

**Tax Year 2016**

**Client Tax Organizer**

Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

| 1. Personal Information |  | Taxpayer |  | Spouse |           |
|-------------------------|--|----------|--|--------|-----------|
| First name & Initial    |  |          |  |        |           |
| Last name               |  |          |  |        |           |
| Social Security number  |  |          |  |        |           |
| Date of birth           |  |          |  |        |           |
| Occupation              |  |          |  |        |           |
| E-mail address          |  |          |  |        |           |
| Work phone              |  | Cell     |  | Work   | Cell      |
| Home phone              |  | Fax      |  | Home   | Fax       |
| Address                 |  |          |  |        | Apt/Suite |
| City                    |  |          |  | State  | ZIP       |

Taxpayer Legally Blind . . . . .  Yes  No      Spouse Legally Blind . . . . .  Yes  No  
 Taxpayer Disabled . . . . .  Yes  No      Spouse Disabled . . . . .  Yes  No  
 Pres. Campaign Fund (Taxpayer) . . . . .  Yes  No      Pres. Campaign Fund (Spouse) . . . . .  Yes  No  
**Filing status:** Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

| 2. Dependents (Children & Others) |              |               |                        |                       |          |                   |                          |
|-----------------------------------|--------------|---------------|------------------------|-----------------------|----------|-------------------|--------------------------|
| Name                              | Relationship | Date of Birth | Social Security Number | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income |
|                                   |              |               |                        |                       |          |                   |                          |
|                                   |              |               |                        |                       |          |                   |                          |
|                                   |              |               |                        |                       |          |                   |                          |
|                                   |              |               |                        |                       |          |                   |                          |
|                                   |              |               |                        |                       |          |                   |                          |

- Please answer the following questions to determine maximum deductions:**
- |   |  |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. <b>Health Insurance.</b> Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(Attach Form 1095-A, 1095-B, and/or 1095-C)</p> |
|---|--|

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### 13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . \_\_\_\_\_  
Long Term Care insurance . . . . . \_\_\_\_\_  
Prescription drugs . . . . . \_\_\_\_\_  
Glasses, contacts . . . . . \_\_\_\_\_  
Hearing aids, batteries . . . . . \_\_\_\_\_  
Braces . . . . . \_\_\_\_\_  
Medical equipment, supplies . . . . . \_\_\_\_\_  
Nursing care . . . . . \_\_\_\_\_  
Medical therapy . . . . . \_\_\_\_\_  
Hospital . . . . . \_\_\_\_\_  
Doctor/Dental/Orthodontist . . . . . \_\_\_\_\_  
Mileage \_\_\_\_\_

### 14. Taxes Paid

Real property tax (attach bills) . . . . . \_\_\_\_\_  
Personal property tax . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_

### 15. Interest Expense

Mortgage interest paid (attach 1098's) . . . . . \_\_\_\_\_  
Interest paid to individual for your home  
(attach amortization schedule) . . . . . \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment interest . . . . . \_\_\_\_\_

### 16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.  
Location of property \_\_\_\_\_  
Description of property \_\_\_\_\_  
Amount of damage . . . . . \_\_\_\_\_  
Insurance reimbursement . . . . . \_\_\_\_\_  
Repair costs . . . . . \_\_\_\_\_  
Federal grants received . . . . . \_\_\_\_\_

### 17. Estimated Tax Payments

| Federal Amount |       | State Amount |       |
|----------------|-------|--------------|-------|
| LY - Jan 15    | _____ | LY - Jan 15  | _____ |
| Q1 - Apr 15    | _____ | Q1 - Apr 15  | _____ |
| Q2 - Jun 15    | _____ | Q2 - Jun 15  | _____ |
| Q3 - Sep 15    | _____ | Q3 - Sep 15  | _____ |
| Q4 - Jan 15    | _____ | Q4 - Jan 15  | _____ |

### 18. Charitable Contributions (receipts required)

Church . . . . . \_\_\_\_\_  
United Way . . . . . \_\_\_\_\_  
Scouts . . . . . \_\_\_\_\_  
Telethons . . . . . \_\_\_\_\_  
University, Public TV/Radio . . . . . \_\_\_\_\_  
Heart, Lung, Cancer, etc. . . . . \_\_\_\_\_  
Wildlife Fund., Humane society . . . . . \_\_\_\_\_  
Salvation Army, Goodwill . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Value of goods (attach list if more than one) \_\_\_\_\_  
Volunteer mileage . . . . . \_\_\_\_\_

### 19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional . . . . . \_\_\_\_\_  
Books, subscriptions, supplies . . . . . \_\_\_\_\_  
Licenses . . . . . \_\_\_\_\_  
Tools, equipment, safety equipment . . . . . \_\_\_\_\_  
Uniforms (including cleaning) . . . . . \_\_\_\_\_  
Sales expense, gifts . . . . . \_\_\_\_\_  
Tuition, Books (work related) . . . . . \_\_\_\_\_  
Entertainment . . . . . \_\_\_\_\_  
Tax preparation fee . . . . . \_\_\_\_\_  
Safe deposit box . . . . . \_\_\_\_\_  
IRA custodial fees . . . . . \_\_\_\_\_  
Investment periodicals, advisory fees . . . . . \_\_\_\_\_  
Job search expense . . . . . \_\_\_\_\_  
Moving of household goods (job related) . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### 20. Day Care Expense (Form 2441)

Provider #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Provider #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Children cared for \_\_\_\_\_

**Self Employment Information**

**Business Name**

|                    |                      |                                   |                                 |
|--------------------|----------------------|-----------------------------------|---------------------------------|
| <b>Total Sales</b> | <input type="text"/> | Taxpayer <input type="checkbox"/> | Spouse <input type="checkbox"/> |
|--------------------|----------------------|-----------------------------------|---------------------------------|

| <b>Expenses</b>           |  |                       |  |
|---------------------------|--|-----------------------|--|
| Advertising               |  | Repairs Expense       |  |
| Commissions/Fees          |  | Supplies Expense      |  |
| Dues & Publications       |  | Taxes                 |  |
| Interest Expense          |  | Travel Expense        |  |
| Insurance                 |  | Meals & Entertainment |  |
| Legal & Professional Fees |  | Telephone             |  |
| Office Expense            |  | Utilities             |  |
| Rent (office) Expense     |  | Wages (gross W-2)     |  |
| Equipment Rental Expense  |  | Postage               |  |
| Auto Expense              |  | Bank Charges          |  |
| Auto Mileage              |  | Tools & Equipment     |  |
|                           |  | Uniforms              |  |
|                           |  |                       |  |
|                           |  |                       |  |
|                           |  |                       |  |

| <b>Assets Purchased</b> |        |       | <b>Notes</b> |
|-------------------------|--------|-------|--------------|
| Date                    | Amount | Asset |              |
|                         |        |       |              |
|                         |        |       |              |
|                         |        |       |              |
|                         |        |       |              |

| <b>Cost of Goods Sold</b>      |  |                          |
|--------------------------------|--|--------------------------|
| Inventory at beginning of year |  | Material & supplies      |
| Purchases                      |  | Other:                   |
| Cost of items for personal use |  | Other:                   |
| Cost of labor                  |  | Inventory at end of year |

| <b>Rental Income</b>   | Property #1 | Property #2 | Property #3 | Property #4 |
|------------------------|-------------|-------------|-------------|-------------|
| Address                |             |             |             |             |
| City/State             |             |             |             |             |
| <b>Rent Received</b>   |             |             |             |             |
| <b>Expenses</b>        |             |             |             |             |
| Advertising            |             |             |             |             |
| Auto & Travel          |             |             |             |             |
| Auto Miles             |             |             |             |             |
| Cleaning & Maintenance |             |             |             |             |
| Commissions Paid       |             |             |             |             |
| Grounds & Gardening    |             |             |             |             |
| Insurance              |             |             |             |             |
| Interest Expense       |             |             |             |             |
| Legal & Professional   |             |             |             |             |
| Management Fees        |             |             |             |             |
| Repairs & Maintenance  |             |             |             |             |
| Supplies               |             |             |             |             |
| Taxes                  |             |             |             |             |
| Utilities              |             |             |             |             |
| Association Dues       |             |             |             |             |
| Pest Control           |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
| Other:                 |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |