

## 2016 TAX ORGANIZER FOR:

Taxpayer Name: \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Widow/widower  
 (If your filing status has changed since last year, please provide details.)

Is Taxpayer:  Blind  Disabled Is Spouse:  Blind  Disabled

This TAX ORGANIZER has been prepared for you to help you organize your 2016 tax information. Please fill it out to the best of your ability. If we prepared your return last year, selected 2015 information appears on the organizer for your reference; otherwise, do not enter 2015 dollar amounts. Enter the 2016 information and make changes where necessary. To allow us to efficiently prepare your return, please provide the following:

Your 2015 Tax Return, unless we prepared your return last year.

This completed, signed Organizer.

All W-2's, 1099-R's, W-2G's, and other 1099's.

Broker confirmations of sales and purchases of stock.

Schedules K-1 from partnerships, S-corporations and estates.

Results of audits or changes to federal or State returns.

Closing statements, if you bought or sold your home.

Homeowners: 2017 Property Tax Statement, if available.

Renters: Certificate of Rent Paid. (May or may not apply in your state.)

Adoption expenses, if any, paid in 2016.

Insurance premiums for long term care insurance, if any, paid in 2016.

Details of residential energy improvements - new furnace, water heater, insulation, doors, windows, etc.

Banking information - for direct deposit of your refund, or direct debit of balance due.

Yes  No For ALL of 2016, were you, your spouse, and dependents each covered by health insurance? If you obtained health insurance coverage under the Affordable Care Act, you should receive a Form 1095-A by early February. We will need that form to prepare your tax return.

Yes  No Do you authorize the IRS to discuss your return with your tax return preparer?  
 Yes  No Would you like us to send you a Tax Organizer like this next year for the 2017 tax year?  
 Yes  No Do you want to make a donation to your state's non-game wildlife fund?  
 If yes, indicate amount: \_\_\_\_\_ (This will decrease your refund or increase your tax due)

Taxpayer  Spouse Check box to designate \$3 for the Presidential Campaign Fund  
 Taxpayer  Spouse Check box to designate \$ for state campaign fund - Indicate party: \_\_\_\_\_

I have reviewed the information contained in this organizer, and to the best of my knowledge, it is true, complete and correct.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Form W2 -- WAGES

(Provide all W-2 Forms)

\* = T for taxpayer, S for spouse

\*\* = State abbreviation

Employer Name	*	2016 Federal Withholding	2016 Wages, Tips, etc.	2016 Social Security Tax	2016 Medicare Tax	2016 State Withholding	**
	T						ST
	S						

### Form 1099R -- RETIREMENT INCOME, IRA DISTRIBUTIONS

(Provide all 1099R Forms)

\* = T for taxpayer, S for spouse

\*\* = State abbreviation

Payer Name	*	2016 Gross Distribution	2016 Taxable Amount	2016 Federal Withholding	2016 State Withholding	**
	T					ST
	S					

### Form W-2G -- INCOME FROM GAMBLING, LOTTERIES, ETC.

(Provide all W-2G Forms)

\* = T for taxpayer, S for spouse

\*\* = State abbreviation

Payer Name	*	2016 Gross Winnings	2016 Federal Withholding	2016 State Withholding	**
	T				ST
	S				

### Form SSA-1099 -- SOCIAL SECURITY INCOME

(Provide all SSA-1099 Forms)

Taxpayer  
Spouse

2016 Social Security Payment	2016 Federal Tax Withheld	2016 Medicare B Insurance	2016 Medicare D Insurance

### DEPENDENTS

Name of Dependent	Social Security Number	Relationship	Date of Birth	Dependent Category*	**

\* = A child who lived with you; A child who did not live with you; Other  
 \*\* = Number of months lived with you in your home

### CHILD AND DEPENDENT CARE

Number of dependents receiving care in 2016: \_\_\_\_\_  
 Number of dependents receiving care in 2015: \_\_\_\_\_

Name of Care Giver	Address	ID Number	2016 Amount

### CONTRIBUTIONS TO RETIREMENT PLANS

	TAXPAYER 2016	TAXPAYER 2015	SPOUSE 2016	SPOUSE 2015
(Traditional IRA, Roth, SEP, Keogh)				
2016 IRA contributions				
Traditional IRA				
Roth IRA				
2016 SEP/KEOGH				
SEP/SIMPLE/Keogh Contribution				
If you have ever made non-deductible IRA contributions:				
Enter your IRA basis as of 12/31/2016				
If yes, AND you received a 2016 IRA distribution,				
then enter the TOTAL value of all IRA's on 12/31/2016				

\* from your 2015 Form 8606, if any.

### ADJUSTMENTS TO INCOME

	2016 Amount	2015 Amount
Penalty on early withdrawal of savings		
Alimony paid		
Recipient's SSN: _____		
Recipient's SSN: _____		
Self-employed health insurance premiums paid		
Is insurance available through an employer for you or your spouse? [ ] Yes [ ] No		

## ESTIMATED TAX AND OTHER TAX PAYMENTS MADE IN 2015/2016

TYPE OF PAYMENT	FEDERAL			STATE		
	Scheduled Pmt	Amt. You Paid	Date Paid	Scheduled Pmt	Amt. You Paid	Date Paid
Amount paid with 2015 return						
Amount paid with 2015 extension						
2015 overpayment applied to 2016 return						
2015 4th quarter estimate, if paid in 2016						
2016 1st quarter estimate from 1040ES or state vouchers						
2016 2nd quarter estimate from 1040ES or state vouchers						
2016 3rd quarter estimate from 1040ES or state vouchers						
2016 4th quarter estimate from 1040ES or state vouchers						

## SCHEDULE A -- ITEMIZED DEDUCTIONS

### MEDICAL EXPENSES

	2016 Amount	2016 Amount	2016 Amount	2015 Amount
Taxpayer Medicare premiums Medicare B _____ Medicare D _____			XXXXXXXXXXXXXXXX	
Spouse Medicare premiums Medicare B _____ Medicare D _____			XXXXXXXXXXXXXXXX	
Other health insurance premiums (Other than self-employment insurance premiums) .....				
Taxpayer LTC Insurance: Insurer _____ Policy # _____				
Spouse LTC Insurance: Insurer _____ Policy # _____				
Prescriptions and drugs .....				
Medical doctors, examinations .....				
Medical aids (crutches, hearing aids, etc.) .....				
Nursing help .....				
Hospital care costs .....				
Cost of lodging, ambulance, parking fees, for medical care .....				
Other: _____				
Other: _____				
Other: _____				
Number of miles driven relating to medical care .....			miles	miles

### TAXES - Real Estate and Personal Property

	2016 Amount	2016 Amount	2015 Amount
Real estate tax on primary residence Property Tax ID: _____			
Real estate tax on secondary residence .....			
Real estate tax on other property .....			
Other: _____			
Other: _____			
Other: _____			
Personal property tax (e.g. license plate fees): Number of vehicles _____ Amount paid .....			
License plate numbers: _____			
Property tax refund received in 2016 .....			

**TAXES - Sales Tax Paid on major purchases for personal use:**

Sales tax you paid on vehicles: _____		
Sales tax you paid on other items: _____		

### MORTGAGE INTEREST, OTHER INTEREST

	2016 Amount	2016 Amount	2015 Amount
Mortgage interest on primary residence .....			
Mortgage interest on second home .....			
Mortgage interest paid to individuals .....			
Name: _____			
Addr: _____			
TIN: _____			
Mortgage insurance premiums paid .....			
Deductible points not reported on Form 1098 .....			
Deductible investment interest (for example, interest on margin accounts to buy stocks.) .....			

(Schedule A continued)

**CHARITABLE CONTRIBUTIONS**

	2016 Amount	2015 Amount
Description: _____		
Description: _____		
Description: _____		
Description: _____		
Description: _____		
Description: _____		
Description: _____		
Miles driven for volunteer work _____	_____ miles	_____ miles
Expenses incurred as a volunteer (parking, phone, supplies, etc.) _____		
Non-cash contributions (If over \$500, see next section) _____		

**NON-CASH CHARITABLE CONTRIBUTIONS -- IF AGGREGATE VALUE EXCEEDS \$500**

Description of Property	How Acquired	Date Acquired	Date Contributed	Cost or Adjusted Basis	Fair Market Value*	Method to Determine Value**

\* Attach appraisal if over \$5,000

\*\* e.g. appraisal, thrift shop value, comparable sales

Name and address of donee(s): \_\_\_\_\_

**MISCELLANEOUS UNREIMBURSED EMPLOYEE BUSINESS EXPENSES**

(Union dues, professional licenses and dues, job-related education (books, tuition, publications), job-seeking expenses in same field, tools, supplies, equipment, uniforms, attorney fees to protect income, business telephone use.)

	2016 Amount	2015 Amount
_____		
_____		
_____		
_____		

**MISCELLANEOUS INVESTMENT AND OTHER EXPENSES**

(Tax preparation fees, IRA and Keogh fees paid by you, safe deposit box. Investment expenses for: Publications, consultant fees, telephone, supplies.)

	2016 Amount	2015 Amount
Tax preparation fees _____		
_____		
_____		
_____		
Gambling losses (to the extent of winnings) _____		
_____		
_____		

### SCHEDULE B -- INTEREST INCOME

[ \* ] indicates seller-financed mortgage.

Payer Name

- [ ] \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] \_\_\_\_\_
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- [ ] \_\_\_\_\_

2016 INTEREST RECEIVED				2015 Gross Interest Received
Gross Interest Received	Exempt Interest Received	Nominee Interest Received	Accrued Interest Received	

If you received interest from a seller-financed mortgage, you MUST provide:

Payer Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Payer Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_

### SCHEDULE B -- DIVIDEND INCOME

Payer Name

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

2016 DIVIDENDS RECEIVED				2015 Ordinary Dividends Received
Ordinary Dividends Received	Qualified Dividends Received	Capital Gain Dividends	Exempt Dividends Received	

### SALES OF STOCKS, BONDS, REALTY

(Attach broker confirmations, 1099B's, 1099S's)

Description	Date Acquired	Date Sold	Net Sales Proceeds	Cost/ Basis	Loss	Gain

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### INSTALLMENT SALES

Description of Property	Date Acquired	Date Sold	Profit Ratio	Previous Principal Payments	2016 Principal Payment	2016 Interest Payment

### PARTNERSHIPS, S-CORPORATIONS

(Provide all K-1's and associated instructions)

Name of Entity	ID Number	Name of Entity	ID Number

### OTHER SOURCES OF INCOME

(List, even if non-taxable)

	2016 Amount	2015 Amount
State 2015 income tax refund - if we did not prepare your 2015 return .....	XXXXXXXXXXXXXXXXXXXX	
State 2015 property tax refund for homeowners - if we did not prepare your 2015 return .....	XXXXXXXXXXXXXXXXXXXX	
Non-taxable interest .....		
Alimony received .....		
Capital gain or loss not reported on Schedule D .....		
Other gains and losses from Form 4797 .....		
Unemployment compensation .....		
Railroad retirement benefits: Taxpayer .....		
Spouse .....		
Other income .....		
Tips (if not included on W-2's) .....		
Commissions and bonuses .....		
Lotteries, horse-racing (provide W-2G's) .....		
Prizes, awards .....		
Scholarships, fellowships .....		
Strike pay .....		
Jury duty pay .....		
Disability (provide details) .....		
Child support .....		
Worker's compensation .....		
Veteran's benefits/disability .....		
Public assistance payments .....		

## MISCELLANEOUS --

Check appropriate boxes, and provide details, if you:

- |  |   |
|--|---|
| <input type="checkbox"/> Had non-farm business income or loss.                                   | <input type="checkbox"/> Got married, separated or divorced.                        |
| <input type="checkbox"/> Had non-farm rental income or loss.                                     | <input type="checkbox"/> Became disabled, or your spouse became disabled.           |
| <input type="checkbox"/> Sold any business assets or rental properties.                          | <input type="checkbox"/> Became legally blind, or your spouse became legally blind. |
| <input type="checkbox"/> Had farming income or loss.   | <input type="checkbox"/> Had any foreign income or foreign bank accounts.           |
| <input type="checkbox"/> Had farm-rental income or loss.   | <input type="checkbox"/> Were claimed as a dependent on another tax return.         |
| <input type="checkbox"/> Had employer-reimbursed business expenses.                              | <input type="checkbox"/> Were notified of a change to any prior tax return.         |
| <input type="checkbox"/> Sold your home.   | <input type="checkbox"/> Expect any significant change in income in 2017.           |
| <input type="checkbox"/> Refinanced your home or obtained a home equity loan.                    | <input type="checkbox"/> Have any worthless stocks or uncollectible bad debts.      |
| <input type="checkbox"/> Had a casualty or theft loss.   | <input type="checkbox"/> Engaged in on-line or day-trading of stocks.               |
| <input type="checkbox"/> Made residential energy improvements (new furnace, water heater, etc.). | <input type="checkbox"/> Moved your residence because of a new job or transfer.     |

### REFINANCING INFORMATION

If you refinanced your home this past year, please enter:

Closing date: \_\_\_\_\_ Points or loan origination fee: \_\_\_\_\_ Length, in years, of the new loan: \_\_\_\_\_

If any of the loan proceeds were used to make home improvements, enter:

Old loan payoff amount: \_\_\_\_\_ New loan amount: \_\_\_\_\_ Cost of new improvements: \_\_\_\_\_

### DIRECT DEPOSIT OF REFUND or DIRECT DEBIT OF BALANCE DUE

Yes.  No. If you have a refund, would you like your tax refund to be directly deposited into your bank account?

Yes.  No. If you owe a balance due, would you like the balance due to be directly withdrawn from your bank account?

If "Yes" to either, please enter your current banking information:

Routing Number: \_\_\_\_\_ The routing number is a 9 digit number. On a check blank it is the number on the bottom-left side of the check.

Account Number: \_\_\_\_\_ The Account Number is the next set of numbers to the right of the Routing Number.

Indicate whether the account is:  Checking Account  Savings Account

### EDUCATION EXPENSES - Federal Information

\$ \_\_\_\_\_ Tuition and fees paid in 2016 for yourself, spouse or dependents for post-secondary education:

Was the student enrolled at least half-time?  - Yes  - No

Was the student in the first two years of school?  - Yes  - No

\$ \_\_\_\_\_ Interest paid on a student loan in 2016.

\$ \_\_\_\_\_ K-12 teachers: Amounts you paid out of your own pocket for classroom materials.

### Minnesota Education Expenses (Schedule M1ED)

Qualifying educational expenses --

In columns A - C, list the expenses paid in 2016 for each qualifying child separately. If you have expenses for more than three children, include a separate sheet that shows lines 7-12 for each additional child.

Qualifying child's name

Child's Social Security number  
K-12 grade(s) in which expenses incurred  
Type of school attended  
Public, private or home school

A--1st child      B--2nd child      C--3rd child

- 7 Fees for enrichment or academic classes taken outside the regular school day or school year. Do not include private school tuition. Enter the organization and type of class below: \_\_\_\_\_
- 8 Fees for individual instruction by a qualified instructor taught outside the regular school day or year, such as tutoring or music lessons. Enter the name of each instructor or organization and the type of class: \_\_\_\_\_
- 9 Purchases of required school materials: textbooks, paper, pencils, notebooks, etc. You must have itemized cash register receipts. . . . .
- 10 Purchases or rentals of musical instruments used during the regular school day. Enter type and cost of each: \_\_\_\_\_
- 11 Transportation costs paid to others for regular school day . . . . .
- 12 Personal computer hardware and educational software expenses
- 13 Tuition paid to attend a private school, if any: . . . . .

	A--1st child	B--2nd child	C--3rd child

CHECK THIS BOX IF YOU HAVE ANY QUESTIONS OR COMMENTS, OR ADDITIONAL INFORMATION. WRITE YOUR COMMENTS ON THE BACK OF THIS PAGE, OR ATTACH A SEPARATE SHEET OF PAPER.