

2016	1040	US	Tax Organizer
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Germantown, WI 53022
Telephone Number:
Fax number: 2622552161
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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 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		

2016

1040

US

Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for Employer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for Payer name and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099-R & W-2G'. Includes rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

Form with 4 rows for Form 1099-B, 1099-MISC, 1099-K, 1099-S and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

Form with 1 row for Form 1099-G and checkbox.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

Form with 4 rows for Taxpayer: Form SSA-1099, 1099-G, 1099-Q, 1099-QA/5498-QA and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

Spouse:

Form with 4 rows for Spouse: Form SSA-1099, 1099-G, 1099-Q, 1099-QA/5498-QA and checkboxes.

Table with 2 columns: 2016 Amount, 2015 Amount. Contains 'Attach Forms 1099'.

2016	1040	US	Tax Organizer
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

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)

	2016 Amount	2015 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

Attach Forms 1098	
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	
Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

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: _____

TAXES PAID

State income taxes - 1/16 payment on 2015 state estimate

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Please enter all pertinent 2016 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2016 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2016

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

APPLICATION OF 2016 OVERPAYMENT (7.1)

If you have an overpayment of 2016 taxes, do you want the excess refunded? or applied to 2017 estimate? ...

Other (please explain): _____

2017 ESTIMATED TAX INFORMATION

Do you expect your 2017 taxable income to be different from 2016? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2017 withholding to be different from 2016? Yes No

If "yes" explain any differences: _____

7.1

