

**2016 TAX ORGANIZER**

**Kolodziej Eisen & Fey LLC Certified Public Accountants**

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**PERSONAL INFORMATION - If any changes or new client**

Name \_\_\_\_\_ Spouse's name \_\_\_\_\_
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_
Address \_\_\_\_\_
Preferred method of contact \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_
Date of Birth: Self \_\_\_\_\_ Spouse \_\_\_\_\_ E-Mail \_\_\_\_\_

Did you have Health Insurance (Y/N)? Self \_\_\_\_\_ Spouse \_\_\_\_\_ Dependents \_\_\_\_\_

Was insurance purchased through Exchange? \_\_\_\_\_ If insurance purchased through Exchange, you must provide Form 1095-A.

Table with 8 columns: Dependents Name, Birth Date, Relationship, Social Security #, Grade, School Name/City, Tuition/Books \*, Filing Return. Includes rows for dependent information and tuition amounts.

\* To receive college credits, attach Form 1098-T and statement from the college/university showing payments made.

\* Illinois education credits are available for tuition and fees paid for kindergarten through high school. Student Loan Interest \$ \_\_\_\_\_

DIRECT DEPOSIT my refund (yes or no) \_\_\_\_\_ I want my refund to be deposited in the same account as last year
If new account - Routing # \_\_\_\_\_ Account # \_\_\_\_\_
Bank name \_\_\_\_\_ Checking or Savings (circle one)

Balance due tax returns can be paid with direct debit from bank account. Are you interested in this option? (yes/no)

Sources of Income - Please provide copies of all W-2's and 1099's

Please complete Supplemental Schedule for Rental or Self-Employment Income, if any you have any rental income or you receive any 1099-Misc forms.

Interest Income - From whom? Amount
Pensions & IRA Distributions - provide Form 1099R Amount
Social Security Income - provide Form SSA-1099
Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Dividend Income - From whom? Amount
Unemployment Income - provide Form 1099-G
Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
Alimony Received \$ \_\_\_\_\_

Do you have a foreign bank or investment account? Y OR N (If yes, provide statement and include income above)

**Sales of stocks & mutual fund redemptions - Attach copies of Forms 1099-B**

Table with 6 columns: Security Name, # of Shares, Purchase Date, Sale Date, Proceeds, Cost/Basis. Includes rows for stock and mutual fund sales.

**Traditional and Roth IRAs - 2016 Limit is \$5,500. If you are 50 or older, limit increases to \$6,500.**

2016 Traditional IRA contributions must be made by 4/18/17 Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

2016 Roth IRA Contributions must be made by 4/18/17. Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Are you covered by an employer sponsored plan? Yes/No Self \_\_\_\_\_ Spouse \_\_\_\_\_

Did you rollover an amount from an IRA? Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Attach Form 1099R

Did you convert an amount from a Roth IRA? Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Attach Form 1099R

**TAXES, DEDUCTIONS & CREDITS**

Table with columns: Estimated Tax Pmts, Date, Federal, State. Rows for 1st, 2nd, 3rd, and 4th payments due in 2016 and 2017.

HSA contributions and distributions table. Columns: HSA contributions, Self, Spouse, Attach Form. Includes a note: \*Were all HSA distributions used for medical purposes? Y or N

Alimony Paid \$ Recipient's Name SS# Address

**ITEMIZED DEDUCTIONS**

**Taxes Paid**

Primary residence property taxes \$
Other property taxes paid \$
Sales tax vehicle purchases \$
Sales tax major purchases Desc \$

**Interest Paid**

Mortgage interest \$
Refinance points paid Loan years

**Charitable Contributions - Cash**

Name \$
Name \$
Name \$

Contributions over \$250 require a receipt

**Job Related Expenses (not self-employment)**

Continuing education expenses \$
Computer expenses \$
Travel-airfare & lodging \$
Meals & entertainment \$
Professional association dues \$
Job related safety equipment \$
Work uniforms/maintenance \$
Cost of tools used on job \$
Employer required daily meals \$
Business miles driven

**Medical Expenses**

Doctors & dentists \$
Prescriptions \$
Glasses, hearing aids etc \$
Medical miles driven
Medical insurance paid \$
If health insurance purchased on Exchange, you must provide Form 1095-A.
Long term care premiums Self \$ Spouse \$

**Noncash Contributions**

\$
(Description, fair market value, organization name and address must be provided for combined donations over \$500)
Miles driven for charity

**Miscellaneous Deductions**

Union dues paid (i.e. firehouse) \$
Safety deposit box \$
Income tax preparation \$
Investment expenses \$
Estate planning expenses \$
Employment agency/job search fees \$
Moving expenses due to job change \$
(Provide dates of employment and addresses)

**MISCELLANEOUS CREDITS**

Child Care Credit (paid for care of child under 13 which enables you to work) \$
Provider Name Complete Address SSN or FEIN

College Tuition paid for self or spouse \$ Books and Supplies \$ Provide Form 1098-T
If tuition is paid for a dependent, fill in the amount and year in school on the front page dependent section.

Energy efficient improvements to your home \$ Describe

**Other Miscellaneous Information**

Did you sell your house in 2016? If yes, provide closing papers from sale, purchase date and cost of prior residence.

**Other Information -**

**SUPPLEMENTAL SCHEDULE FOR RENTAL OR SELF-EMPLOYMENT INCOME**

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Complete this optional worksheet if you have Rental Income or Self-Employment Income

	Property 1	Property 2	Property 3
<b>RENTAL PROPERTIES - address</b>	_____	_____	_____
<b>Rental Income</b>	\$ _____	_____	_____
<b>Expenses:</b>			
Advertising	\$ _____	_____	_____
Auto & travel	\$ _____	_____	_____
Cleaning & maintenance	\$ _____	_____	_____
Commissions	\$ _____	_____	_____
Insurance	\$ _____	_____	_____
Interest	\$ _____	_____	_____
Legal & professional fees	\$ _____	_____	_____
Repairs	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Real estate tax	\$ _____	_____	_____
Utilities	\$ _____	_____	_____
Other (description) _____	\$ _____	_____	_____
Major repairs & purchases	\$ _____	_____	_____

(provide details on major purchases & repairs)

**Were Form 1099's issued to any subcontractors? Y/N**

**PROFIT OR LOSS FROM BUSINESS (Non-employee compensation including amounts reported on Form 1099-Misc)**

Description of Self-Employment -	_____	_____
Total receipts	\$ _____	\$ _____
<b>Costs of Good Sold (if applicable)</b>		
Purchases	\$ _____	\$ _____
Value of ending inventory	\$ _____	\$ _____
<b>Expenses -</b>		
Advertising	\$ _____	\$ _____
Auto expenses	\$ _____	\$ _____
Business miles driven	_____	_____
Bank charges & fees	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Computer/internet	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest - mortgage/other	\$ _____	\$ _____
Uniforms/laundry and cleaning	\$ _____	\$ _____
Legal & professional fees	\$ _____	\$ _____
Office supplies & expenses	\$ _____	\$ _____
Outside services	\$ _____	\$ _____
Parking and tolls	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Rent or lease - vehicle or machinery	\$ _____	\$ _____
Rent - other business property	\$ _____	\$ _____
Repairs & maintenance	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Taxes and licenses	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Meals and entertainment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone/cell phone	\$ _____	\$ _____
Other (description) _____	\$ _____	\$ _____
Major purchases	Desc. _____ \$ _____	Desc. _____ \$ _____
	Desc. _____ \$ _____	Desc. _____ \$ _____

(provide details on major purchases & repairs over \$500)

**Were Form 1099's issued to any subcontractors? Y/N**      Square footage of dedicated home office \_\_\_\_\_  
 Total square footage of home \_\_\_\_\_