2016 Tax Organizer

For Clients of Erpelding, Voigt & Co., L.L.P.

This tax organizer is provided for you to assemble information needed to prepare your 2016 individual income tax return or it can be used to remind you of deductions, changes, etc. that may apply to you. Use your 2015 tax return as a starting point to compile your 2016 tax information. If you are required to prepare and file 1099 forms for certain expenditures $600 and over, a worksheet is also available from EV & Co., L.L.P. to summarize this information. If you are a farmer, a farm tax worksheet is also available from EV & Co., L.L.P. to summarize farm income and expenses.

Please furnish us with any notices, penalties or correspondence from the Internal Revenue Service or from state income tax authorities. Also, please furnish us with details of any unusual transactions of income or expense.

Personal Information **Name** ______________________

Did your marital status change during the year? **Yes** **No**

If yes, please explain ______________________

Did your contact information change from last year? **Yes** **No**

If new address, please provide new county & school district ______________________

Please confirm email address ______________________

Please provide the bank name and last four digits of the account used for direct deposit of refunds:

______________________ __________

If this account has changed, please provide our office with a voided check.

Were there any changes in dependents from the prior year?* **Yes** **No**

Please enter dependent changes below:

Add/Delete	*Name*	*Social Security #*	*Birth date*	*Son/Daughter*

* An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children.

ESTIMATED TAX PAYMENTS PAID FOR 2016 INCOME TAXES:

(Please complete if you paid estimated tax payments)

FEDERAL ESTIMATED TAX PAYMENTS

Due Date	Actual Date Paid	Amount
4/18/16	/ /	$
6/15/16	/ /	$
9/15/16	/ /	$
1/17/17	/ /	$

STATE ESTIMATED TAX PAYMENTS

Due Date	Actual Date Paid	Amount
5/02/16	/ /	$
6/30/16	/ /	$
9/30/16	/ /	$
1/31/17	/ /	$

IF ANY OF THE FOLLOWING INCOME OR DEDUCTIONS APPLY, BRING ALL APPLICABLE FORMS:

- ☐ Wages - *W-2*
- ☐ Interest income - *1099-INT*
- ☐ Dividend income - *1099-DIV*
- ☐ Taxable refunds - *1099-G*
- ☐ Alimony received $_________
- ☐ Business income & expenses
- ☐ Sale of stocks/investments - *1099-B*
- ☐ Sale of personal residence - *closing statement*
- ☐ Sale of other property
- ☐ IRA distribution - *1099-R*
- ☐ IRA converted to ROTH IRA - *1099-R*
- ☐ Pension, annuity, SEP, KEOGH distribution - *1099-R*
- ☐ Rental income & expenses
- ☐ Partnership income or loss - *K-1*
- ☐ S corporation income or loss - *K-1*
- ☐ Estate or trust income or loss - *K-1*
- ☐ Farm income & expenses
- ☐ Unemployment compensation - *1099-G*
- ☐ Social Security Payments - *1099-SSA*
- ☐ Gambling winnings - *W-2G*
- ☐ Miscellaneous income - *1099* (Disability, Directors fees, Non-employee compensation, Prizes, other)
- ☐ Educator expenses (K-12 teacher works at least 900 hours) $_________
- ☐ Health savings account deduction - *1099-SA*
- ☐ Moving expenses (*Did you move for a new job? If so, provide transportation and storage expenses, travel and lodging, mileage, and total amount reimbursed for moving expenses*).
- ☐ Self-employed Keogh, SEP, SIMPLE plan deductions $_________
- ☐ Alimony paid $_________ Name ______________________ SSN _____________
- ☐ IRA Contribution applied to tax year 2016:

	Traditional	Roth
Taxpayer	$_______	$_______
Spouse	$_______	$_______

- ☐ Student loan interest - *1098-E*
- ☐ Tuition & fees deduction / Education Credits - *1098-T* - textbook expense $_________
- ☐ Child and dependent care expenses - *provide receipt from person or organization who provided the care. Make sure the receipt includes:*
  - *Name, address, Federal ID or SSN of provider*
  - *Amount paid*
  - *Names of children in child care*
- ☐ Health Care responsibility / Premium Tax Credit - *1095-A, 1095-B or 1095-C*
- ☐ College Savings Iowa (or other 529 Plan) - *please provide statement or letter from plan*
- ☐ IA Tuition & Textbook Expense (K-12 students only) - $_________
- ☐ MN Education Expense (K-12 students) - *please provide each child's grade and qualifying expenses*

BUSINESS USE OF HOME

Note—self-employed individuals who deduct expenses for the business use of their home will need to determine the area used exclusively for business and the total area of the home to properly complete information requested on your tax return:

Square footage used exclusively for business:__________

Total square footage of home:__________

Please provide total expenses for home:

Insurance $________

Repairs $________

Utilities $________

If any of the following types of itemized deductions apply, please furnish details:

Medical & Dental Expenses:

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. (If No, please attach an explanation). Yes No

Did anyone in your family qualify for an exemption from the health care coverage mandate? (If Yes, please attach an explanation). Yes No

Medical and dental expenses $_________ Prescription drugs $_________
Long-term care (nursing home) expenses $_________
Medical insurance premiums Taxpayer $_________ Spouse $_________
Long-term care (nursing home) premiums Taxpayer $_________ Spouse $_________
Medical miles driven ________ @ $ .19 $_________

Taxes You Paid:

Property taxes on personal residence $_________ Property taxes on 2nd residence $_________
Non-business vehicle licenses $_________
Sales tax paid on major purchases (cars, boats, home improvements, etc.) $_________

Interest You Paid:

Interest on personal residence paid to bank - *1098 $*_________
Interest on personal residence paid to bank not on Form 1098 - *provide statement $*_________
Interest on personal residence paid to individual $_________
List that person's name, address & SSN below:

____

____

Qualified mortgage insurance (PMI) $_________
Investment interest (list):

______________________________ $_________
______________________________ $_________

Note - personal interest expense is not deductible - i.e. credit card interest, personal auto loans, etc. unless secured by a mortgage on a personal residence.

Gifts to Charity:

Cash or check *$*_________ Non-cash (property) $_________
Volunteer miles driven ________ @ $ .14 $_________

Note - contributions of $250 or more require written receipt no later than the date the return is filed or the due date, whichever is earlier. If non-cash donations total more than $500, please provide receipts for non-cash donations (Goodwill, Salvation Army, etc.)

Personal Casualty or Theft:

Losses - subject to $100 floor and 10% of AGI limits *$*_________

Miscellaneous Expenses - May be subject to 2% of AGI limits:

Unreimbursed employee miles driven ________ @ $ .54 $________
Unreimbursed employee expenses *$*_________ Union dues $_________
Tax preparation $_________ Safe Deposit box rental $_________
Investment expenses $_________ Job hunting expenses $_________
Gambling losses $_________