



2017 TAX ORGANIZER

Taxpayer Information

Spouse Information

Last Name..... _____	Last Name..... _____
First Name..... _____	First Name..... _____
Middle Initial..... _____	Middle Initial..... _____
Suffix..... _____	Suffix..... _____
Social Security..... _____	Social Security..... _____
Occupation..... _____	Occupation..... _____
Cell Phone..... _____	Cell Phone..... _____
Email Address..... _____	Email Address..... _____
Date of birth..... _____	Date of Birth..... _____
Address..... _____	
City..... _____	State.... _____ Zip Code.... _____
Home Phone..... _____	Fax Number..... _____

Dependent Information (only if changed from last year)

If yes, check the box to the left and provide their full name, social, relationship, date of birth, months lived with taxpayer and child care expenses.

This can either be a qualifying child or relative. Please ask if unsure.

**** DEPENDENT MUST NOT CLAIM THEMSELVES OR BE CLAIMED ON SOMEONE ELSE'S TAX RETURN THE SAME YEAR**

Enter total of Student loan interest paid _____

Retirement Plan Contributions & Other

Taxpayer & Spouse Combined

Traditional IRA contributions made _____

Roth IRA contributions made _____

SEP, Keogh, Individual 401(k) or SIMPLE contributions _____

Cash/Check/Credit Charitable Contributions

_____	_____
_____	_____

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, and value at time of donation.

Medical and Dental Expenses

Taxpayer & Spouse Combined (except Long term care)

Prescription medications _____	Doctors, Dentists, etc _____
Health Insurance Premiums (Exclude part B) _____	Hospital, clinics, etc _____
Eyeglasses and contact lenses _____	Miles driven for medical _____
Long term care premiums (you) _____	Long term care premiums (spouse) _____
Other Medical Expenses: _____	

Taxes

Taxpayer & Spouse Combined

Real estate taxes paid on principal residence.....	_____
Real estate taxes paid on additional homes or land	_____
Other personal property taxes.....	_____
If you do not own a home, total rent paid on primary residence.....	_____

Interest Expenses

Please provide documentation on Home mortgage interest paid and/or points paid to buy, build or improve main home.

Miscellaneous Deductions

Taxpayer & Spouse Combined

Investment Advisory Fee's	_____
Union and professional dues	_____
Professional subscriptions, books, supplies	_____
Uniforms and protective clothing (including cleaning)	_____
Taxpayer educator expenses	_____
Safe deposit box rental	_____
Gambling losses (to the extent of gambling income)	_____
Tax return preparation fees	_____
Other expenses (list):	_____
_____	_____

Miscellaneous Notes or Questions

Estimated Tax Already paid towards your 2016 Liability

	Federal		State	
	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015				
First quarter (typically April)				
Second quarter (typically July)				
Third quarter (typically October)				
Fourth quarter (typically Jan '17)				
Additional payments				

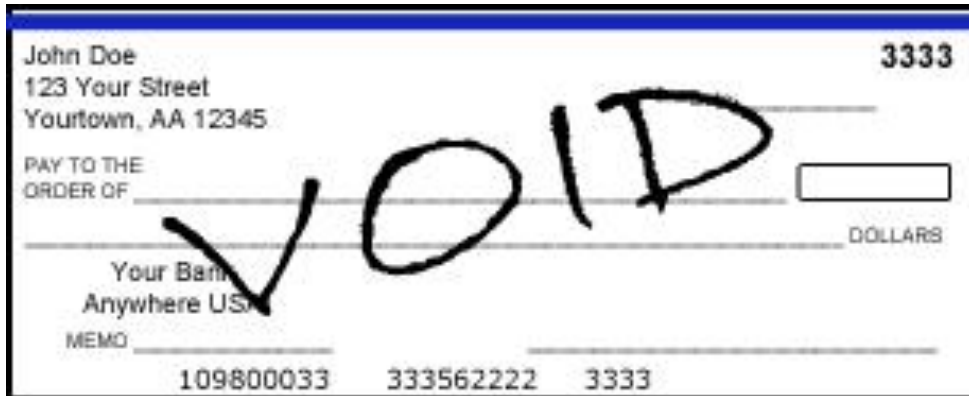
Direct Deposit of Refund or ACH withdrawal (only if different than last year)

If you receive a refund would you like direct deposit? Yes No

If you owe taxes would you like to automatically have it deducted from your bank account? Yes No

What type of account is this? Checking Savings

If **YES**, please provide a voided check (not a deposit slip) if your bank account information has changed below:



TAX PREPARATION CHECKLIST:

- McLean Tax Organizer filled out
- New Clients Only - Previous 2 years returns*
- Social Security numbers & statements
- 1099's from banks, pensions, annuity companies and IRA's
- Year-end brokerage Statements
- 1098' – Mortgage interest statements
- Statement of capital gains from the sale of securities or mutual funds. Original cost basis of stocks, mutual funds or other property sold
- W-2's
- 1095 –C Health Insurance Coverage Form
- Copy of checks for quarterly estimated taxes paid
- Medical expenses
- Charitable contributions
- Rental property records
- Dependent care information
- Business records

Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did a lender cancel any of your debt in 2016? (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 2016? If yes , please attach details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you make any major purchases (ie vehicle, boat)? If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you purchase a hybrid or electric vehicle in 2016? If yes , attach documentation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you donate a vehicle in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your marital status change during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were you or your spouse permanently and totally disabled in 2016? (Must provide medical certificate)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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"/> |
| 10. Did you provide over half the support for any other person during 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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"/> |
| 12. Did you receive any disability payments in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If yes, attach closing or escrow statements, 1099-S or 1099-A forms | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you incur any non-business bad debts? (ie short sale of a home)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Did you pay any individual for domestic services in 2016? (ie caregiver)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did you incur a loss due to damaged or stolen property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did you buy or sell any stocks or bonds in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Did you cash in any US Savings Bonds during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Did you incur any WORK RELATED moving expenses? If yes , attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Did you have health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | |
| 23. Enter your state of residence..... Taxpayer: _____ Spouse: _____ | | |

TAX TIPS:

- Bring all forms we requested.
- Total up each itemized line such as all medical expenses, donations.
- Review the questions we have enclosed and really think through any and all deductions you think you may be entitled to and write them down to discuss.