

### 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?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

#### Dependent Information

Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

Can another person qualify to claim any dependents?

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 \$2100 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 own property in 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?

**Miscellaneous Information**

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

**Itemized Deduction Information (continued)**

Yes No

- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- 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 2016 taxes to your 2017 estimated taxes?
- If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
- Did you make any estimated payments toward your 2017 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 copy of your tax return emailed to you instead of receiving a printed copy?

**Preparer Notes**

**Miscellaneous Notes**

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## 2017 Tax 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	info@timmontgomerycpa.com			
Spouse email				

### Marital status at the end of 2017

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse passed away 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**







**Other Income and Adjustments**

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

SSN: \*\*\*-\*\*-\*\*\*\*

**Other Income**

	2017 Taxpayer	2017 Spouse
Scholarships or grants not reported on form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received . . . . .	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2017 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Adjustments**

	2017 Taxpayer	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name: _____ SSN: _____		
Name: _____ SSN: _____		
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Contributions made to a myRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

**Job-related Moving Expenses**

	2017
Number of miles from old home to old workplace . . . . .	_____
Number of miles from old home to new workplace . . . . .	_____
Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . .	_____
<input type="checkbox"/> This was a military move	

**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 Form(s) 1099 for the individual(s)

**Income**

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

**Expenses**

	2017	2017
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	2017
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . . _____
Purchases . . . . .	_____	Other costs . . . . . _____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . . _____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method







Schedule F - Profit or Loss from Farming

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

General Information

Principal product

Employer ID number

- Checkboxes for farm disposal and government subsidy in 2017.

- Checkboxes for payments to individuals and Form 1099 filing.

Income

2017

2017

Table with 3 columns: Description, 2017, 2017. Rows include: Sale of livestock, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, Custom hire income.

Expenses

2017

2017

Table with 3 columns: Description, 2017, 2017. Rows include: Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage, Interest - other, Labor hired, Pension & profit-sharing plans, Rent - vehicles, machinery, & equipment, Rent - other, Repairs & maintenance.

Form 4835 - Farm Rental Income and Expenses

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2017  This farm received applicable subsidy during 2017

Income

	2017	2017
Income from production of livestock, grains, and other crops	_____	Other income _____
Total cooperative distributions	_____	_____
Total agricultural payments	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2017	_____	_____
<input type="checkbox"/> You elect to defer to 2018		
Amount deferred from 2016	_____	_____

Expenses

	2017	2017
Car & truck expenses	_____	Seeds & plants purchased _____
Chemicals	_____	Storage & warehousing _____
Conservation expenses	_____	Supplies purchased _____
Custom hire (machine work)	_____	Taxes _____
Employee benefit programs	_____	Utilities _____
Feed purchased	_____	Veterinary, breeding, & medicine _____
Fertilizers & lime	_____	Other expenses _____
Freight & trucking	_____	
Gasoline, fuel, & oil	_____	
Insurance (other than health)	_____	
Interest - mortgage (paid to banks, etc.)	_____	
Interest - other:	_____	
Labor hired (less jobs credit)	_____	
Pension & profit-sharing plans	_____	
Rent - vehicles, machinery & equip	_____	
Rent - other (land, animals, etc.)	_____	
Repairs & maintenance	_____	

### Expenses Related to Business

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

SSN: \*\*\*-\*\*-\*\*\*\*

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use
- There is evidence to support your deduction
- This vehicle is available for use during off-duty hours
- The evidence is written

Number of miles the vehicle was driven during 2017

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent	.....	_____	Property tax	.....	_____
Gas	.....	_____	Repairs	.....	_____
Insurance	.....	_____	Tires	.....	_____
Licenses	.....	_____	Tolls	.....	_____
Oil	.....	_____	Other expenses	.....	_____
Parking fees	.....	_____			
Lease payments	.....	_____			
Interest	.....	_____			

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

- How many days during the year was the area used? \_\_\_\_\_ How many hours per day was the area used? \_\_\_\_\_
- The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	.....	_____
Real estate taxes	.....	_____
Excess mortgage interest	.....	_____
Insurance	.....	_____
Rent	.....	_____
Repairs & maintenance	.....	_____
Utilities	.....	_____
Other expenses	.....	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Medical and Dental Expenses

- 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
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

- State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (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

Charitable Contributions

- Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Job Expenses & Certain Miscellaneous Deductions

- Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

Other Miscellaneous Deductions

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

**Other Information**

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

SSN: \*\*\*-\*\*-\*\*\*\*

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expense Not Reimbursed by Your Employer**

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses . . . . .	_____	_____
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals & entertainment . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

### Other Information

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

#### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

#### Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount