

GROSS & COMPANY
2016 INDIVIDUAL TAX ORGANIZER
FORM 1040

This organizer must be completed prior to your tax return being prepared.

Taxpayer's Name _____ Occupation _____ Contact # () _____
 Spouse's Name _____ Occupation _____ Contact # () _____

Email _____ Would you like a copy of your tax return e-mailed to this address? YES

Please place a checkmark beside the documentation and/or information provided with this tax organizer.

Information returns/forms to be reported on your tax return.

<input type="checkbox"/> W-2 (Wages)	<input type="checkbox"/> W-2G (Certain Gambling Winnings)
<input type="checkbox"/> 1099-R (Retirement)	<input type="checkbox"/> Annual Brokerage Statements
<input type="checkbox"/> 1099-SSA (Social Security)	<input type="checkbox"/> 1098-INT (Mortgage Interest)
<input type="checkbox"/> 1099-INT (Interest)	<input type="checkbox"/> Other tax information statements
<input type="checkbox"/> 1099-DIV (Dividends)	<input type="checkbox"/> 8886, Reportable transactions
<input type="checkbox"/> 1099-B (Brokerage Sales)	<input type="checkbox"/> 5498 – IRA Contribution
<input type="checkbox"/> 1099-MISC (Rents, etc.)	<input type="checkbox"/> Form 5498-SA (HSA Contributions)
<input type="checkbox"/> 1099-G (Unemployment Compensation)	<input type="checkbox"/> 1099-SA (HSA Distribution)
<input type="checkbox"/> 1099 (any other)	<input type="checkbox"/> 1098-E (Student Loan Interest Statement)
<input type="checkbox"/> 1098-T (College Tuition Statement)	<input type="checkbox"/> 1095-A (Health Insurance Market Place Statement)
<input type="checkbox"/> Schedules K-1 (Forms 1065, 1120S, & 1041)	<input type="checkbox"/> 1095-B (Health Coverage)
<input type="checkbox"/> Form HUD-1 for Real Estate Sales/Purchases/Refinancing	<input type="checkbox"/> 1095-C (Employer-Provided Health Insurance Offer & Coverage)

Items that may affect your tax return.

<input type="checkbox"/> Child care expenses Providers name: _____ Address: _____ Tax ID # or SSN: _____ Amount Paid: _____	<input type="checkbox"/> Iowa Tuition & Textbook Credit (Credit for eligible education expenses for dependents K-12). Includes: Books, "non-street" clothing, Driver's Education, Dues, Fees and Admissions, Materials, Tuition, Uniforms, basic supplies, Athletic Shoes, School Hour Field Trips, etc. (Visit our Website for a detailed list of deductions)
<input type="checkbox"/> Final paystub for tax year	<input type="checkbox"/> Alimony paid or received \$ _____
<input type="checkbox"/> IRA/Roth IRA Contributions \$ _____	

Itemized Deductions – Please complete the attached "Itemized Deduction Worksheet" to see if you qualify.

OVER →

Please answer the following questions and submit details for any question answered “Yes”:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
1. Has your marital status changed since your last return?	_____	_____	15. Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all notices/correspondence received.	_____	_____
2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved.	_____	_____	16. Were either you or your spouse eligible to participate in an employer’s health insurance or long-term care plan?	_____	_____
3. Did you have a baby in 2016? If yes, provide full name, date of birth, and Social Security Number.	_____	_____	17. Do you want to make a retirement plan contribution?	_____	_____
4. Are you entitled to a dependency exemption due to a divorce decree?	_____	_____	18. Did you start a business?	_____	_____
5. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.	_____	_____	19. Did you purchase rental property?	_____	_____
6. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?	_____	_____	20. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year?	_____	_____
7. Were you a resident of, or did you have income in, more than one state during the year?	_____	_____	21. Did you incur expenses as an elementary or secondary educator? If so, how much?	_____	_____
8. Do you want any federal refund deposited directly into your bank account? Provide our office with a voided check if different from previous years.	_____	_____	22. Did you install qualified solar electric, solar water heating, fuel cell, small wind energy, or geothermal heat pump property (remodel or new construction) to your home?	_____	_____
9. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.	_____	_____	23. Did you refinance an existing home this year? If so, enclose a copy of the settlement statement.	_____	_____
10. If you received an IRA distribution, which you did not roll over, provide details. (Form 1099R)	_____	_____	24. Do you own any securities or hold any debts that became worthless during the year? If yes, provide details.	_____	_____
11. Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R)	_____	_____	25. Did you move because of a job change? Provide details for a possible moving expense deduction.	_____	_____
12. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.	_____	_____	26. Did you (or do you plan to before April 15, 2017) contribute to a health savings account (HSA) for 2016? Amount of contribution: \$ _____ Type of health plan coverage: Self-only <input type="checkbox"/> Family <input type="checkbox"/>	_____	_____
13. Did you contribute to an educational savings account (529)? If yes, attach year end statement.	_____	_____	27. Did you direct an IRA Required Minimum Distribution (RMD) to a charity?	_____	_____
14. Did you receive unemployment compensation? If yes, provide Form 1099-G.	_____	_____	28. Are you a volunteer firefighter? Tax-payer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>	_____	_____

ITEMIZED DEDUCTIONS WORKSHEET

MEDICAL EXPENSES

Note: Medical expenses must exceed 10% of adjusted gross income to be deductible. Health Insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, etc.) are not deductible.

Description	Amount	Description	Amount
Premiums for health and accident insurance		Medical supplies /equipment/Hearing Aides	
Long term care premiums		Lodging and meals	
Medicine and drugs (prescription only)		Mileage (number of miles)	
Doctors, dentists, nurses		Long-term care expenses	
Hospitals, clinics, laboratories		Other	
Eyeglasses / corrective surgery			

DEDUCTIBLE TAXES

Description	Amount	Description	Amount
Real estate taxes: Primary residence		Personal Property (car, boat, camper, etc.)	
Secondary residence		Sales tax on major items (car, house, etc)	

INTEREST EXPENSE

Note: Interest paid on loans for qualifying campers is tax deductible as a second home. Campers must have sleeping, cooking, and toilet facilities.

Mortgage interest (Enclose Forms 1098.)

CONTRIBUTIONS

Donee	Amount	Donee	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	\$ _____	Meals & entertainment	\$ _____
Supplies	\$ _____	Automobile mileage	\$ _____

MISCELLANEOUS DEDUCTIONS

Description	Amount	Description	Amount
Union dues		Professional dues	
Income tax preparation fees		Over the Road Truckers (Days and Nights Out)	
Legal fees (provide details)		Unreimbursed Employee Business Expense	
Safe deposit box rental (if used for storage of documents or items related to income-producing property)		Uniforms which are not suitable for wear outside work	
Small tools		Documented gambling losses	
Safety equipment and clothing		Other miscellaneous deductions – itemize	