2016 Tax Organizer Personal and Dependent Information

| Person | al Inforr | nation | | | | | | | | | | | |
|-----------------------|--------------|-------------|----------------|---------|-------|------------|-----------|-----------|-------------------|--|-------------|--------------------------|------------------------------------|
| | | | | Name | | | | | | SSN | Date of | Birth | Healthcare coverage ALL year |
| Taxpayer | | | | | | | | | | ***-**-0000 | | | |
| Spouse | | | | | | | | | | | | | |
| Street add | dress, city | , state, an | d ZIP | | | | | | | - | | | |
| | | | Occupa | tion | | | Daytir | me Phone | E | vening Phone | | Cell P | hone |
| Taxpayer | | | | | | | | | | | | | |
| Spouse | | | | | | | | | | | | | |
| Taxpayer | Email | | | | | | | | | | | | |
| Spouse E | mail | | | | | | | | | | | | |
| Marital Sta | tus at end | of 2016 | | | | Taxpay | <u>er</u> | Spous | 9 | | | | |
| Married | - | | | | | Yes | □ No | Yes | ☐ No | Are you blin | | | |
| | d filing sep | arately | | | | Yes Yes | | | | No Are you disabled? No Are you a full-time student? | | | |
| | (er), Date o | | 's Death | | | Yes | □ No | Yes | _ □ No | Do you want | t \$3 to go | to the | . 5 40 |
| | dent Info | | | | ' | | | _ | | Presidential | Election | Campaigi | n Fund? |
| • | | | I last name | | SSN | | Relati | onship | Months in Home | Date of Birth | Disabled | Full- time Student | Healthcare coverage ALL year |
| | | | | | | | | | | | 1 | Ciacon | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| List depen | dents req | uired to fi | le a retum | | | | | | | | | | |
| Estimat | | | _ | | | | | | | | | | |
| | | | | Federal | | | | ent State | | | Reside | | |
| Overpaym from 2015 | nent applie | ed | Date Paid | A | mount | | Date Paid | Amo | ount | Date P | aid | A | mount |
| First quart | er | | | | | | | | | | | | |
| Second qu | uarter | | | | | | | | | | | | |
| Third quar | rter | | | | | | | | | | | | |
| Fourth qua | arter | | | | | | | | | | | | |
| Additional | payments | ; | | | | | | | | | | | |
| Appoin | tment Ir | ıformati | on & Notes | | | | | | | | | | |
| Your 201 | | ment is so | cheduled for _ | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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| <u> 2016</u> | | |
|--------------|-------|---|
| | | Miscellaneous Information |
| Name | : | SSN: ***-**-0000 |
| | | I Information |
| Yes | No | |
| | | Did your marital status change during the year? |
| | П | If "Yes," explain |
| | H | Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year? |
| Don | onde | |
| Бер | enue | ent Information Did you have any changes in dependents during the year? |
| Ш | Ш | Did you have any changes in dependents during the year? If "Yes," explain |
| | | Can another person qualify to claim the child? |
| | | Did you have any childcare expenses during the year? |
| | | Did you have any adoption expenses during the year? |
| | | Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income? |
| | | Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.) |
| Hea | lth C | Care Information |
| | | Did any member of your household NOT have healthcare coverage for the entire year? |
| | | Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. |
| | | If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN). |
| | | Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? |
| Inco | me, | Purchases, Sales, and Debt Information |
| П | П | Did you have a financial interest in or signature authority over a financial account or assetlocated in a foreign country? |
| П | Ħ | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| П | П | Did you have any income from, or pay taxes to, a foreign country? |
| Ī | | Did you receive any tips not reported to your employer? |
| | | Did you receive any disability income during the year? |
| | | Did you cash any U.S. savings bonds during the year? |
| | | Did you receive any other income not provided with this organizer? |
| | | If "Yes," explain |
| | Н | Did you start a new business or purchase any rental property during the year? |
| | 님 | Did you sell an existing business, rental property, or other property during the year? |
| Ш | Ш | Did you purchase any business assets or convert any assets to business use? |
| П | П | If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |
| Н | Ħ | Did you buy or sell any stocks, bonds, or other investments during the year? |
| П | П | Did you sell a principal residence during the year? |
| _ | | If "Yes," provide closing documentation for the purchase and sale of the home |
| | | Did you foreclose or abandon a principal residence or real property during the year? |
| | | Did you refinance your principal home or second home or take out a home equity loan during the year? |
| _ | _ | If "Yes," provide all escrow, closing, and other pertinent documentation and information. |
| Ц | Ц | Did you receive any principal or interest, during this year, from property sold in prior years? |
| | Ц | Did you rent out your home or use it for business? |
| | Н | Did you sell, exchange, or purchase any real estate during the year? |
| | 님 | Did you acquire a new or additional interest in a partnership or S corporation? |
| | H | Did you have any debts canceled or forgiven this year? |
| | H | Does anyone owe you money that has become uncollectible? Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? |
| Ш | ш | If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service. |
| Item | ized | Deduction Information |
| | | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? |
| | П | Did you pay any long-term healthcare premiums for yourself, your spouse, or a dependent during the year? |
| | | Did you receive any state or local income tax refunds from prior years? |
| | | Did you make any major purchases (vehicle, boats, etc.) during the year? |
| | | Did you pay any real estate property taxes or personal property taxes during the year? |

Did you pay mortgage interest during the year?

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| N | | |
|-------|--------|---|
| Name: | | SSN: ***-**-0000 |
| | | Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, fumiture, etc.) during the year? Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C. |
| | | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? Did you use your vehicle on the job other than for commuting to work? Did you work out of town at any time during the year? Did you have gambling losses during the year? |
| Retir | reme | ent Information |
| | | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? Did you receive any Social Security benefits during the year? |
| Educ | catio | on Information |
| | | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Acount or Qualified Tuition Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? |
| Misc | ella | neous Information |
| | | Did you incur a loss due to damaged or stolen property? |
| | | If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)? Did you make any gifts to any one person in excess of \$14,000 during the year? If "Yes," are you splitting the gift with your spouse? |
| | | Did you incur moving expenses due to a change in employment? Did you make any energy-efficient improvements to your main home during the year? Are you a business owner who paid health insurance premiums for your employees during the year? |
| | | Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes? If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes? Did you make any estimated payments toward your 2016 taxes? Do you want to have any refund or balance due directly deposited or withdrawn? |
| | | If "Yes," provide a canceled checking or savings slip. Did you receive any notices from the IRS or state taxing authority? If "Yes," explain |
| | Ш | May the IRS discuss your tax return with your preparer? Would you like a physical copy or a PDF copy of your tax return? |
| Dron | oror | |
| | | Notes |
| Mi | iscell | aneous Notes |

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Healthcare Coverage Questionnaire

Name: SSN: ***-**-0000

| Healthcare Information | | | | | | |
|------------------------|---------|--|-------------------------|--|-----------------|--|
| Tical | uicai | e information | For the | For part of the | No healthcare | |
| | | Had healthcare coverage: | entire year | For part of the year (Less than 12 months) | coverage at all | |
| | | | | | | |
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| | | | | | | |
| YES | NO | | | | | |
| | | Did anyone other than you or your spouse pay for healthcare coverage for | anyone listed above? | • | | |
| | | Did you pay for healthcare coverage for anyone not listed above? | | | | |
| - | | overage for any part of the year: | | | | |
| | vvriere | was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other | | | | |
| - | | have coverage part or all of the year: | | | | |
| Ans | wer YE | S if it applies to any member of the household Was your previous insurance policy cancelled in 2016? | | | | |
| | П | Was coverage offered by your employer or your spouse's employer? | | | | |
| | | Are you a member of a federally recognized Indian tribe? | | | | |
| | П | Are you eligible for services through an Indian healthcare provider? | | | | |
| | П | Are you a member of a healthcare sharing ministry? | | | | |
| | П | Did you live in the United States the entire year? | | | | |
| | П | Are you enrolled in TRICARE? | | | | |
| | П | Did you apply for CHIP coverage? | | | | |
| | П | Do any of the following apply to you? Do NOT indicate which one. | | | | |
| | | Became homeless | | | | |
| | | Evicted in the past six months, or facing eviction or foreclosure | | | | |
| | | Received a shut-off notice from a utility company | | | | |
| | | Recently experienced domestic violence | | | | |
| | | Recently experienced the death of a close family member | | | | |
| | | Recently experienced a fire, flood, or other natural or human-caused distributed in substantial damage to your property | saster | | | |
| | | • Filed for bankruptcy in the last six months | | | | |
| | | • Incurred unreimbursed medical expenses in the last 24 months that resu | ulted in substantial de | ebt | | |
| | | Experienced unexpected increases in essential expenses due to caring ill, disabled, or aging family member | for an | | | |