

Accounting Consultants, Inc.

6921 Office Park Circle
Knoxville, TN 37909

Phone (865) 588-5288
Fax (865) 584-9367

Website: www.accountingconsultantsinc.net

NOTE: If this is the first year we are preparing your return, please provide us a copy of your 2016 return.

Income Tax Organizer for 2017 - 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	Child have income?	Full-Time Student?
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	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 2017 and informing the IRS of the reason that you are mailing in your return.

3. **NEW THIS YEAR:** If you do not want a paper copy of your federal and state return and would prefer a digital copy only. Please sign here:

4. **Refund preference:**
- | | |
|----------------|--------------------------|
| Check by Mail | <input type="checkbox"/> |
| Apply to 2018 | <input type="checkbox"/> |
| Direct Deposit | <input type="checkbox"/> |

5. **Preference if you owe tax:**
- | | |
|---------------------------|--------------------------|
| Write a Check | <input type="checkbox"/> |
| Charge a credit card | <input type="checkbox"/> |
| Use Electronic Withdrawal | <input type="checkbox"/> |

6. **Banking Information:** **Provide Voided check/ Deposit slip (or)**
- Name of bank: _____
- circle one: Checking Savings
- Routing # _____ Account # _____

7. 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)

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

9. 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 _____ _____
 _____ _____

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Questions (Please attach details for any yes answers)

NOTE: Some of our questions are the same every year, however 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 <input type="checkbox"/>	No <input type="checkbox"/>																									
2	Were there any births, deaths, marriages, divorces or adoptions in your immediate family, if yes please include on page 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
3	Do you have any children under the age of 19 or 19 thru 23 who are full-time students with <u>unearned</u> income of more than \$2100? *Unearned income is interest, dividends, capital gains, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
4	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;"><i>Type of retirement:</i></td> <td style="width: 20%; text-align: center;"><i>Date Made:</i></td> <td style="width: 20%; text-align: center;">* * <i>Amount:</i></td> <td style="width: 10%;"></td> </tr> <tr> <td>Did you make a contribution to:</td> <td>Traditional IRA</td> <td>_____</td> <td>T / S _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td><i>**please circle: taxpayer or spouse</i></td> <td>Roth IRA</td> <td>_____</td> <td>T / S _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Non-Deductible IRA</td> <td>_____</td> <td>T / S _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Other Retirement Plans</td> <td>_____</td> <td>T / S _____</td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		<i>Type of retirement:</i>	<i>Date Made:</i>	* * <i>Amount:</i>		Did you make a contribution to:	Traditional IRA	_____	T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>**please circle: taxpayer or spouse</i>	Roth IRA	_____	T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		Non-Deductible IRA	_____	T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Retirement Plans	_____	T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Type of retirement:</i>	<i>Date Made:</i>	* * <i>Amount:</i>																									
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	Other Retirement Plans	_____	T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
5	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Did you make a withdrawal from:</td> <td style="width: 40%;">Traditional IRA</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Roth IRA</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> <tr> <td>(please make sure we have your Form 1099-R's and Form 5498's)</td> <td>Non-Deductible IRA</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> <tr> <td><i>What was your reason for withdrawal? higher education expenses, medical expenses, first-time home buyer, IRS levy, disability? These are some of the exceptions to the 10% penalty.</i></td> <td>Other Retirement Plans</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Did you make a withdrawal from:	Traditional IRA	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Roth IRA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please make sure we have your Form 1099-R's and Form 5498's)	Non-Deductible IRA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>What was your reason for withdrawal? higher education expenses, medical expenses, first-time home buyer, IRS levy, disability? These are some of the exceptions to the 10% penalty.</i>	Other Retirement Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
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6	Did you convert a regular IRA to a Roth IRA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
7	<p>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 2017 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).</p> <p><i>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 5 of the organizer completely. This information is required to complete your taxes.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
8	Did you contribute to a HSA? If so, how much did you contribute and how much did your employer contribute for 2017? Is it family coverage or individual coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
9	Did you receive a distribution from a HSA in 2017? If yes, please provide us with Form 1099-SA. If yes, was your distribution 100% used for qualified medical expenses.	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
10	Did you sell and/or purchase or refinance a home in 2017? (if yes, please provide settlement statements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
11	Did you incur casualty losses due to a federally recognized natural disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
12	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 2017?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
13	In 2017 did you pay sales tax on a vehicle, boat, motorcycle, or home and/or major home renovations in 2017? If yes, please provide a copy of the invoice(s) and/ or receipts. For home renovations you may supply us with totals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
14	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. Were you a grantor of or transferor to a foreign trust? If yes, what country _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
15	Did you receive a Schedule K-1 from a partnership, S corporation, trust, or estate? <i>If so please attach</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
16	Did anyone in your household attend a post-secondary school during the year? If yes, who?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
17	Did you pay student loan interest for yourself? Your spouse, or your dependent(s) during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
18	Did you start a new business or purchase any rental property during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
19	Did you sell an existing business, rental property, or other property during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									

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INCOME

Please attach the original forms to document your income, including Forms W-2, Forms 1099-R, Forms 1099-INT, Forms 1099-DIV, Forms 1099-Misc, Forms 1099-B, Forms SSA-1099 and Forms K-1

Wages/Salaries/ W-2				Other Income	
Payee	Wages	FITW	SITW		
_____	_____	_____	_____	<input type="checkbox"/> Unemployment Compensation	_____
_____	_____	_____	_____	<input type="checkbox"/> Social Security Benefits:	
_____	_____	_____	_____	Taxpayer _____	Spouse _____

Retirement Income/ 1099-R					<input type="checkbox"/> Income and Expenses from Sole Proprietor - Sch C <input type="checkbox"/> Sales of stocks, bonds, land and other assets- Schedule D <input type="checkbox"/> Rental income and expenses -Schedule E <input type="checkbox"/> State Income Tax Refund <input type="checkbox"/> Farm Income - Schedule F <input type="checkbox"/> Other Income: (ex. Jury duty, gambling winnings or losses, cancellation of debt income)
Payee	Amount	IRA	FITW	Code	
_____	_____	Y or N	_____	_____	
_____	_____	Y or N	_____	_____	
_____	_____	Y or N	_____	_____	
_____	_____	Y or N	_____	_____	

Interest Income				
Payee	Amount	Tax Exempt		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Dividend Income				
Payee	Ordinary Dividends	Qualified Dividends	Capital Gain Distribution	Foreign Tax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form 1099- Misc	Form K-1's- LLC, Partnership, Sub S Corporation
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<table style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Payee</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Payee	Amount	_____	_____	_____	_____	_____	_____	_____	_____	Please List: _____ _____ _____ _____
Payee	Amount										
_____	_____										
_____	_____										
_____	_____										
_____	_____										

Adjustments to Income	Vehicle Information
-----------------------	---------------------

<input type="checkbox"/> Retirement contributions for 2017: IRA, Simple, SEP or Keogh Plan (Please indicate whether taxpayer or spouse and, for IRA'S, whether traditional or Roth) <input type="checkbox"/> Self-employed Health Insurance _____ <input type="checkbox"/> Student loan interest _____ <input type="checkbox"/> Moving expenses _____ <input type="checkbox"/> Alimony paid or received: Circle whether paid or received <div style="display: flex; justify-content: space-around; width: 100%;"> Paid Received </div> <input type="checkbox"/> Other: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">Vehicle 1</th> <th style="text-align: center; border-bottom: 1px solid black;">Vehicle 2</th> </tr> </thead> <tbody> <tr> <td>Make/ model/ year</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date Purchased</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cost</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Auto Mileage</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Business- (53.5 cents/ mile)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="padding-left: 20px;">Commuting</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="padding-left: 20px;">Personal</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <input type="checkbox"/> Auto expenses: Provide mileage and actual expenses for fuel, insurance, fees, parking, repairs and lease payments or interest expense on vehicle loan. <input type="checkbox"/> Must have a vehicle log to substantiate your vehicle expense.		Vehicle 1	Vehicle 2	Make/ model/ year	_____	_____	Date Purchased	_____	_____	Cost	_____	_____	<input type="checkbox"/> Auto Mileage			Business- (53.5 cents/ mile)	_____	_____	Commuting	_____	_____	Personal	_____	_____	Total	_____	_____
	Vehicle 1	Vehicle 2																										
Make/ model/ year	_____	_____																										
Date Purchased	_____	_____																										
Cost	_____	_____																										
<input type="checkbox"/> Auto Mileage																												
Business- (53.5 cents/ mile)	_____	_____																										
Commuting	_____	_____																										
Personal	_____	_____																										
Total	_____	_____																										

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ITEMIZED DEDUCTIONS

Medical Expenses Paid		Taxes Paid	
Health/ dental insurance premiums _____		Real estate taxes - residence, lots, land _____	
Long term health insurance premiums _____		Real estate taxes on Closing Stmt. _____	
Prescriptions, glasses, other _____		Sales Tax on car, boat, motorcycle _____	
Nursing care _____			
Doctor, dentist, hospital, lab _____		State Income Taxes _____	
Auto Mileage: \$.17/mile _____		Taxes from Sch K-1 _____	
SUBTOTAL _____		SUBTOTAL _____	
Interest Paid		Charitable Contributions	
<i>Home mortgage/ Form 1098: (if mortgage interest is paid to an individual, please provide name, address, and social security number)</i>		By cash or check to:	Amount Non-cash to: Fair Market Value
Bank _____ Amount _____			
Bank _____ Amount _____			
Bank _____ Amount _____		SUBTOTAL _____	SUBTOTAL _____
		TOTAL _____	
Points paid on original loan _____		Charitable Mileage: \$.14/mile	
Points paid on refinance: _____ Date _____		Other Deductions	
No. of years _____		<input type="checkbox"/> Business use of home <input type="checkbox"/> Unreimbursed employee expenses: <input type="checkbox"/> Travel _____ <input type="checkbox"/> Meals _____ <input type="checkbox"/> Uniforms _____ <input type="checkbox"/> Training/Educ _____ <input type="checkbox"/> Supplies _____ <input type="checkbox"/> Job Search _____ <input type="checkbox"/> Dues _____ <input type="checkbox"/> Telephone _____ <input type="checkbox"/> Parking _____ <input type="checkbox"/> Other _____ SUBTOTAL _____	
Investment Interest _____			
Other Expenses (over 2% of AGI)			
Tax return preparation fees _____			
Investment management fees _____			
(Not paid out of an IRA)			
Safe deposit box rental _____			
Other: _____			
SUBTOTAL _____			

CREDITS

Child/ Dependent Care Expenses	College Education Credits			
Dependents' Name: _____	<u>Student</u>	<u>School</u>	<u>Year:1-4</u>	<u>Amount Paid</u>
Payee (school, provider): _____				
Address: _____				
Federal ID number: _____				
Amount Paid: _____				

Payments			Comments or Questions
Estimated taxes paid:	<u>STATE</u>	<u>FEDERAL</u>	<i>Please list any questions or comments you may have</i>
Applied from prior return	_____	_____	
1st quarter / due April 18, 2017	_____	_____	
2nd quarter / due June 15, 2017	_____	_____	
3rd quarter / due September 15, 2017	_____	_____	
4th quarter/ due January 16, 2018	_____	_____	
Total estimated / applied	_____	_____	
Paid with extension	_____	_____	
Totals	_____	_____	

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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 2017?

- Yes
 No
 Only for part of the year

A. IF YOU HAD ANY COVERAGE DURING 2017 -

MARK THE BOXES THAT PERTAIN TO YOU AND YOUR FAMILY:

- | | |
|--|--|
| <input type="checkbox"/> Medicare
<input type="checkbox"/> Employer-Provided
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Marketplace - did you receive a premium credit each month? Y / N
<i>you must provide us with Form 1095-A</i>
<input type="checkbox"/> 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 foreclosure
- Shut off notice from a utility company
- You filed for bankruptcy
- Death of a close family member

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

- Short Coverage Gap
- Healthcare sharing ministry member
- Enrolled in Tri-Care in 2017
- Coverage considered unaffordable- minimum amount you would have paid for premiums is greater than 8.16 % of your household income

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Due Diligence Questionnaire

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 <input type="checkbox"/>		No <input type="checkbox"/>
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 <input type="checkbox"/>		No <input type="checkbox"/>
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 <input type="checkbox"/>		No <input type="checkbox"/>

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 <input type="checkbox"/>		No <input type="checkbox"/>
	b	Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement in place? <i>Please attach if "yes."</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	c	Have you released the claim to another person?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

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? <i>Any "billed" but unpaid expenses do not qualify. Only include amounts PAID in 2017 for tuition, fees, books, etc.</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
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