

## 2017 Summary Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Marital Status at end of 2017

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse deceased in 2017 enter the date of death \_\_\_\_\_

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No Are you blind?  
 Yes  No Are you disabled?  
 Yes  No Are you a full-time student?  
 Yes  No Do you want \$3 to go to the Presidential Election Campaign Fund?

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2017 appointment is scheduled for \_\_\_\_\_

Notes

### Income

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2017 federal wages	2016 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2017 distribution	2016 distribution

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

Payer name	2017 amount	2016 amount

### Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Medical and Dental Expenses

	2017	2016
Health insurance premiums (paid by you)	_____	_____
Long-term care premiums (you)	_____	_____
Long-term care premiums (your spouse)	_____	_____
Long-term care premiums (dependents)	_____	_____
Mileage driven for medical purposes	_____	_____
Medical and dental expenses (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Charitable Contributions

	2017	2016
Donations to charity (cash)	_____	_____
Miles driven for charitable purposes	_____	_____
Donations to charity (noncash)	_____	_____
If noncash donations are greater than \$500, list below.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

	2017	2016
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Taxes Paid

	2017	2016
State and local income taxes	_____	_____
Sales tax	_____	_____
Real estate taxes	_____	_____
Personal property taxes	_____	_____
Other taxes (list)	_____	_____
_____	_____	_____
_____	_____	_____

	2017	2016
Tax preparation fees	_____	_____
Other nonpersonal expenses related to taxable income (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Interest Paid

Mortgage interest paid (attach Form 1098)	_____	_____
Mortgage interest paid to an individual	_____	_____
Paid to:		
Name	_____	_____
Address	_____	_____
City, State, ZIP	_____	_____
SSN or EIN	_____	_____
Qualified mortgage insurance premiums	_____	_____
Investment interest	_____	_____

#### Investment expenses not entered elsewhere

#### Other Miscellaneous Deductions

Amortizable bond premiums	_____	_____
Federal estate tax	_____	_____
Gambling losses	_____	_____
Impairment-related work expenses	_____	_____
Claim repayments	_____	_____
Unrecovered pension investments	_____	_____
Schedule K-1	_____	_____
Ordinary loss debt instrument	_____	_____

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- This business started or was acquired during 2017       Yes    No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2017       Yes    No      You filed Forms(s) 1099 for the individual(s)

**Income**

	2017	2016		2017	2016
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC . . . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2017	2016		2017	2016
Advertising . . . . .	_____	_____	Travel . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Total meals & entertainment . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Utilities . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Wages . . . . .	_____	_____
Depletion . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Mortgage interest . . . . .	_____	_____		_____	_____
Other interest . . . . .	_____	_____		_____	_____
Legal & professional services . . . . .	_____	_____		_____	_____
Office expenses . . . . .	_____	_____		_____	_____
Pension & profit sharing plans . . . . .	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____		_____	_____
Rent (other business property) . . . . .	_____	_____		_____	_____
Repairs & maintenance . . . . .	_____	_____		_____	_____
Supplies . . . . .	_____	_____		_____	_____
Taxes & licenses . . . . .	_____	_____		_____	_____

**Cost of Goods Sold**

	2017	2016		2017	2016
Inventory at beginning of year . . . . .	_____	_____	Materials & supplies . . . . .	_____	_____
Purchases . . . . .	_____	_____	Other costs . . . . .	_____	_____
Cost of personal use items . . . . .	_____	_____	Inventory at end of year . . . . .	_____	_____
Cost of labor . . . . .	_____	_____			

There was a change in inventory method

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_

Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2017            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s)   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

**Income**

	2017	2016		2017	2016
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____	_____
Rental income from Form(s) 1099-MISC _____	_____	_____	Royalties from Form(s) 1099-MISC _____	_____	_____

**Expenses**

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .	_____	_____	_____	_____
Auto & travel . . . . .	_____	_____	_____	_____
Cleaning & maintenance . . . . .	_____	_____	_____	_____
Commissions . . . . .	_____	_____	_____	_____
Depletion . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Legal & professional fees . . . . .	_____	_____	_____	_____
Management fees . . . . .	_____	_____	_____	_____
Interest - mortgage . . . . .	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____
Repairs . . . . .	_____	_____	_____	_____
Supplies . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Other expenses (list)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.