

INCOME TAX RETURN ORGANIZER

Success with the **Worksheets**

- 1 Before you start filling in the form, **SAVE the blank form to your computer**
- 2 Open your saved blank form in the latest version of **Adobe Reader**
- 3 Complete the form as fully as possible; return it to **david@davidturrentine.com**



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Enrolled to practice before the IRS

Tax Year _____

Personal Information

Taxpayer

Last name: _____
First name: _____ Middle initial: _____
Social security no.: _____
Occupation: _____
Date of birth: _____
E-mail address: _____
Work phone: _____ Ext: _____
Cell phone: _____
Home phone: _____
Fax number: _____

Spouse

Last name (if different): _____
First name: _____ Middle initial: _____
Social security no.: _____
Occupation: _____
Date of birth: _____
E-mail address: _____
Work phone: _____ Ext: _____
Cell phone: _____
Home phone: _____
Fax number: _____

Driver's License Information

State: _____ Lic. No.: _____
Issued: _____ Expires: _____

State: _____ Lic. No.: _____
Issued: _____ Expires: _____

Address: _____ Apt. no. _____
City: _____ State: _____ ZIP code: _____

Presidential Election Campaign Fund

Checking a box below will not change your tax or refund.
Check here if you (or your spouse if filing jointly) want \$3 to go to this fund. You Spouse

Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Taxpayer did **not** live with spouse at any time during year
- 4 Head of household
If qualifying person is child but not dependent:
Child's name: _____
Child's social security number: _____
- 5 Qualifying widow(er). Year spouse died: _____
- 6 Are you or your spouse eligible to be claimed as a dependent on someone else's return? Yes No

Direct Deposit/Electronic Funds Withdrawal Information

Yes No
 Use **direct deposit** for any **federal tax refund / state tax refund**
 Use **electronic funds withdrawal** for **federal balance due** / **state balance due**

Financial Institution Information

Account type: Checking Savings
Routing number: _____
Account number: _____

Dependents

First name	MI	Soc. Sec. number			Number of months lived with taxpayer in U.S.	Qualified child and dependent care 2016 expenses
Last name	Suffix	Relationship	Code*	Date of Birth		

* **L**–Dependent child who lived with taxpayer; **N**–Dependent child who did not live with taxpayer due to divorce or separation; **O**–Other dependent; **Q**–Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

Child Dependent Care Expenses

(a) Care provider's name and Care provider's phone number	(b) Address (number, state, apt. no., city, state, and Zip code)	(c) Identifying Number (SSN or EIN)	(d) Amount paid

1099G

If you received **unemployment compensation** you should receive a Form 1099-G. I will need this form. These benefits are taxable. Did you receive a **state income tax refund** last year? The refund amount is also reported on Form 1099-G. If you itemized deductions last year on Schedule A, the refund may be taxable. If I prepared your taxes last year I already have the necessary information regarding your state refunds.

Unemployment compensation

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

State Income Tax Refunds

State	State income tax refund	Refund is for tax year:

Alimony

If you paid it, it's a deduction. If you received it, it's taxable.

Payer's/Payee's name	Social Security number	Amount received	Amount paid

Income

Wages – Provide all copies of W-2	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

Dividends and Interest Income
Provide all Forms 1099 which report interest and/or dividend income. You may provide a listing of your interest and dividends on a separate sheet, but we will still need the actual Forms 1099-INT and 1099-DIV

Municipal Bond Interest
Total municipal bond interest earned =
Provide statements from all payers.

Retirement Plan Distribution – Pensions, Annuities, Rollovers, IRA SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals
Provide all copies of Forms 1099-R received for retirement plan distributions.

Sale of Stock
Provide Forms 1099-B (including cost basis info)

Partnerships, Estates, Trusts and S Corporation
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2016

Social Security Benefits
Provide Forms SSA-1099

Other Income – Provide All Forms 1099, etc.	
Unemployment Compensation (Form 1099G)	
Commissions and Fees	
Tips and Gratuities not reported on Form W-2	
Bonuses and Prizes not report on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Bartering Income	
Other Income (Describe)	

2016 Estimated Tax Payments					
	FEDERAL	Date Paid	STATE	Date Paid	Notes
Amount applied from 2015, if any.		XXXXXXXX		XXXXXXXX	<ul style="list-style-type: none"> If you itemize deductions on your federal income tax return, it can be to your advantage to pay your last state tax estimate in December instead of January. Do not include balance due from prior year in the first estimated payment box.
04/15/2016					
06/15/2016					
09/15/2016					
01/15/2017					

Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below)

2016 Standard Deductions

Filing Status	Standard Deduction
MFJ or Widow(er)	\$12,600
Single	\$6,300
Head of Household	\$9,300
MFS	\$6,300

Medical Expenses

Deductible Only if Net Cost Exceeds 10% of AGI

(Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.)

NOTE: If you are self-employed, don't list health insurance premiums here. Include in page 5.

Hospitalization and Health Insurance Premiums	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Contact Lens Insurance	
Dental Insurance	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, Contact Lenses, Eye Exams	
Lab Tests, Therapy, X-Ray, Anesthesiology	
Prescribed Medical Equipment	
Hearing Aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Smoke Cessation Programs, including prescribed drugs (Nondeductible: Nonprescription nicotine aids)	
Nursing or Retirement Home (medical care only)	
Schooling for Handicapped	
Cosmetic Surgery (Generally not deductible unless it corrects a congenital abnormality or disfiguring injury)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment (Limited to \$50 per night, per person)	

Taxes

Real Estate Taxes	
Property Tax Index Number	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for Prior Tax Years	
New Auto or Boat Sales Taxes	

Casualty Loss

Auto Accident, Fire, Theft, Storm, etc. Deductible only if your combined net loss after insurance claim exceeds 10% of Adjusted Gross Income. Talk to us if you think you might qualify.

Investment Expenses

Phone/Postage/Supplies for Investments	
Safe Deposit Box	
Investment Publications & Journals	

Interest Paid

	Primary Residence	Second Home
First Mortgage Interest (Provide Forms 1098)		
Second Mortgage		
Home Equity/Improvement Loan		
Loan Points		
Private Mortgage Insurance (PMI)		
Investment Interest Paid		

Cash Contributions (Use separate sheet if needed)

Churches or Synagogues	
United Campaign (Include Payroll Deductions)	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-Pocket Expenses for Charitable Work	

Non-Cash Contributions

*Fair Market Value of Items Given to Charities

If over \$500, we will need more specific details regarding the contribution

Vets/Goodwill/Salvation Army	Amt*	
Organization	Amt*	
Organization	Amt*	
Charitable Mileage on Auto	Miles	

Unreimbursed Employee Expenses

Union Dues and Professional Dues	
Professional Licenses and Fees	
Professional or Work-Related Subscriptions, Journals, etc.	
Tools/Supplies Purchased for Job	
Teachers: A special deduction of up to \$250 is allowed for classroom expenses of teachers. The deduction is not limited to the 2% AGI limitation, and can be claimed even if the standard deduction is claimed.	
Safety Equipment Helmets, shoes, protective clothing, etc.	
Special Uniforms for Employment	
Cleaning for Uniforms	
Business Insurance (Not Life, Medical or Disability)	
Telephone/Internet (Business use only)	
Local Transportation (not commuting)	
Employment Related Schooling or Seminars (Tuition/Fees, Books/Supplies, Parking)	
Meals and Entertainment	
Travel	

Job Seeking Expenses in Same Field

Travel/Airfare/Lodging	
Food	
Employment Agency Fees and Resume	
Other	

Tax Preparation

Financial Planning/Consultation Fees	
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Gambling Losses

Limited to Total Gambling Winnings	
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Self Employed Income/Expenses (Schedule C) Sole Proprietor

Name of Proprietor		Business Activity	
Business Name (if different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

1. Do you use any part of your home for business? Yes No (If Yes, complete the Office in the Home section, page 7.)

2. How many months in business during the year? _____

If this will be your first year filing Schedule C (self-employed), please check here

Are you required to issue 1099s? Yes No If so, have the 1099s been issued? Yes No

Income	
Gross Fee Income Not Reported on Forms 1099-MISC / 1099-K (Do not include W-2 income here)	
Returns and Allowances	
Income Reported on Forms 1099-MISC	
Number of 1099s Included	
TOTAL INCOME	

Expenses			
Advertising		Internet	
Bank Charges		Seminars/Classes	
Commissions and Fees Paid		Utilities (Not Home Office)	
Dues and Publications		Rent (Business/Not Home Office)	
Insurance (Business)		Repairs and Maintenance	
Interest (Business)		Supplies	
Laundry and Cleaning		Telephone (Business Use Only)	
Legal and Professional		Meals and Entertainment (at 100%)	
Office Supplies and Postage		Business Gifts	
Local Transportation		Research	
Licenses		Self-Employed Health Insurance	
Contract Labor			
Other Expenses (Describe)		Travel (Out of Town)	
		Transportation (Air Fare)	
		Lodging	
		Cabs, Bus, Rentals	
		Meals & Entertainment	
		Other	

Equipment			
<i>Item/Description</i>	<i>Date of Purchase</i>	<i>Price</i>	<i>% Business Use</i>

Rental Income / Expense

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning / Maintenance				
Yard / Snow Removal				
Rubbish Hauling / Trash				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowners Association Dues				
Travel Expense (Detail)				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs / Painting				
Repairs / Plumbing				
Repairs / Electrical				
Repairs / Appliances				
Refunds				
Other:				
Comments / Questions				

Office In The Home

The following criteria must be met for a home office deduction:

1. The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.
2. If the space is where you perform the administrative or management activities of your business, there must not be another fixed location where you perform a substantial portion of these tasks.
(This second criterion does not need to be satisfied if you meet your clients on a regular basis in your home office.)

If you are an **employee** (as opposed to an **independent contractor**), then the home office must be for the convenience of your employer. In other words, the home office is a required condition of your employment.

If you use more than one home office during the year, split the expenses between the two.

	HOME OFFICE 1	HOME OFFICE 2	
Square Footage of House or Apartment (or number of rooms)			
Square Footage of Office (or number of rooms)			
Home owners only: Deductible mortgage interest			Fill in these boxes ONLY if you are claiming an office in your home. Otherwise, see page 10, Part X
Home owners only: Real estate taxes			
Home owners only: Private Mortgage Insurance (PMI)			
Renters only: Total rent paid for the year			
Insurance (homeowner's, condo owner's, renter's)			
Repairs and maintenance			
Utilities (Do NOT include phone expense here)			
Condo/Homeowner's association fees			

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of a property tax bill.

Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: Biomass Stoves; Heating, Ventilating and Air Conditioning; Insulation; Water Heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.

Here is a link which provides additional information regarding these energy credits:

http://www.energystar.gov/index.cfm?c=tax_credits.tx_index

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:		
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:		
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter total cost of tuition, books, and lab fees: _____ and enter the grade level(s) for the child(ren): _____		
Name of School	City/State	

Please include any Forms 1098-T and 1098-E that you received, along with your higher education billing statements for the year.

Auto Usage

If you use a car for business then you may be able to deduct some of that expense. You can deduct all of the miles looking for work. Commuting from your home to a regular place of work is NOT deductible. If you are working two jobs in one day, you can deduct the mileage between the work locations. If you are working at a temporary job location away from where you usually work then that mileage is deductible. If your home is your principal place of business, traveling to all other work locations is deductible. You can also deduct going back and forth to classes. I will often need to discuss your particular situation with you in order to properly calculate this deduction.

Standard Mileage Rate

There are two ways to take this deduction: the easy way and the hard way. Why don't we start with the easy way. You keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction.

	Vehicle 1	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business Miles for the Year		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		

Parking & tolls FOR BUSINESS		
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Is another vehicle available for personal use? Yes No
 Do you have evidence to support the deduction? Yes No
 If yes, is the evidence written? Yes No

These questions MUST be answered for anyone claiming a deduction for business use of a car.

Actual Expenses

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping but it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

If you purchased a new vehicle this year, please provide me with the bill of sale.

Leased Vehicles: You may use either the standard mileage or the actual expenses method. To use the actual expenses method I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

HSA (Health Savings Account)

Contributions made (or expected to be made) to an HSA for 2016.	Amount:
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Please provide me with your year-end statement and any Forms 1099-SA you received.

Health Insurance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were all individuals included on your tax return covered by health insurance all year?	These questions MUST be answered by EVERYONE
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your health insurance part of an employer sponsored plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through an Affordable Care Act Exchange?	
<i>Please provide a copy of any Forms 1095-A that you received.</i>		

Moving Expenses

A	Enter the new principal place of work for this move	
B	Enter the number of miles from your old home to your new workplace	Miles:
C	Enter the number of miles from your old home to your old workplace	Miles:

Enter your moving expenses:

1.	Date of Move	
2.	Transportation expenses for this move	
3.	Storage of household goods and personal effects	
4.	Travel expenses for this move	
5.	Total miles you drove your car for this move	
6.	Lodging expenses for this move	
7.	Enter total amount your employer paid you for moving.	

Please note that meals while moving are NOT deductible.

Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, or SIMPLE IRA for last year? Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: _____

Use Tax (You MUST complete this section)

Enter the total cost of general merchandise you purchased to use in your home state on which you did not pay the required amount of Sales Tax	
Enter the amount of sales tax you paid in another state on the items purchased out of state	

If there are no major purchases and you do not have receipts to figure purchases, check the box if you would like me to use the table amount of Use Tax

Check this box if you made no out of state purchases that are subject to Use Tax

The Following Items May Affect Your Tax Return (Please Answer Carefully)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse eligible to participate in an employer's retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2016? If so, provide Forms 1099R?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in 2016 or prior years associated with the adoption of a child? If so, ask us about it?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home or refinance your home mortgage during 2016? Provide closing papers?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details?
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2016?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allow your preparer to discuss your federal return with the IRS?

Final Checklist / Items We Will Need

<input type="checkbox"/>	Your completed Personal Income Tax Organizer
<input type="checkbox"/>	All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
<input type="checkbox"/>	Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates or trusts. (In some cases we may have your K-1 on file.)
<input type="checkbox"/>	If you are a new client, provide a copy of last year's tax return (Federal and State)
<input type="checkbox"/>	If you would like to have your refund direct deposited, include a copy of a voided check.

Electronic Filing

If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email your **signature authorization forms** for you to **sign and return to me**. **IMPORTANT**. Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office. You can mail/email/fax these signature forms to me, along with payment of your invoice.