



KEITH GLASS CPA
2580 NORTH COLLEGE
FAYETTEVILLE, AR 72703
Telephone: (479)571-0811 Fax: (479)571-0812
E-mail: keith@nwacpa.com

**2017
 TAX ORGANIZER**

Taxpayer Information				Spouse Information				
Last name	_____			Last name.....	_____			
First name	_____			First name	_____			
Middle Initial.....	_____	Suffix.....	_____	Middle Initial	_____	Suffix.....	_____	
Social security number	_____			Social security number	_____			
Occupation	_____			Occupation.....	_____			
Work phone	_____	Ext ...	_____	Work phone.....	_____	Ext ...	_____	
Cell phone	_____			Cell phone	_____			
E-mail address.....	_____			E-mail address	_____			
Date of birth	_____			Date of birth	_____			
Address	_____					Apartment number.....	_____	
City	_____				State.....	_____	ZIP Code.....	_____
Home phone.....	_____	Fax number	_____					

Dependent Information						
First name	MI	Social Security Number	Date	Months Lived	Child Care	
Last name	Suffix	Relationship	of Birth	with Taxpayer	Expense	

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2017 qualified student loan interest..... _____

Attach Form(s) W-2 ' Wages, Salaries, Tips and Other Compensation	
Employer Name	2016 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R ' Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc	
1099-R Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 ' Social Security/Railroad Benefits		
	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld.....	_____	_____
Medicare C premiums withheld.....	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC ' Miscellaneous Income	
1099-MISC Payer Name	

Attach Form(s) 1099-INT ' Interest Income	
1099-INT Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV ' Dividend Income	
1099-DIV Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S ' Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G ' Certain Government Payments, Schedule K-1s ' Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G ' Gambling or Lottery Winnings, Form(s) 1099-Q ' Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2017	_____	_____
Roth IRA contributions made for 2017	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2017 Deductions

Medical and Dental Expenses	2017 Amount	2016 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____

Taxes	2017 Amount	2016 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses	2017 Amount	2016 Amount
Home mortgage interest paid ' Attach Form(s) 1098.		
Lender's Name	2017 Amount	2016 Amount
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2017 Amount	
_____	_____	

Cash/Check/Credit Contributions	2017 Amount	2016 Amount
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2017 Amount	2016 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

2017 Questions

	Yes	No
1 Did a lender cancel any of your debt in 2017? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2017 ?..... If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2017? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2017 ? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2017 ? % State ID _____		
7 Did your marital status change during 2017?..... If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2017?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2000? ...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2017?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2017?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14Didyoureceivanydisabilitypaymen tsin2017?	<input type="checkbox"/>	<input type="checkbox"/>
15Didyoureceivetipincomenotreportedtoyour employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2017 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....blfyouoldahome,didyouclaimtheFirst-TimeHomebuyerCreditwhenyoupurchasedit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during 2017 ?	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....Didyoupayanyindividualfordomesticservic esin2017?	<input type="checkbox"/>	<input type="checkbox"/>
19Didyoubuyorsellanystocksorbondsi n2017?	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?.....Didyouincuranymovingexpenses?If yes ,att achdetails	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer? If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2018 to be the same as 2017 ? If no , attach explanation of changes expected.	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence Taxpayer _____ Spouse _____		

Electronic Filing and Direct Deposit of Refund		Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?.....		<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed. What type of account is this?.....		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid								
Federal			State			Local		
Date	Amount		Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)
