

2016 Tax Organizer Checklist

Name:

E-mail address:

*Please provide any changes to your address, home, or cell phone number in the space provided at the end of the questionnaire

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by checking Yes or No. For every questions answered Yes, please provide details at the end of the questionnaire. Questions 1 to 6 pertain to the Affordable Care Act.

Questions		Yes	No	N/A or Comments
1	Did you and your dependents have healthcare coverage for the entire year (2016)?			
	a Did you receive Form 1095-A, 1095-B or 1095-C documenting healthcare coverage?			
	b If no, did you maintain health insurance for any part of 2016? If yes, what insurance company?			
2	Was your policy obtained from the marketplace (HEALTHCARE.GOV)?			
3	Did anyone besides you or your spouse pay for your healthcare coverage?			
4	Did you pay for healthcare coverage for anyone who is not your dependent?			
5	Did you receive an advanced health care premium credit from the govt., which assisted with reducing your healthcare premium?			
6	Do you have an exemption from the marketplace (HEALTHCARE.GOV)?			
7	We will provide you with an electronic copy of your return in our secured client portal so that you may access your return at any time. If you do not want an electronic copy of the return, please check NO.			
8	Would you also like a printed copy of your return?			
9	Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund? (Your refund or balance due will not be affected.)			
10	Were you a resident of, or did you have income in more than one state during 2016?			
11	Did you have any personal interest in or signature authority over a bank account, security account or other financial account in a <u>foreign country</u> ? This does not apply to transactions with your U.S. broker. If yes, you may be required to file form FIN CEN 114.			

Questions (cont'd)	Yes	No	N/A or Comments
12 Did your marital status change during 2016?			
13 Were there any births or deaths in your household?			
14 Did you adopt a child during the year 2016?			
15 Did any children cease to be your dependents in 2016?			
16 Are you or any dependents blind and/or disabled? Please provide details including any disability income received.			
17 Did you incur child care or dependent care expenses?			
18 Did you pay wages of more than \$2,000 to any one household employee?			
19 Did any of your dependent children under age 18 (24 if a college student) have any Income (wages, interest, etc.)?			
20 Did you or any member of your household pay educational expenses for post-secondary education, including trade schools?			
21 Did you receive or pay any alimony or separate maintenance payments?			
22 Outside of retirement plan contributions made directly through payroll deductions (401k, 403b etc.), did you contribute to any other plans, or did you receive a distribution from any retirement plan or did you convert any retirement funds to a ROTH fund?			
23 Did you contribute to or receive a distribution from a Health Savings Account?			
24 If you are self-employed, did you pay any health or long-term care insurance premiums?			
25 Did you have any debt that was cancelled in 2016? (I.e. debt that you owed to a creditor that you are no longer required to pay)? If yes, please provide details and copies of any Form 1099-C received.			
26 Do you own a vacation home that was rented to someone else at anytime?			
27 Did you have purchasing, selling, refinancing, financing, or foreclosing transaction on your personal residence or any other real estate? If yes, please provide the settlement document (HUD-1), Form 1099-S, Form 1099-C, or other related documentation if applicable.			
28 Did you make any large purchases or home improvements? (E.g. purchase vehicle, furnace, solar panels, windows, etc.) If yes, provide details, including the date of purchase, amount of purchase and amt. of sales tax paid.			

Questions (cont'd)		Yes	No	N/A or Comments
29	Did you make any cash or non-cash charitable contributions?			
30	Has the IRS or any other taxing authority notified you of any changes to any prior year tax returns? If yes, then provide copies of the notices.			
31	Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income			
32	Have you provided ALL your deductions? If you are uncertain about an item, then provide details below.			
33	For 2017, do you expect a significant fluctuation in your income, deductions or withholding? Do you expect your income to be over \$200,000 (single) or \$250,000 joint for 2017?			

Please use the following space to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other tax information, questions or personal information updates you may have.
