

2017	1040	US	Tax Organizer
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Germantown, WI 53022
Telephone number: 2622552161
Fax number: 2622559930
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number. . .		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number. . .		
Relationship		
Months lived at home		
	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number. . .		
Relationship		
Months lived at home		

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Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

2017 Amount	2016 Amount
Attach Forms W-2	

INTEREST INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments
- Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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- Form 1099-G - State tax refunds.....

Attach Forms 1099	
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Taxpayer:

- Form SSA-1099 - Social security benefits
- Form 1099-G - Unemployment compensation.....
- Form 1099-Q (529 Plan).....
- Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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Spouse:

- Form SSA-1099 - Social security benefits
- Form 1099-G - Unemployment compensation.....
- Form 1099-Q (529 Plan).....
- Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

Table with 2 columns for 2017 and 2016 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2017 Amount, 2016 Amount. Rows for taxpayer and spouse contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement

Form 1095-B - Health Coverage

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN

.....

.....

Table with 2 columns for 2017 and 2016 amounts for adjustments to income.

Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN

.....

.....

Table with 2 columns for 2017 and 2016 amounts for spouse adjustments to income.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other:

.....

Table with 2 columns for 2017 and 2016 amounts for medical and dental expenses.

TAXES PAID

State income taxes - 1/17 payment on 2016 state estimate

Table with 2 columns for 2017 and 2016 amounts for taxes paid.

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TAXES PAID (continued)

- State income taxes - paid with 2016 state extension
State income taxes - paid with 2016 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/17 payment on 2016 city/local estimate
City/local income taxes - paid with 2016 city/local extension
City/local income taxes - paid with 2016 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2017 purchases
Use taxes paid on 2016 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes
Personal property taxes (including automobile fees in some states)

Table with 2 columns: 2017 Amount, 2016 Amount. Includes a shaded 'Attach Tax Notice' box at the bottom.

INTEREST PAID

- Home mortgage interest and points paid:
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
Points not reported on Form 1098:
Mortgage insurance premiums on post 12/31/06 contracts
Investment interest (interest on margin accounts):
Passive interest

Table with 2 columns: 2017 Amount, 2016 Amount. Includes a shaded 'Attach Forms 1098' box at the top.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

- Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2017 Amount, 2016 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

- Blank lines for non-cash contributions.

Table with 2 columns: 2017 Amount, 2016 Amount.

MISCELLANEOUS DEDUCTIONS

- Union and professional dues
Tax return preparation fee
Safe deposit box rental
Investment expenses
Estate tax, section 691(c)
Unreimbursed employee expenses:
Other:

Table with 2 columns: 2017 Amount, 2016 Amount.

