

CLIENT CHECKLIST

- Copy of Social Security cards for all individuals on the tax return
- Copy of drivers licenses for primary taxpayer and spouse (if applicable)
- Voided check if you would like direct deposit or direct debit
- Copy of previous years tax return
- Subsequent organizer pages filled out
- All tax forms received in the mail (W2, 1099, 1098, 1095, etc)

2018 Tax Organizer

_____ First Name and Initial	_____ Last Name	_____ Social Security Number
	_____ Date of Birth	_____ Date of Death
_____ Spouse First Name and Initial	_____ Last Name	_____ Social Security Number
	_____ Date of Birth	_____ Date of Death

If you have information you would like to submit and do not see a line for it on this organizer, please contact our office at 518-326-6963

MAILING ADDRESS (This address will be used on your tax return.)

_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ Zip Code
_____ Foreign Country	_____ Phone Number	
_____ E-mail (Optional: E-file confirmation will be sent to this address.)		

PHYSICAL ADDRESS (if different)

_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ Zip Code
_____ Foreign Country		

If you moved during the year, list your residency using the chart below:

Address (Street, City, State)	Date From MM/DD/YY	Date To MM/DD/YY



If you cannot find your PIN, see the website:
<http://www.irs.gov/Individuals/Get-An-Identity-Protection-PIN>

IDENTITY THEFT

Have you been a victim of identity theft? Yes No

Has the IRS issued you an identity protection PIN? Yes No

If yes, please enclose all pages of any correspondence you have received from the IRS regarding your identity protection PIN.

MISCELLANEOUS INFORMATION (If you are being claimed as a dependent on someone else's tax return, please provide details below.)

DIRECT DEPOSIT



This information will only be used if you are due a refund. Payment instructions will be provided with your tax return if you are required to pay.



If you are filing a joint tax return with your spouse, a joint checking or savings account must be provided. Direct deposits cannot be made to foreign bank accounts (bank accounts outside of the U.S.).

BANK INFORMATION

- Would you like to have your refund directly deposited to your bank account?
 Yes No
- If yes, please verify your bank information by providing a voided check for checking accounts or a bank statement for savings accounts.
NOTE: If proof is not provided, your refund will be issued as a paper check. Some states may issue a debit card. Even if your bank account information has not changed, you must provide proof each year.
- Type of account: Checking Savings



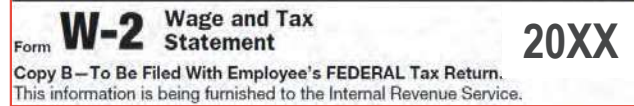
DID YOU...

- ✓ Attach proof of your bank account information? (Do not send original documents.)

WAGES



If you are an employee, taxes are withheld from your gross pay. Your income is generally reported to you on a Form W-2.



GENERAL INFORMATION

- **SCAN AND ATTACH ALL FORMS W-2.**
- List your employers this year. Consult the list on the next page for a list of your employers last year (if applicable).

	Employers for 2015
1.	
2.	
3.	
4.	
5.	

MISCELLANEOUS INFORMATION



DID YOU...

- ✓ Attach copies of all Forms W-2? (Do not send original documents.)

HEALTH INSURANCE COVERAGE



- The federal government requires all taxpayers living in the United States to have qualifying health care coverage (known as minimum essential coverage).
- Failure to comply may result in penalties on your income tax return.

DESCRIBE YOUR HEALTH CARE DURING 2015

- Place a check mark for each month you had minimum essential coverage.
- **SCAN AND ATTACH ALL FORMS 1095-A, 1095-B AND 1095-C.**



Health care provided by the branch and Medicare Parts B and C do not qualify as minimum essential coverage required by the Affordable Care Act. Please contact Health Care Support before making changes to your health care arrangements.

Type	Months of Coverage											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<i>Your Coverage</i>												
Medicare Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketplace*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Spouse's Coverage</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Medicare Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketplace*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you were covered by an employer-sponsored plan or purchased your plan from the Health Insurance Marketplace, you should receive Form 1095-A, 1095-B, or 1095-C.*

MISCELLANEOUS INFORMATION



For more information on the Affordable Care Act, visit <http://www.irs.gov/ua/c/Affordable-Care-Act-Tax-Provisions-for-Individuals-and-Families>.



DID YOU...

- ✓ Attach all Forms 1095-A, 1095-B, and 1095-C you received? (Do not send original documents.)

Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?
 Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
 Did you donate a boat or vehicle during the year?
 If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
 Did you use your vehicle on the job other than for commuting to work?
 Did you work out of town at any time during the year?
 Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
 Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
 Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
 Did anyone in your household attend a post-secondary school during the year?
 Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
 Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
 If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
 Did you make any gifts to any one person in excess of \$14,000 during the year?
 If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
 Did you make any energy-efficient improvements to your main home during the year?
 Are you a business owner who paid health insurance premiums for your employees during the year?
 Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
 If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
 Did you make any estimated payments toward your 2016 taxes?
 Do you want to have any refund or balance due directly deposited or withdrawn?
 If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
 If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
 Would you like a physical copy or a PDF copy of your tax return?

Preparer Notes

Miscellaneous Notes

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

Did your marital status change during the year?

If "Yes," explain _____

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

Dependent Information

Did you have any changes in dependents during the year?

If "Yes," explain _____

Can another person qualify to claim the child?

Did you have any childcare expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Did any member of your household **NOT** have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

Did you have any income from, or pay taxes to, a foreign country?

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash any U.S. Savings Bonds during the year?

Did you receive any other income not provided with this organizer?

If "Yes," explain _____

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home.

Did you foreclose or abandon a principal residence or real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest, during this year, from property sold in prior years?

Did you rent out your home or use it for business?

Did you sell, exchange, or purchase any real estate during the year?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you have any debts canceled or forgiven this year?

Does anyone owe you money that has become uncollectible?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

Did you receive any state or local income tax refunds from prior years?

Did you make any major purchases (vehicle, boats, etc.) during the year?

Did you pay any real estate property taxes or personal property taxes during the year?

Did you pay mortgage interest during the year?