

2017	1040	US	Tax Organizer
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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		

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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 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

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

OTHER GOVERNMENT FORMS - INCOME

Form with 4 rows for Form 1099-B, 1099-MISC, 1099-K, 1099-S.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099'.

Form with 1 row for Form 1099-G.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

Form with 4 rows for Taxpayer: SSA-1099, 1099-G, 1099-Q, 1099-QA/5498-QA.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099'.

Spouse:

Form with 4 rows for Spouse: SSA-1099, 1099-G, 1099-Q, 1099-QA/5498-QA.

Table with 2 columns: 2017 Amount, 2016 Amount. Contains 'Attach Forms 1099'.

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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	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

AFFORDABLE CARE ACT

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	Attach Forms 1095	
<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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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.

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.

- (Empty line for contribution entry)

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.

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2017?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2017?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

HEALTH CARE COVERAGE

- Did you and your dependents have health care coverage for the full-year?
- Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2017?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2018 taxable income and withholdings to be different from 2017?
		MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?

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Miscellaneous Income

14.1

Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

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Education Credits / Tuition Deduction

No.

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Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
 First name
 Last name
 Social security number.....
 Number of years hope credit claimed
 Number of prior years AOC claimed
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program.
 1=student completed first four years of post-secondary education before 2017.
 1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
 Street address
 City
 State
 ZIP code
 1=2017 Form 1098-T was NOT received.
 1=2017 Form 1098-T received with Box 2 & 7 completed.....
 1=2016 Form 1098-T received with Box 2 & 7 completed.....
 Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
 Street address
 City
 State
 ZIP code
 1=2017 Form 1098-T was NOT received.
 1=2017 Form 1098-T received with Box 2 & 7 completed.....
 1=2016 Form 1098-T received with Box 2 & 7 completed.....
 Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere) .
 Books & supplies required to be purchased from institution.
 Books & supplies not entered above.
 Amount of prior year refund or assistance *

2017 Amount	2016 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

