax returns by the filing deadline have all your tax documents to our office by April 1, 2017

Taxpayer's name SSN Occupation DOB

Spouse's name SSN Occupation DOB

Home address:

Are you or your spouse: Permanently disabled? You Spouse or: Legally Blind You Spouse

County: School District:

Did you sell or purchase a principal residence or other real estate during the tax year YES NO If yes, provide settlement statement.

Phone numbers: Home Cell: Work:

E-mail address:(will not be sold or shared)

Do you wish to donate to the presidential campaign fund? Y N Spouse Y N

Table with 5 columns: Full name of dependents, Relationship, Date of Birth, Social Security Number, Number of months living in your home

Do you provide housing and/or support (provide minimum 50% of their support) for a parent, sibling, or other person that can be claimed as a dependent

Are there any changes in dependents, such as birth, adoption, death, divorce, stepchildren? Y N Provide any documentation.

Did you pay child care expenses while you worked or were at school? Y N If yes, provide documentation

Did any of your dependents have wages over \$6,300? (\$400 if self-employed)? If yes which dependent provide documentation

Did any of your children under age 19 (23 if full time student) have investment income of \$2,100 or more? Y N If yes, provide documentation.

** IF YOU WOULD LIKE YOUR REFUND(S) (IF ANY) RECEIVED BY DIRECT DEPOSIT, PROVIDE THE FOLLOWING INFORMATION **

Bank Name: Type of account: Checking Savings Is this a joint account Y N

Routing Number (9 digits) Account Number

If you make estimated payments provide the following information

FEDERAL

STATE

Table with 3 columns: Check#, Date Paid, Amount for FEDERAL payments

Table with 3 columns: Check#, Date Paid, Amount for STATE payments

CITY

SCHOOL DISTRICT

Table with 3 columns: Check#, Date Paid, Amount for CITY payments

Table with 3 columns: Check#, Date Paid, Amount for SCHOOL DISTRICT payments

Did you and all members of your household maintain minimum essential health coverage for every month of 2016? Yes NO

If yes, provide Form 1095 from your employer or insurance company

If no, but you and members of your household were covered for part of 2016 provide Form 1095 showing months covered.

Did you and your family receive any advance premium tax credits? YES NO If yes, provide Form 1095 showing amount of monthly credit

Were you a victim of identity theft, incur a theft, or casualty loss due to destruction of property? YES NO

All of your information remains in our office, is secure and confidential

BE PREPARED TO SUBSTANTIATE ALL CLAIMED DEDUCTIONS (Dated receipts, bank statements, cancelled checks)

All of your original documents will be returned to you.

Income: Provide documents for all sources of income such as; W-2 statement from each employer worked for during 2016, 1099 forms unemployment, alimony, prizes, gambling winnings, jury duty, etc.

Social Security: If you receive social security include form 1099 SSA

Provide all annual statements from banks and credit unions for all accounts (checking and savings or sale of bonds)

Provide all combined annual 1099 statements from investment companies and brokers and retirement distributions

If you received an investment distribution, was it rolled over? Y ___ N ___ provide documentation Form 1099R

Were any required minimum distributions (RMD) distributed directly to a qualified charitable organization?

Do you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? YES ___ NO ___

BUSINESS

If you have income from a business, please provide a **summary** of receipts and expenses or, backup file from accounting software

If this is a new business this year please provide: Name of Business _____

Address _____ Type of business _____

Have you received any K-1's from a S-Corp, Partnership, or Trust? Y ___ N ___ If yes, provide each K-1

Do you have an office in your home used for business purposes? Y ___ N ___ Sq. Ft of office _____ Total Sq. Ft of home _____

RENTAL REAL ESTATE

If you have income from rental property please provide a **summary** of receipts and expenses or, backup file from accounting software

If this is a new rental property this year, please provide address: _____

Date purchased _____ Cost _____ provide closing statement (HUD - 1 form)

FARM INCOME

If you have income from a farm, please provide a **summary** of receipts and expenses or, backup file from accounting software

Type of farming income: (grain, livestock, dairy, fruit/vegetable) _____

MISCELLANEOUS EXPENSES

Did you make any energy saving home improvements this year? Y ___ N ___ If yes, provide purchase documentation.

2016 Total Expense

2016 Total Expense

MISCELLANEOUS INCOME

Alimony _____
Pensions / IRA / Annuities _____
State / City tax refunds _____

CONTRIBUTIONS

Church _____
Charitable auto mileage _____
Other Charitable donations _____

MEDICAL EXPENSES

Doctor / Dentist / Eye bills _____
Medical Insurance premiums _____
Prescriptions _____
Hospital _____
Medical Equipment _____
Long-term care insurance _____
Medical auto mileage _____
Co-pays _____

TAXES PAID- other than on W-2 or estimated payments

Real Estate _____
Personal Property _____
Foreign Taxes Paid _____

MISCELLANEOUS

Income Tax preparation fees _____
Safe Deposit Box _____
Professional dues _____
Teachers expenses _____

OTHER ITEMS

Traditional IRA Contributions _____
Spousal IRA Contributions _____
Roth IRA Contributions _____
Investment Expenses _____
Child Dependent Care Exp _____
OH 529 Contributions _____

INTEREST EXPENSE

Home Mortgage _____
Home Equity Loan _____
Investment Interest _____
Points Paid _____
Student Loan Interest _____