

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**GUINN, VINOPAL & ZAHRADKA, LLP**  
**110 E 3RD ST**  
**NEW RICHMOND, WI 54017**  
**Telephone number: (715) 246-6976**  
**Fax number: (715) 246-3876**  
**E-mail address: gvz@gvzllp.com**

**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 . . . . .		

**2017 1040 US Tax Organizer**

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
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G .....  
 Total gambling losses .....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

<b>Attach Forms 1099</b>	
--------------------------	--

<input type="checkbox"/>	Form 1099-G - State tax refunds .....
--------------------------	---------------------------------------

<b>Attach Forms 1099</b>	
--------------------------	--

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
--------------------------	--

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
--------------------------	--

2017 1040 US Tax Organizer

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...

Table with 2 columns: Attach Forms 1098, 2017 Amount, 2016 Amount.

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...

Table with 2 columns: Attach Forms 1095, 2017 Amount, 2016 Amount.

ADJUSTMENTS TO INCOME

Taxpayer:
Self-employed health insurance premiums...
Educator expenses...
Other adjustments to income: \_\_\_\_\_

Table with 2 columns for 2017 and 2016 amounts for taxpayer adjustments.

Alimony paid - Recipient name & SSN \_\_\_\_\_

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

Spouse:
Self-employed health insurance premiums...
Educator expenses...
Other adjustments to income: \_\_\_\_\_

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

Alimony paid - Recipient name & SSN \_\_\_\_\_

Table with 2 columns for 2017 and 2016 amounts for spouse alimony paid.

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.

2017 1040 US Tax Organizer

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 row for 'Attach Tax Notice'.

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 row for 'Attach Forms 1098'.

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.

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.