

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 5 rows for entering employer names.

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

INTEREST INCOME

Payer name:

Form with 5 rows for entering payer names.

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

DIVIDEND INCOME

Payer name:

Form with 5 rows for entering payer names.

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

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with columns for 2017 Amount and 2016 Amount, containing 'Attach Forms 1099-R & W-2G'.

Winnings not reported on W-2G.....
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'.

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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

Table with 2 columns for 2017 and 2016 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

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)

2017 Amount

2016 Amount

Table with 2 columns for 2017 and 2016 amounts for retirement plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement

Form 1095-B - Health Coverage

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095

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:

Table with 2 columns for 2017 and 2016 amounts for medical and dental expenses.

TAXES PAID

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

Table with 2 columns for 2017 and 2016 amounts for taxes paid.

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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 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 at the top.

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.

2017	1040	US	Miscellaneous Questions
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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?

2017	1040	US	Miscellaneous Questions (continued)
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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

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?
- If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)?
- Do you expect your 2018 taxable income and withholdings to be different from 2017?

MISCELLANEOUS

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- 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?

2017	1040	US	Miscellaneous Questions (continued)
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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? |