

ORGANIZER 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..... ... Lastname..... ... Title/suffix..... ... Socialsecuritynumber ... Occupation..... ... Dateofbirth(m/d/y) ... Dateofdeath(m/d/y) ... 1=blind..... ... Homephone..... ... Workphone..... ... Workextension ... Cellphone..... E-mailaddress		
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Address	In care of..... .Streetaddress..... .Apartmentnumber City.....State..... ZIPcode.....	
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DEPENDENTS

Dependent No.

Dependent No.

First name..... ... Lastname..... ... Title/suffix..... ... Dateofbirth(m/d/y) ... Socialsecuritynumber ... Relationship..... ... Monthslivedathome		
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Dependent No.

Dependent No.

First name..... ... Lastname..... ... Title/suffix..... ... Dateofbirth(m/d/y) ... Socialsecuritynumber ... Relationship..... ... Monthslivedathome		
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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:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

2017 Amount	2016 Amount
Attach Forms W-2	

INTEREST INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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)

Attach Forms 1099	
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Taxpayer: Form 1099-G - State tax refunds

Attach Forms 1099	
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Taxpayer: Form SSA-1099 - Social security benefits

Taxpayer: Form 1099-G - Unemployment compensation

Attach Forms 1099	
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Spouse: Form SSA-1099 - Social security benefits

Spouse: Form 1099-G - Unemployment compensation

Attach Forms 1099	
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

2017

1040

US

Tax Organizer

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)

Table with 2 columns: 2017 Amount, 2016 Amount. Rows for Taxpayer and Spouse contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Table with 2 columns: 2017 Amount, 2016 Amount. Row for Attach Forms 1098.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns: 2017 Amount, 2016 Amount. Rows for Taxpayer adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns: 2017 Amount, 2016 Amount. Row for Alimony paid.

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns: 2017 Amount, 2016 Amount. Rows for Spouse adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns: 2017 Amount, 2016 Amount. Row for Spouse Alimony paid.

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: 2017 Amount, 2016 Amount. Rows for Medical and Dental expenses.

TAXES PAID

State income taxes - 1/13 payment on 2016 state estimate
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

Table with 2 columns: 2017 Amount, 2016 Amount. Rows for Taxes Paid.

TAXES PAID (continued)

2017 Amount 2016 Amount

City/local income taxes - 1/13 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).....		

Attach Tax Notice

INTEREST PAID

Home mortgage interest and points paid:

Attach Forms 1098

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.....

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.....

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.

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: