

2016 INCOME TAX ORGANIZER

Your name: _____	Date of Birth: _____
Your Occupation: _____	Social Security #: _____
Spouse's name: _____	Date of Birth: _____
Spouse's Occupation: _____	Social Security #: _____
Home Address: _____	Zip Code: _____
Mailing Address for return (if different): _____	Zip Code: _____
Home phone: _____	Business phone: _____
Cell: _____	Fax: _____

Dependents: Please fill out if different than last year. If dependent(s) filed tax returns, please attach.

Name:	Soc. Sec. #	Date of Birth	Relationship	Income*	Number of months in home in 2015

*Indicate source of income (wages, interest, etc.) Attach supporting documents (Forms W-2, 1099, etc.) If you did **not** provide more than 50% of each dependent's support, give details.

The following questions are crucial in determining your tax liability. Please check the box on questions that apply to you and attach supporting documents. Include copies of all IRS correspondence.

NEW CLIENTS: Please provide your last 3 years' tax returns.

A. HEALTH INSURANCE REQUIREMENTS UNDER THE AFFORDABLE CARE ACT:

1. Were you and your family covered under a qualified health insurance plan for **ALL** of 2015? If covered only part of the year, number of months covered: _____ How were you covered? (e.g. through employer, private insurance, Marketplace, etc.): _____
2. If not covered, were you **exempt**? How were you exempt?
 - a. Member of a health care sharing ministry (e.g. Medi-Share, Samaritan Ministries, etc.)
 - b. Other. Please explain: _____

B. INCOME:

3. **Wages?** Attach Form(s) W-2 for each employer. Number of W-2s: _____
4. **Interest or dividends?** Attach Form(s) 1099-INT, 1099-DIV, and broker's statements.
5. **Self-employment** income (independent contractor or your own business)? Attach Forms 1099-MISC you received. See section D.
6. Sale of **stock** or other **securities**? Attach broker's statements.
7. **Sale** of other **assets** held for investment?
8. **Retirement** rollovers or distributions? Attach Form(s) 1099-R.
9. **Pension or annuity?** Attach Form(s) 1099-R.
10. **Rental** income? Attach statement of income and expenses.
11. **Royalties?** Attach Form(s) 1099-MISC.

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12. ___ Forms K-1 from **partnerships, S-corporations, trusts, or estates**? Attach all Forms K-1. Number of K-1s: _____
13. ___ **Farm/ranch** income or loss? Attach statement of income and expense.
14. ___ **Unemployment compensation**?
15. ___ **Social security**? Attach Form(s) SSA-1099.
16. ___ **Loans** between you and a business you own for which **no** interest was paid/received?
17. ___ Other proceeds you believe are **non-taxable**, such as:
- a. ___ **Municipal bond** income?
 - b. ___ **Cash** received for services, products, or rentals?
 - c. ___ **Barter** transactions?
 - d. ___ Cash/property due to you in a transaction that you **assigned** to another?
 - e. ___ **Section 1031** sale?
 - f. ___ Other? Please describe:

C. DID YOU HAVE ANY OF THESE?

18. ___ Contributions to a Medical or Health Savings Account (**MSA or HSA**)?
19. ___ **Moving** expenses for a new job?
20. ___ Contributions to an **IRA, SEP, Keogh**, or other retirement account(s)?
21. ___ Pay/receive **alimony**?
22. ___ **Medical or dental** expenses (including health insurance premiums)?
23. ___ State or **local taxes** (e.g. real estate tax, boat or RV tax, etc.)? (Note: this does NOT include Texas car registrations.)
24. ___ **Mortgage interest**/ mortgage insurance premiums on your primary residence? Attach Form 1098.
25. ___ **Interest** on any other property (second home, RV interest, etc.)?
26. ___ Mortgage interest on **rental property** (house, commercial, land, or equipment)?
27. ___ **Cash donations** to a charitable organization?
28. ___ **Non-cash donations** to a charitable organization?
29. ___ Losses from casualty or **theft**?
30. ___ Non-business **bad debts**?
31. ___ Unreimbursed **expenses** you incurred as an **employee** (e.g. travel, union dues, job education, uniforms, work tools)?
32. ___ **Tax preparation fees, job hunting** expenses, investment expenses?
33. ___ Qualified medical plan (**Section 105**) for your self-employed business?
34. ___ **Purchase/sale of property** used in a **trade or business** or for the production of income? Describe the property, cost, and dates purchased/sold. Attach settlement statements (HUD-1s), contracts, etc.

35. ___ **Family members** who worked for you in your business, investment activities, etc.?
36. ___ Vehicles for **off-highway business** use?
37. ___ **Household services/dependent care services** so you could be employed or a full-time student?
38. ___ **Gifts** in excess of \$14,000 to any one person?
39. ___ Registered **tax shelters** (limited partnerships)?
40. ___ **Estimated tax payments**? Give dates and amounts: **4/15/16** Amount: _____ **6/15/16** Amount: _____ **9/15/16** Amount: _____ **1/15/17** Amount: _____

D. SELF-EMPLOYMENT (TRADE OR BUSINESS) ACTIVITY:

41. ___ Principle **product** or **service**: _____
42. ___ **Name** of Business: _____
43. ___ Business **address**: _____ Zip Code: _____
44. ___ **Number of months** your business was in operation during 2016: _____
45. ___ **Office** in your **home**? Square footage of home: _____ Square footage of office in home: _____

Refer to the following list and indicate which items applied to your business in 2016. **Attach your own summarized list/ records of cash receipts and disbursements (income and expense) for your business.** If you have a QuickBooks (or other bookkeeping software) file, please provide a backup copy.

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- 46. ___ Gross receipts (**income**)
- 47. ___ **Inventory**. Provide beginning, ending, and purchases during the year.
- 48. ___ Purchase of **business assets**. Provide individual cost and purchase dates.
- 49. ___ **Advertising** expense
- 50. ___ **Car & truck** expense (see below)
- 51. ___ **Commissions/fees** expense
- 52. ___ **Contract labor** expense. Did you/will you file Forms 1099-MISC for contractors to whom you paid \$600 or more? Yes ___ No ___
- 53. ___ **Wages/salaries** you paid. Did you/will you file Forms 940/941 and W-2s? Yes ___ No ___
- 54. ___ Expenses for **employee benefit programs**
- 55. ___ **Insurance** (list separately each type of insurance, e.g. owner health, employee health, disability, general liability, etc.)
- 56. ___ **Legal/professional** services expense
- 57. ___ **Office expenses** (coffee, snacks, paper, etc.)
- 58. ___ **Rent/Lease** expense (for office space, equipment, etc.)
- 59. ___ **Repairs/maintenance** expense
- 60. ___ **Supplies** (not inventory)
- 61. ___ **Taxes** (property taxes, payroll taxes, etc.)
- 62. ___ **Licenses/professional** fees and dues
- 63. ___ **Meals and entertainment** expense
- 64. ___ **Business travel** expense
- 65. ___ **Utilities** expense
- 66. ___ **Freight/postage** expense
- 67. ___ **Interest and bank charges** (include credit card interest if used in business)
- 68. ___ Dues for professional publications, magazines, etc.
- 69. ___ Expenses for further **education** required for your business?
- 70. ___ Other expenses. Please give details.

Vehicles Used in Your Trade or Business: (Note: if **more than one** vehicle, provide the following information for **additional vehicles** on separate documentation).

- 71. ___ **Date** vehicle was **obtained**: _____
- 72. ___ Original **purchase price**: _____
- 73. ___ Vehicle Year: _____ Make: _____
Model: _____
- 74. **Date** vehicle was placed in service
(month____day____year_____)
- 75. ___ **Total miles** driven in 2016: _____ Beginning year
odometer reading: _____ End reading: _____
- 76. ___ Of total miles, number of miles for **business purposes**: _____
- 77. ___ Do you (or your spouse) have **another vehicle** available for **personal use**?
- 78. ___ Was your vehicle **leased**?
- 79. ___ If **not** using the standard mileage rate deduction, provide a list of each vehicle's **actual expenses** (fuel, repairs, etc.)

E. EDUCATION:

- 80. ___ Did you have **higher education** costs (college, continuing education, etc.)? Attach Form 1098-T.
- 81. ___ Did you have **student loan** interest? Attach Form 1098-E.
- 82. ___ Did you receive any **scholarships** or **grants**?
- 83. ___ Do you or your spouse or dependents have an **Education IRA** or **Section 529 plan**?
- 84. ___ Do you have a **college savings plan**? Please explain.

F. OTHER:

- 85. ___ Did you **sell your home** in 2016? Attach settlement statements (HUD-1s) for the sale, and for when you originally bought the home.
- 86. ___ Did you **purchase your home** in 2016? Attach settlement statement (HUD-1).
- 87. ___ Do you have any **foreign bank accounts** of \$10,000 or more?
- 88. ___ Did you make any **charitable contributions** paid directly from your **IRA**?
- 89. ___ **Sales tax** on any large purchases (car, boat, RV, etc.)? Amount: _____
- 90. ___ Do you and your spouse both have a **written will**? Date last reviewed: _____
- 91. ___ Please explain to us how you are **planning for retirement**.
- 92. ___ Have you considered **non-qualified plan options** for retirement? Please explain.
- 93. ___ Do you have a plan for **gifting your wealth** to reduce estate taxes? Please explain.