Accounting Consultants, Inc.

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NOTE: If this is the first year we are preparing your return, please provide us a copy of your 2015 return.

Income Tax Organizer for 2016 - Page 1

	Full name/s	Cell Phone	Other Phone	E-Mail Address
Taxpayer				
Spouse				

☐ **Check here if your address, occupation and dependent information has not changed from last year.**

☐ **Check here if you can be claimed as a dependent on someone else's return.**

Address ______________________

City/State/Zip ______________________

	Social Security Number	Date of Birth	Occupation	Pres. Campaign?
Taxpayer				Yes or No
Spouse				Yes or No

Filing status: (Circle one) Single Married filing jointly Married filing separately Head of household

* If Married Filing Separately, is your spouse itemizing or taking the standard deduction? (please circle one)

Dependents: Full name	Social Security No.	Relationship	Date of Birth	Months Lived at Home	Income over $1,050?	Full-Time Student?
					Yes ☐	Y or N
					Yes ☐	Y or N
					Yes ☐	Y or N
					Yes ☐	Y or N
					Yes ☐	Y or N

You must answer the following questions:

1. Once your return is completed, how would you like us to contact you? Please circle.

   email cell phone other phone

2. We will be filing your return electronically unless you opt out of e-filing. The computer will assign you a 5-digit number that serves as your electronic signature. If you decide not to e-file, we will have to complete Form 8948 allowing you to opt out of electronic filing for 2016 and informing the IRS of the reason that you are mailing in your return.

3. **Refund preference**:
   - Check by Mail ☐
   - Apply to 2017 ☐
   - Direct Deposit ☐

4. **Preference if you owe tax**:
   - Write a Check ☐
   - Charge a credit card ☐
   - Use Electronic Withdrawal ☐

5. **Banking Information**:
   Provide Voided check/ Deposit slip (or)
   Name of bank:
   circle one: Checking Savings

   Routing # Account # ______________________

6. Do you want us to prepare the Tennessee Individual Tax Return, if applicable? Please circle YES or NO
   If yes, we need your bank information to e-file and pay the tax electronically. (Required by Tenn. Dept. of Revenue)

7. Do you want us to prepare other state returns? If yes, please list: ______________________

8. Do you want us to prepare any of your children's federal/state tax returns? Please circle YES or NO

   If yes, list name of children ______________ ______________

   ______________ ______________

Income Tax Organizer for 2016 - Page 2

Questions (Please attach details for any yes answers)

NOTE: Some of our questions are the same every year, please answer all questions.

1	Did you live in Tennessee the entire year? If no, what other state did you live in and from what dates ________________________ to _________________________ State _________________	Yes ☐	No ☐
2	Did you convert a regular IRA to a Roth IRA?	Yes ☐	No ☐
3	Did you make a contribution to: ***please circle: taxpayer or spouse* — *Type of retirement:* / *Date Made:* / * * / *Amount:*		
	Traditional IRA ____________ T / S ____________	Yes ☐	No ☐
	Roth IRA ____________ T / S ____________	Yes ☐	No ☐
	Non-Deductible IRA ____________ T / S ____________	Yes ☐	No ☐
	Other Retirement or Pension Plans ____________ T / S ____________	Yes ☐	No ☐
4	Did you make a withdrawal from: (please make sure we have your Form **1099-R**'s and Form **5498**'s) — Traditional IRA	Yes ☐	No ☐
	Roth IRA	Yes ☐	No ☐
	Non-Deductible IRA	Yes ☐	No ☐
	Other Retirement or Pension Plans	Yes ☐	No ☐
5	Did you have healthcare coverage for yourself and everyone claimed on the tax return for the entire year? If you did not have health insurance for 2016 you will have a penalty added to your tax return unless you qualify for an exemption. If you received an exemption from the marketplace, please provide us with the form with your Exemption Certificate Number (ECN). You ***may*** also qualify to use your out of pocket health insurance premiums (*in certain circumstances*) as a deduction *on your taxes. **Please fill out page 3 of the organizer completely. This information is required to complete your taxes.*	Yes ☐	No ☐
6	Did you contribute to a HSA? If so, how much did you contribute and how much did your employer contribute for 2016? Is it family coverage or individual coverage?	Yes ☐	No ☐
7	Did you receive a distribution from a HSA or MSA in 2016? If yes, please provide us with Form 1099-SA. If yes, was your distribution 100% used for qualified medical expenses.	Yes ☐	No ☐
8	Did you sell and/or purchase or refinance a home in 2016? (if yes, please provide settlement statements)	Yes ☐	No ☐
9	Do you plan on claiming Earned Income Credit (AIC), Child Tax Credit (CTC), or the American Opportunity Tax Credit (AOTC) for 2016? If **YES** you must complete the "Due Diligence" form on page 4.	Yes ☐	No ☐
10	Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty, and/or Alimony, or Court Ordered Maintenance? If so, please identify the source and the amount received___________________	Yes ☐	No ☐
11	If you are a sole proprietor or one-member LLC taxed as a sole proprietor, did you issue Forms 1099 MISC to your independent contractors who were paid $600 or more in 2016?	Yes ☐	No ☐
12	In 2016 did you pay sales tax on a vehicle, boat, motorcycle, or home and/or make any **major** home renovations in 2016? If yes, please provide a copy of the invoice(s) and/ or receipts. For home renovations you may supply us with totals only.	Yes ☐	No ☐
13	Did you have an interest in or signature over a bank or brokerage account in a foreign country with a value greater than $10,000? If yes, please provide details.	Yes ☐	No ☐
	Were you a grantor of or transferor to a foreign trust? If yes, what country ______________________	Yes ☐	No ☐
14	Did you receive a Schedule K-1 from a partnership, S corporation, trust, or estate? *If so please attach*	Yes ☐	No ☐
15	Did you receive any income not shown in this organizer? — Start a new business?	Yes ☐	No ☐
	Acquire rental property?	Yes ☐	No ☐

Estimated Tax Payments

	Federal	State
Applied from prior return	____________	____________
1st quarter/due April 15, 2016	____________	____________
2nd quarter/due June 15, 2016	____________	____________
3rd quarter/due September 15, 2016	____________	____________
4th quarter/due January 17, 2017	____________	____________
Paid with extension	____________	____________
TOTALS		

HEALTHCARE QUESTIONNAIRE

YOU MUST COMPLETE THIS PAGE IN ORDER FOR US TO PREPARE YOUR FEDERAL INCOME TAX RETURN. PLEASE BE SURE TO SUBMIT TO US ANY TAX DOCUMENTS RELATING TO HEALTHCARE COVERAGE THAT YOU MAY RECEIVE INCLUDING BUT NOT LIMITED TO FORM 1095-A, 1095-B OR 1095-C.

Did you and/or your dependents have health coverage FOR THE ENTIRE YEAR of 2016?

- ☐ Yes
- ☐ No
- ☐ Only for part of the year

A. IF YOU HAD ANY COVERAGE DURING 2016 - MARK THE BOXES THAT PERTAIN TO YOU AND YOUR FAMILY:

- ☐ Medicare
- ☐ Employer-Provided
- ☐ Medicaid
- ☐ Other ____________________
- ☐ MarketPlace - did you receive a premium credit each month? Y / N
  you must provide us with Form 1095-A
- ☐ Health Savings Account (HSA)

FOR EMPLOYER PROVIDED INSURANCE: WERE THE PREMIUMS DEDUCTED PRE-TAX OR AFTER TAX? Pre-tax ☐ After-tax ☐

Please list the names of you and your dependents who had coverage during the year; please include monthly premiums for each

Name:	Who paid for this premium?	Insurance Co	Monthly Premium	Start Date	End date

B. IF YOU DID NOT HAVE COVERAGE FOR ANY PART OF THE YEAR -OR- HAD A LAPSE IN COVERAGE FOR MORE THAN TWO MONTHS, PLEASE ANSWER BELOW:

What is the reason for the lapse in coverage? ____________________

____

____

Do you qualify for an exemption? Yes ☐ No ☐

***If you qualify for an exemption from the MarketPlace we need a copy of the form to obtain your Exemption Certificate Number (ECN).

Some examples of Coverage Exemptions from the Marketplace in which you need Marketplace approval:

- *Evicted in the past 6 months or facing forclosure*
- *Coverage deemed unaffordable based on projected income*
- *Unable to renew existing coverage*
- *General hardship that prevented you from obtaining coverage*

Some examples of Coverage Exemptions that can be claimed without Marketplace approval:

- *Short Coverage Gap*
- *Resident of a state that did not expand Medicaid*
- *Enrolled in Tri-Care in 2016*
- *Coverage considered unaffordable- minimum amount you would have paid for premiums is greater than 8% of your household income*

Due Diligence Questionaire

MUST be filled out to claim Earned Income Credit (EIC), Child Tax Credit (CTC), and/or American Opportunity Tax Credit (AOTC).

Have any of your credits ever been disallowed or reduced in a previous year? Yes ☐ No ☐

If YES, did you complete all of the required recertification forms? Yes ☐ No ☐

EARNED INCOME CREDIT (EIC)

1	Do you understand the rules about claiming the EIC when a child is the child of more than one qualifying taxpayer?	Yes ☐	No ☐
2	Are you aware of the "tie-breaker" rules, and has it been determined that you are, in fact, eligible to claim the EIC for said child/ children?	Yes ☐	No ☐
3	Do you know that you may not claim the EIC if the child/ children have not lived with you for over half the year, even if you have supported the child?	Yes ☐	No ☐

Child Tax Credit (CTC) / Additional Child Tax Credit (ACTC)

4	a	Does the child reside with you? (If "yes," go to question 4c. If "no," answer question 4b.)	Yes ☐	No ☐
	b	Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement in place? *Please attach if "yes."*	Yes ☐	No ☐
	c	Have you released the claim to another person?	Yes ☐	No ☐

American Opportunity Tax Credit (AOTC)

5	Have you provided proof, such as a Form 1098-T and receipts, for the qualified tuition and related expenses? *Any "billed" but unpaid expenses do not qualify.* ***Only include amounts PAID in 2016*** *for tuition, fees, books, etc.*	Yes ☐	No ☐

6 Please circle one:

Student Name___________________________	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other
Student Name___________________________	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other
Student Name___________________________	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other

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Enclosed is a checklist of items that will help you gather the tax information necessary for us to prepare your 2016 income tax return. **A DETAILED TAX ORGANIZER IS AVAILABLE UPON REQUEST.**

Please bring the following forms and documentation:

Income

- ☐ Forms W-2's - Wages
- ☐ Forms 1099-R - Retirement & Annuity Distributions
- ☐ Forms 1099-C - Cancellation of Debt Income
- ☐ Forms 1099-INT - Interest Income
- ☐ Forms 1099-DIV - Dividend Income
- ☐ Forms 1099-G - Unemployment Compensation
- ☐ Forms SSA-1099 - Social Security Benefits
- ☐ Forms 1099-MISC - Miscellaneous Income
- ☐ Forms 1099-B - Gains and Losses from Stocks, Bonds, Mutual Fund Sales (please provide statements that reflect Purchase Dates, Cost Basis and Realized Gains and Losses)
- ☐ Rental Income and Expenses - please provide the number of days rented in 2016 for each property and the number of days used personally
- ☐ Income and Expenses from a Sole Proprietor
- ☐ Form K-1's - Corporation, LLC, Partnership
- ☐ Farming Income and Expenses
- ☐ Alimony Received
- ☐ Gambling Winnings and Losses
- ☐ Jury Duty
- ☐ Other income Not Listed

Itemized Deductions

- ☐ Medical Expenses Paid
  - ☐ Health / Dental Insurance or Long-Term Care Premiums
  - ☐ Medicare Insurance Premiums
  - ☐ Prescriptions, Glasses, Other
  - ☐ Doctor, Dentist, Hospital, Lab
  - ☐ Auto Mileage = Jan - December 2016: .19 cents per mile
- ☐ Taxes Paid
  - ☐ Real Estate Taxes on Primary Residence and Secondary Residence / Vacation Homes
  - ☐ Real Estate Taxes on Other Lots, Land, etc.
  - ☐ Real Estate Taxes on Closing Statements
  - ☐ State Income Taxes Paid
  - ☐ Sales Tax on Cars, Boats, Motorcycles, etc.
- ☐ Forms 1098- Mortgage Interest
- ☐ Qualified Mortgage Insurance Premiums
- ☐ Investment Interest
- ☐ Charitable Cash and Non-Cash Contributions
- ☐ Charitable Mileage = $.14 per mile
- ☐ Allowable Attorney and Accounting Fees
- ☐ IRA Custodial fees / Investment Fees (are not deductible if paid out of the IRA)
  Gambling Losses

Other Deductions

- ☐ Retirement Contributions for 2016: IRA - Traditional or Roth, Simple, SEP or Keogh plan
- ☐ Self-employed Health Insurance Premiums
- ☐ Student Loan Interest
- ☐ Moving Expenses
- ☐ Alimony Paid or Received - Need Name and Social Security # of Recipient
- ☐ Vehicle Information (Fuel, Insurance, Repairs, Tags, etc.) - Please record auto mileage below
- ☐ Employee Unreimbursed Business Expenses - Auto Expenses, Dues, Travel, Meals, Supplies, Phone, Uniforms
- ☐ Child or Dependent Care Expense - Statement from Provider with Name, Address, ID# and Amount
- ☐ College Education Credits - Forms 1098-T Tuition, Fees and Books, etc. - need the amount paid in 2016
  - ☐ Undergraduate or Graduate Degree?

If you drive your vehicle for business or rental properties please fill out the information below:
(You must have a mileage log to substantiate mileage claims)

Vehicle Information for 1/1/16 - 12/31/16

Business Mileage	Vehicle #1	Vehicle #2
Description of vehicle		
Date placed in service		
Total miles driven		
Business miles driven		
Commuting miles driven		
Other personal miles		
Average daily commute round trip		

Which business is this vehicle used for? ______________________

Please provide us with the dealer invoice of any new purchases of vehicles or trade-in of old vehicles in 2016.

Automobile expenses, travel expenses, meals & entertainment and business gift expenses must be substantiated by adequate records by documenting the amount, date, place and business purpose.