



2017 Tax Organizer

Thank you for allowing us to serve your tax filing needs. Please go through the following checklist and document the areas that apply to you. For your convenience, you can fill out our more comprehensive online tax organizer at <https://bce-cpa.com/>. From the home page, click the resources menu and then click online tax organizer. The information you submit is 100% secure and encrypted so no need to worry about your information falling into the wrong hands. Since it is our goal for you to pay the lowest amount of tax possible, we recommend you complete one of these organizers. Of course, if you ever have any questions while filling our questionnaire out, feel free to contact us by phone or email. If you are a first-year client of ours, please provide a copy of last year's return and we will double check it for no extra cost!

Contact Information

Street Address:	
City:	State: Zip:
Home Phone:	Work Phone:
Mobile Phone:	Fax:
Email Address:	
If you receive a refund, would you like the IRS to direct deposit it to your bank account? If so, please provide the account information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of bank _____ Routing# _____ Acct# _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Personal Information

	Name	SSN	Date of Birth	Occupation	Deceased?
Taxpayer					
Spouse					
Dependent 1				N/A	
Dependent 2				N/A	
Dependent 3				N/A	
Dependent 4				N/A	
Dependent 5				N/A	
Dependent 6				N/A	

*if you have more than 6 dependents, you may list them on a separate page or fill out our online tax

organizer

Filing Status (select one) Single Married Filing Joint Married Filing Separate
 Head of Household Qualifying Widow(er)

	<u>Taxpayer</u>		<u>Spouse</u>	
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pres. Campaign Contribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will somebody else be claiming your dependents on their tax return? Yes No

Will somebody else be claiming you on their tax return? Yes No

Did any of your dependents live with somebody else during the tax year? Yes No

If yes, how many months did each dependent live with you? _____

Affordable Care Act (Obamacare)

Did you have qualifying healthcare coverage for every month of 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, do you have a marketplace-granted exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, write down your exemption certificate number here.		
Did your spouse have qualifying healthcare coverage for every month of 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, did he or she have a marketplace-granted exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, write down his or her exemption certificate number here.		
Did your dependents have qualifying healthcare coverage for every month of 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, did they have a marketplace-granted exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, write down their name(s) and exemption certificate number(s) here.		

Are you claiming an exemption because your household income is below the filing threshold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you claiming a hardship exemption because your gross income is below the filing threshold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you share a healthcare policy with another taxpayer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you get married during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you, your spouse and/or dependents are claiming an exemption from health coverage, check the months you are claiming an exemption for: <input type="checkbox"/> Full Year <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		

Are you an individual care provider? Yes No

If so, did you receive any payments under a Medicare program for caring for someone who lives in your home with you? Yes No

If so, were these payments reported to you in box 1 of your form W-2? Yes No

If so, did you unsuccessfully try to get a corrected W-2? Yes No

If you answered yes to the previous four questions, how much income was reported to you in error?

\$_____

Information about You and Your Spouse's Income

We will need to see copies of any of the following items that you received. If you signed up through our website, you can upload copies of them to your secure client portal. You can also fax, mail or email them to us. Please check the box next to any of the following types of income that apply to you.

- W-2 Forms (wages earned from an employer)
- 1099-C Forms (cancellation of debt)
- 1099-G Forms (unemployment income and state or local tax refunds)
- 1099-INT, -DIV, -B, K-1's (interest/dividend and investment income)
- 1099-K (third party network transactions)
- 1099-LTC, -SA (healthcare reimbursements)
- 1099-MISC Forms
- 1099-Q (education benefits)
- 1099-R, Form 8606 (payments/distributions from IRA's or Retirement Plans)

- 1099-RRB (railroad benefits)
- 1099-S Forms (income from sale of a property)
- SSA-1099 (social security benefits)
- Alimony Received (you will need to declare)
- Business or Farming Income (profit/loss statement, balance sheet, capital equipment info.)
- Rental property income and expenses (profit/loss statement, suspended loss information)
- Prior year installment sale information - Forms 6252, principal and interest collected during the year, SSN and address for payer
- Miscellaneous income: jury duty, gambling winnings, Medical Savings Account, scholarships, etc.

Adjustments to You and Your Spouse's Income

The following items can reduce the amount of your income that is taxed, which means they will either increase your refund or decrease the amount you owe to the IRS. Check the boxes next to any of the following situations that apply to you.

- 1098-E and 1098-T for student loan interest and tuition paid
- If you are a teacher: canceled checks or receipts for expenses paid for classroom supplies
- Records of IRA contributions made during the year
- Receipts for any qualifying energy-efficient home improvements
- Medical Savings Account contribution records
- Self-employed health insurance payment records
- Moving expenses
- Records of any alimony paid
- Records of any self-employed pension plans such as Keogh, SEP and SIMPLE

Deductions and Credits

Try to gather as much of this information as possible so we can make sure you get all of the tax deductions and credits you deserve. Check the box next to any of the following deductions and credits that apply to you.

- Form 1095-A: Health Insurance Marketplace Statement
- Child care costs (we will need the provider's name, address, tax id #, and amount paid)
- Adoption costs (SSN of child, transportation costs and legal/medical records)
- Form 1098: Mortgage interest, PMI and points

- Investment interest expenses
- Charitable contributions (cash, receipts of tangible donations, miles)
- Medical and dental expense records
- Casualty and theft losses (amount of damage and any insurance reimbursement)
- Home business expenses (home size, office size and home expenses)
- Miscellaneous tax deduction records (union dues, unreimbursed employee expense)
- Taxes you paid (state and local income tax, real estate/property tax, vehicle license fee based on value of vehicle)
- If you are self-employed: Amount of estimated tax payments made during the year
- Prior-year refund applied to current year and/or any amount paid with an extension to file

Other Information

Did you receive any employer provided educational assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you transfer or rollover any amounts from one retirement plan to another retirement plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive gifts in excess of \$14,000 from a non-resident alien, individual or foreign corporation, partnership or estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you or your spouse make any gifts to individuals that total more than \$14,000, or any gifts to a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work out of town for part of the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive income from gravel, timber, minerals, oil, gas, copyrights and/or patents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive hobby income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a foreign bank account, trust, or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you own \$50,000 or more in foreign financial assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you go thru bankruptcy proceedings this past tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2018?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you or your spouse 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you notified or audited by either the IRS or the State taxing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you or your spouse the beneficiary of COBRA premium assistance for any month during 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you change jobs during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you apply an overpayment of 2016 taxes to your 2017 estimated tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated taxes (instead of being refunded)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you or your spouse have any unreported tip income of \$20 or more in any given month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you engage the services of any household employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay any one household employee \$2,000 or more during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you withhold Federal income tax during 2017 at the request of any household employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay total cash wages of \$1,000 in any calendar quarter of 2017 to household employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive employer-provided dependent care assistance benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to designate your tax preparer to be contacted by the IRS in case any questions arise regarding your tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please use this area for any notes and additional information not covered by this tax organizer:

Please print the name of the individual completing this tax organizer:	
Today's date:	
*Signature of the individual completing this tax organizer:	

*By signing here you are affirming that to the best of your knowledge the information contained in this tax organizer is correct.

Thank you for taking the time to fill this out. Please upload this to your secure client portal or send it to us by fax, email or mail and we will contact you if we have any further questions.