

Basic Information Required for Preparation of Your 2016 Tax Returns

Name(s): _____

Name of *primary* contact and phone number(s) _____

Primary contact email _____

Spouse's email (for e-file signing purposes) _____

Check each item that applies to you.

_____ I completed Pages 1 through 4 of this Tax Organizer. (Pages 5 and after are optional.)

_____ I **enclosed** the originals of my Forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc.; or

_____ I **uploaded** scanned copies to *ShareFile* .

_____ Please do not use the secure client portal, ShareFile, to give me access to my tax return and documents.

_____ Let me know if an IRA retirement contribution on or before 4/17/2017 will save taxes.

_____ Yes, please help me plan ahead for 2017. I expect the following major changes in income, deductions, or withholding in 2017. (Enter info below.)

Additional Comments and/or 2017 Tax Planning Changes

News and Helpful Tidbits

1. Have you downloaded and saved your prior year, electronic tax returns? We only keep three (3) years of tax returns (2014, 2015, and 2016) in your online ShareFile portal.
2. Are you a Mac user? If so, make sure to use Adobe software when electronically completing this Organizer. Edits made using the Mac Preview app are not visible on PCs. Thank you!
3. Does your charitable contribution receipt include this (or a similar) statement, "No goods or services were provided in exchange for this charitable gift"? If it does not, contact the charity.
4. Because of the increase in identity theft, we recommend you do not email tax returns, anything with SSNs, or bank info. Please use the ShareFile portal.
5. Updated mileage rate deductions for 2017: 53.5 cents per mile for business; 14 cents per mile for charitable purposes; 17 cents per mile for moving and medical.

Basic Information

If any of the following items apply to you or your spouse, please "✓" the appropriate box and if possible, include details.

Yes No

- 1 Are there any changes in your personal information from last year? If yes, complete the **General info** page.
- 2 Were there any changes in your dependent information from last year? If yes, complete the **General info** page.
- 3 Did any of your dependents (up to age 24 if a full time student) have income of \$1,050 or more (\$400 if self-employed)?
- 4 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 5 Did you incur adoption expenses in 2016, or did you file Form 8839, Adoption Credit, in a previous year?
- 6 Have you moved? Do you have a new address since your 2015 tax return was filed? If yes, complete the **General Info** page and the info below.

Date Moved: _____

Provide Moving Expenses Paid (due to change in employment) _____

Additional Details: _____

- 7 Were either you or your spouse in the military or National Guard in 2016?

--	--

- 8 Have you been notified by the IRS or your state's taxing agency of changes to a prior year's return, or received any other tax correspondence?

--	--

- 9 Did you own, have interest in, or have signing ability over a foreign financial account (e.g., checking, savings, Canadian RRSP) in 2016? (The account may be owned by another individual or entity.) See the FBAR organizer for more details.

- 10 If yes to No. 9, at any time during the calendar year, did the combined balances of all foreign accounts exceed \$10,000 USD? (See the FBAR organizer page for more details and to report required information.)

Check here to indicate you completed and provided the **FBAR** organizer (available at www.MinistryCPA.com).

- 11 Did you purchase or sell your principal residence? If yes, please provide a copy of the settlement statement (HUD-1).
- 12 Did you refinance a mortgage or take out a home equity loan during 2016? If yes, provide a copy of the settlement statement
- 13 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 14 If yes to No. 13, did you dispose or change the nature of its use?
- 15 Have you been a victim of identity theft in prior years? If yes, you may have a distinct federal IP PIN. Please provide us a copy of the *Identity Protection PIN* letter, or contact us.

--	--

- 16 Did you purchase or sell any real estate (other than your home) during the year? If yes, provide a copy of the settlement statement.

- 17 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Apply to next year's estimates

Direct deposit (please provide a voided blank check OR complete the following)

Checking

Savings

Bank name: _____

Routing # _____

Acct # _____

- 18 If you owe taxes, how do you want to pay them?

Paper check sent with my return

Direct debit from my bank account (please provide bank information above)

State Information

- 19 Did you pay rent for a home that you lived in? Total paid for year: \$ _____ Check box if paid own heat

- 20 Did you make Internet purchases without sales tax for which you owe tax? Amount of purchases: \$ _____

- 21 Did one or more of your dependents attend a private school (K-12)? If yes, complete the below info.*

First Name	Grade on 1/1/16	Tuition Paid in 2016	Other Fees and Education Expenses Paid in 2016	School's FEIN

*We may ask for more information depending on what state you reside.

Income and Expenses (for Employees and Self-Employed Individuals)

Yes No

- | | | |
|-----|--|---|
| | | 22 Did you start or acquire a new business in 2016? If yes, what business? _____ |
| | | 23 Did you provide MinistryCPA a listing of income and expenses? |
| N/A | | <input type="checkbox"/> Check here if you completed the section on page 7 for Unreimbursed Employee Expenses .
<input type="checkbox"/> Check here if you completed the Self-employed Organizer (available at www.MinistryCPA.com).
<input type="checkbox"/> Or check here if you provided income and expenses in another format (e.g., QuickBooks, Excel) |
| | | 24 If you are self-employed, did you pay a non-employee over \$600? |
| | | 25 If yes to No. 24, did you file the required Form(s) 1099-MISC with the IRS? |
| | | 26 Did you purchase any furniture or equipment items for your business that was greater than \$2,500? If yes, provide info. |
| | | 27 Were any depreciable business assets sold, retired, or converted to personal use in 2016? If yes, provide info. |
| | | 28 Did you use part of your home for business purposes?
<input type="checkbox"/> Check here if this portion of your home was used "regularly and exclusively" for business purposes, as required by the IRS. |
| | | 29 Did you use your car on the job (other than to and from work for commuting) and were not reimbursed?
<input type="checkbox"/> Check here to confirm that you had a mileage log for 2016. |
| | | 30 Did you incur any unreimbursed travel, entertainment , or gift expenses for business purposes?
<input type="checkbox"/> Check here to confirm you have adequate records for the above expenses. Documents should include amount, time and place, date, business purpose, description of gifts, and business relationship, as applicable. |

Health Insurance

During 2016, did you and all members of your household have one or more of the following? (Check all that apply.)

- | | | |
|--|--|---|
| | | 31 Maintained minimum essential health coverage for <u>all 12 months</u> of 2016?
<input type="checkbox"/> Check here if you provided us one or more Forms 1095-A, 1095-B, or 1095-C? |
| | | 32 Maintained minimum essential health coverage for <u>a part of</u> 2016? If yes, provide explanation below.
<input type="checkbox"/> Check here if you provided an explanation below.
<input type="checkbox"/> Check here if you provided us one or more Forms 1095-A, 1095-B, or 1095-C for part-year coverage. |
| | | 33 Participated in a Health Care Sharing Plan (e.g., Samaritan Ministries) <u>all 12 months</u> of 2016? |
| | | 34 Participated in a Health Care Sharing Plan (e.g., Samaritan Ministries) for <u>a part of</u> 2016? If yes, provide explanation.
<input type="checkbox"/> Check here if you provided an explanation below. |
| | | 35 Lived outside the U.S. for at least 330 full days during a 12-month period? |
| | | 36 Qualified for another exemption from having minimum essential health coverage? If yes, provide explanation.
<input type="checkbox"/> Check here if you provided an explanation below. |

- Explanations:** (1) Who did not have coverage,
 (2) Why he or she did not have coverage, and
 (3) What months he or she did not have coverage.

- | | | |
|--|--|--|
| | | 37 Do you anticipate changes in your 2017 health care arrangements? If yes, describe the changes. |
|--|--|--|

Other Income, Deductions, and Credits

Yes No

- 38** Did you "roll over" or convert an amount to a Roth IRA?
- 39** Did you make any contributions to an IRA for 2016 (not employer-sponsored plans)?
 Traditional IRA Roth IRA Amount: \$ _____ In whose name: _____
- 40** Did you make any contributions to an HSA (Health Savings Account) in 2016?
Amount: \$ _____ Single HSA Family HSA
- 41** Did you take any distributions from an HSA (Health Savings Account) in 2016?
 Check here to confirm you provided us Form 1099-SA. Single HSA Family HSA
 Check if distributions were used for qualified medical expenses.
- 42** Did you lose property or have damage to a property due to a casualty or theft greater than 10% of your income?
- 43** Did any investment of yours become worthless or debts become uncollectible in 2016?
- 44** If you are a minister who receives a housing allowance, have you completed and provided us the housing allowance worksheet? (The worksheet is available for download on our website's home page.)
N/A
- 45** Did you pay expenses for the care of your child or other dependent so you could work? If yes, please provide.
- 46** In 2016 did you pay college tuition or fees for you or a dependent? If yes, complete the below table and provide Form(s) 1098-T. (Note: We are required to have a copy of the 1098-T before e-filing your return.)

First Name	Full-time or Part-time?	Grade/Level	Form 1098-T received?	How much did you pay for additional expenses (e.g., books, supplies) in 2016?

- 47** Did you pay any student loan interest? If yes, provide statement (Form 1098-E) from lender.
- 48** Did you make any federal or state estimated payments? If yes, provide payment dates and amounts, including any January 2017 payments for the year 2016.

	Date	Amount		Date	Amount
Federal			State		

- 49** Did you have income and expenses related to rental activity?
 Check here to confirm you completed and provided the **Rental Activity** Organizer (available at www.MinistryCPA.com).
- 50** Did you receive any income not reported in this Organizer or on documents you are providing us? If yes, please provide. (e.g., proceeds from an installment loan, election worker, unemployment)
- 51** Did you and your family live outside the U.S. for any part of 2016? If yes, provide below all travel dates in and out of the U.S.
- 52** If you and your family live outside the U.S., do you have plans to be in U.S. in 2017? If yes, provide anticipated dates you plan to be in the U.S. (This info is used for foreign tax planning purposes.)

Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2016 federal and state income tax returns.

General Information

→ Reminder, you only need to complete this page (1) if you had changes since your prior-year return or
(2) if we did not prepare your prior year return.

53

	Full Name	SSN*	Occupation	Date of Birth
Taxpayer:				
Spouse:				

Check if blind: Taxpayer Spouse

Current Home Address _____

City _____ State _____ Zip Code _____

County _____ School District _____

54

Contact Info (Taxpayer)	
Home	
Work	
Cell	
Email	

Contact Info (Spouse)	
Home	
Work	
Cell	
Email	

Dependent Children or Other Dependents Who Lived with You

55

Full Name	SSN*	Relationship	Date of Birth	No. Months in Home	Disabled?

*Please note. We take great care in protecting your private information. Please do not email us information or attachments that include Social Security numbers. Uploading documents to our secure portal is our preferred delivery method.