

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: _____

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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	** ST

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	** ST

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	** ST

Form SSA-1099 -- SOCIAL SECURITY INCOME

(Provide all SSA-1099 Forms)

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

Taxpayer
Spouse

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	TAXPAYER	SPOUSE	SPOUSE
	2016	2015	2016	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:

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

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.