

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**TATE & ASSOCIATES, LLC**  
**9795 CABRINI DR STE 105**  
**BURBANK, CA 91504**  
**Telephone number: (818) 768-5207**  
**Fax number:**  
**E-mail address: t8taxchiks@aol.com**

**Tax Return Appointment**

**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

2017

1040

US

Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for Employer name and checkboxes.

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099-R & W-2G'. Includes rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099'.

**2017 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....		
Spouse: Alimony received .....		
Other: _____		

**RETIREMENT PLAN CONTRIBUTIONS**

	2017 Amount	2016 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum) .....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum) .....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

<input type="checkbox"/> Form 1098-E - Student loan interest .....	<b>Attach Forms 1098</b>	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

**AFFORDABLE CARE ACT**

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	<b>Attach Forms 1095</b>	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....		

**ADJUSTMENTS TO INCOME**

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
Alimony paid - Recipient name & SSN.....		
_____		

Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
Alimony paid - Recipient name & SSN.....		
_____		

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....		
Doctors, dentists and nurses .....		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses .....		
Number of medical miles.....		
Other: _____		
_____		

**TAXES PAID**

State income taxes - 1/17 payment on 2016 state estimate.....		
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2017

1040

US

Tax Organizer

TAXES PAID (continued)

State income taxes - paid with 2016 state extension...
State income taxes - paid with 2016 state return...
State income taxes - paid for prior years and/or to other states...
City/local income taxes - 1/17 payment on 2016 city/local estimate...
City/local income taxes - paid with 2016 city/local extension...
City/local income taxes - paid with 2016 city/local return...
State and local sales taxes (except autos and special items)...
Use taxes paid on 2017 purchases...
Use taxes paid on 2016 state return...
Sales tax on autos not included above...
Sales taxes paid on boats, aircraft, and other special items...
Real estate taxes - principal residence...
Real estate taxes - property held for investment...
Foreign income taxes...
[ ] Personal property taxes (including automobile fees in some states) ...

Table with 2 columns: 2017 Amount, 2016 Amount. Includes a shaded 'Attach Tax Notice' row at the bottom.

INTEREST PAID

Home mortgage interest and points paid:
[ ] \_\_\_\_\_
[ ] \_\_\_\_\_
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
\_\_\_\_\_
Points not reported on Form 1098:
\_\_\_\_\_
Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):
\_\_\_\_\_
Passive interest...

Table with 2 columns: 2017 Amount, 2016 Amount. Includes a shaded 'Attach Forms 1098' row.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_
Volunteer expenses (out-of-pocket)...
Number of charitable miles...

Table with 2 columns: 2017 Amount, 2016 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

Table with 2 columns: 2017 Amount, 2016 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:
\_\_\_\_\_
Other: \_\_\_\_\_

Table with 2 columns: 2017 Amount, 2016 Amount.