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TAX ORGANIZER

Following you will find a tax organizer for the current filing year. You may use it to gather and organize the information needed to prepare your income tax. Please provide all information but use only those portions of the organizer that apply to you. Provide originals of W-2s and 1099 statements and copies of all other documents. All except will be returned to you. This organizer allows you to supply information that will allow me to accurately prepare your return your return with the lowest tax and the most deductions

DOCUMENTS REQUIRED FOR YOUR RETURN

YOU SHOULD CAREFULLY REVIEW YOUR RECORDS FOR 2017 AND PROVIDE THE FOLLOWING DOCUMENTS. ALL FORMS W-2 ARE REQUIRED. ANY DOCUMENT PROVIDED (OTHER THAN FORMS WHICH MUST BE ATTACHED TO YOUR RETURN) WILL BE RETURNED

Copy of your prior year tax return if not prepared by me

- All Form 1099's showing miscellaneous income,
- All Form 1099B's shows proceeds received from sales
- All Form W2G's showing gambling winnings
- All Forms SSA showing Social Security Payments
- All Forms 1099G, or others showing unemployment compensation paid
- Schedule K-1's for shareholders and partners of a business or beneficiaries of trusts
- Form 1098 reporting home mortgage interest and real estate tax payments
- Summary of income and expenses for your business (balance sheet, income statement)
- HUD-1's for any home sale, purchase or refinance
- Total medical expense and insurance premium payments Property tax paid on autos, boats, motorcycles, trailers, etc.
- Summary of child care provider name, address, social security number and amount paid
- Summary of charitable giving
- Summary of unreimbursed employee expenses
- If you sold, traded or transferred any investment, stock or mutual fund. All year-end statements on the investment to calculate gain or loss.
- Summary of college expenses paid
- Any document which indicates it contains "TAX INFORMATION".
- Any other information you believe necessary for us to review in order to prepare your returns

If you wish any refund direct deposited to your account please provide:

Name of Bank _____

Routing Number (1st number on bottom of check) _____

Account Number _____

Copy of Voided Check

Important Questions

PLEASE ANSWER ALL QUESTIONS:

CIRCLE YES or NO

Did your address change during the year?	YES	NO
Did your marital status change during the year?	YES	NO
If so, did your name change name?	YES	NO
Could you be claimed as a dependent of another?	YES	NO
If yes, were you claimed?	YES	NO
Were there any changes in dependents?	YES	NO
Were any children who might be claimed as dependents 19 or older during the year?	YES	NO
Were you a resident of, or did you have income in, more than one state?	YES	NO
Did you incur child care or expenses for a child either under 14 or a disabled child?	YES	NO
Did you receive a state and/or local tax refund last year?	YES	NO
Did you receive a federal refund last year?	YES	NO
Did you pay additional tax when you filed your state return last year?	YES	NO
Did you itemize your deductions last year?	YES	NO
Did you make any out of state purchases without paying sales tax?	YES	NO
Did you receive any alimony last year?	YES	NO
Did you pay any alimony last year? To: SSN: - - -	YES	NO
Did you receive any disability income?	YES	NO
Did you receive any unemployment last year? (Enclose 1099 G)	YES	NO
Did you receive any Social Security last year? (Enclose SSA - 1099)	YES	NO
Did you sell any stocks or investment property?	YES	NO
Did you have any investments that earned tax-exempt interest?	YES	NO
If yes, please provide statements.		
Do you have any children under age 14 with investment income over \$1,400.00	YES	NO
If so, please provide 1099s for their investment income		
Did you receive a K-1 from any entity – Corporation, Estate, Trust, Partnership?	YES	NO
Did you receive any type of additional income last year such as jury duty pay, taxable prizes, trustee fees, etc.? (If yes please provide details in the Additional Info pages.)	YES	NO
Did you receive any COBRA health insurance premium assistance?	YES	NO
Did you take a distribution from a retirement plan? (If yes please provide all 1099Rs)	YES	NO
Do you own a vacation home that was rented to someone else at anytime?	YES	NO
Did you have any debts cancelled or forgiven?	YES	NO
Did you purchase, sell or refinance your home, or a second home?	YES	NO
Did you pay interest on a higher education loan or pay tuition or expenses?	YES	NO
Do you owe any federal back taxes?	YES	NO
Do you any state back taxes?	YES	NO
Do you have any delinquent student loans or owe back child support?	YES	NO
Did the IRS garnish your refund last year?	YES	NO
Outside of W-2 contributions (401k, 403b,) did you contribute to any retirement plan? (If so please provide details on the Additional Info pages.)	YES	NO
If you were self-employed, did you pay any health insurance premiums?	YES	NO
Did you contribute to or receive a distribution from a Health Savings Account?	YES	NO
Do you want to allow us discuss items concerning this return with the IRS?	YES	NO
Did you have any casualty or theft losses?	YES	NO
Did you make any large purchases or home improvements? (If yes provide details)		
Did you adopt a child?	YES	NO
Did you make any gifts directly or through a trust which exceeded \$13,000?	YES	NO
Did you have an interest in or signatures or other authority over a financial account in foreign country?	YES	NO
Have you provided ALL your income from ALL sources?	YES	NO
If not, please use the Additional Info page to list any other income.		
Have you provided ALL your deductions?	YES	NO
If not, please use the Additional Info page to list any other deductions.		

INDIANA QUESTIONS

Please note the county of principal work activity as of January 1, of the prior year for both you and your spouse.

Taxpayer _____ Spouse _____

Please note the county and school district of your residence.

County _____ School district _____

Did you live in a state other than Indiana during any part of the prior year?

Name of state _____

Residence in Indiana from _____ to _____

Residence in _____ from _____ to _____

Did you purchase any items from out-of-state companies on which sales tax was not charged?

____ Yes ____ No

If yes, enter the total purchase price of all items here. \$ _____

Did you make a contribution to a college located in Indiana during the prior year?

If yes, enter amount _____ date _____

College: _____

Did you rent your principal residence during the prior year?

____ Yes ____ No

If yes, provide the following information:

1. Total amount of rent paid _____

2. Number of months rented _____

3. Location of principal residence that was rented (if not your current address)

4. Landlord's name and address. _____

Did you install any insulation items in your residence during the prior year?

____ Yes ____ No

If yes, provide the following information: description of the insulation items, cost of labor and materials, name of persons or companies supplying the labor and materials, and date the insulation items were installed.

IF YOU ARE UNCERTAIN ABOUT AN ITEM THEN PROVIDE DETAILS IN THE NOTES SECTION

Basic Household Information for TAX YEAR 2017

Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)
Taxpayer	Full Name _____ Social Security No. _____ Occupation _____ Date of Birth _____
Spouse	Full Name _____ Social Security No. _____ Occupation _____ Date of Birth _____
Address	Street Address _____ City _____ State _____ Zip Code _____
Telephone	Home Phone _____ Taxpayer Work Phone _____ Spouse Work Phone _____ Fax Number _____ E-Mail Address _____

DEPENDENTS

TYPE OF DEPENDENT: Child at home; Child not at home; Dependent other than child; HH only, not a dependent; EIC only, not a dependent

Dependent 1	Full Name _____ Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____
Dependent 2	Full Name _____ Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____
Dependent 3	Full Name _____ Age or Date of Birth _____ Social Security No. _____ Relationship _____

	Months Lived at Home _____ Type of Dependent _____ Earned Income Credit _____ Claimed By: ___ Taxpayer ___ Spouse
Dependent 4	Full Name _____ Age or Date of Birth _____ Social Security No. _____ Relationship _____ Months Lived at Home _____ Type of Dependent _____

WAGES, SALARIES, TIPS	Attach W-2 Forms Wages, Tips, Other Compensation	Tax Withheld				
		Federal	Social Security	Medicare	State	Local
Name of Employer						

PENSIONS, IRA DISTRIBUTIONS - Attach Forms 1099-R					
Name of Payer	Gross Distribution	Taxable Amount	Distrib. Code	Federal Withheld	State Withheld

Attach Forms 1099-INT	INTEREST INCOME			Tax-Exempt Interest		
	Banks, S&Ls, C/Us, etc.	Seller-Financed Mortg.	U.S. Bonds, T-Bills	Total Munic. Bonds	In-State Munic. Bonds	Early Withdrawal Penalty
Name of Payer						

DIVIDEND INCOME Attach Forms 1099-DIV	Dividend Income				Tax-Exempt Interest	
	Ordinary Dividend	Capital Gain	28% Rate	U.S. Bonds	Total Munic.	In-state Munic.
Name of Payer						

	Dividend	Gain	(% or amt.)	Bonds	Bonds (% or amt.)

MISCELLANEOUS INCOME

List forms 1099-G, 1099-MISC, SSA-1099, and RRB-1099.

	Taxpayer	Spouse
State tax refund if you itemized last year		
Social Security Benefits (SSA-1099, Box 5)		
Medicare Premiums Paid (SSA-1099)		
Tier 1 RR Retirement Bene. (RRB-1099, Box 5)		
Lump-Sum Election for SS Benefits		
Alimony Received		
Unemployment Compensation Received		
Taxable Scholarships and Fellowships		
Other Income: (Attach all K-1 Schedules for Partnerships, S-Corps, Estates, & Trusts)		

TAX WITHHELD ON 1099 FORMS

	Taxpayer	Spouse
Federal Income Tax Withheld		
State Income Tax Withheld		

ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

	Taxpayer	Spouse
Prescription Medicines and Drugs		
Doctors, Dentists, and Nurses		
Hospitals and Nursing Homes		
Insurance Premiums (excluding long-term care)		
Long-Term Care Premiums		
Insurance Reimbursement (enter as a positive number)		
Transportation and Lodging (.10/mile)		
Eye Care & Glasses		
Other Medical and Dental Expenses:		

STATE, PROPERTY, & FOREIGN TAXES PAID (Not on W-2's)

	Taxpayer	Spouse
State & Local Income Taxes - 1/99 payment on 1998 State estimate		
State & Local Income Taxes - Paid with 1998 state extension		
State & Local Income Taxes - Paid with 1998 state return		

OTHER MISCELLANEOUS DEDUCTIONS	Taxpayer	Spouse
Gambling Losses to extent of winnings		
Estate tax, Section 691(C)		
Other Miscellaneous Deductions:		

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any educational expenses this year? Yes NO

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes No

If yes complete the following and provide Form 1098T from school:

Student Name	Institution	Grade	Amount Paid	Date Paid

Was any of the proceeding tuition paid with funds withdrawn from an educational IRA? Yes NO

If yes, how much? \$_____

EMPLOYEE BUSINESS EXPENSES

Expenses incurred by: Taxpayer Spouse Occupation _____

(Complete a separate schedule for each business)

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Transportation costs			
Lodging			
Meals and entertainment			
Other employee business expenses – itemize			

Automobile Expenses - Complete a separate schedule for each vehicle.

Vehicle description _____	Total business miles _____
Date placed in service _____	Total commuting miles _____
Cost/Fair market value _____	Total other personal miles _____
Lease term, if applicable _____	Total miles this year _____
Actual expenses	Average daily round trip commuting distance _____
Gas, oil _____	Taxes _____
Repairs _____	Tags & licenses _____
Tires, supplies _____	Interest _____
Insurance _____	Lease payments _____
Parking _____	Other _____

Did you acquire, lease or dispose of a vehicle for business during this year? Yes _____ No _____
 If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes _____ No _____
 If yes, enter the number of months _____.

Do you have another vehicle available for personal purposes? Yes _____ No _____

Do you have evidence to support your deduction? Yes _____ No _____

Is the evidence written? Yes _____ No _____

BUSINESS INCOME

PROVIDE HERE THE INFORMATION THAT IS NECESSARY TO REPORT YOUR BUSINESS INCOME AND DEDUCTIONS.

GENERAL INFORMATION

Ownership code (T=Taxpayer, S=Spouse, J=Joint) _____
If Joint Schedule C, taxpayer's ownership percentage % _____
Principal business activity _____
Principal business including product or service _____
Principal business code _____
Business name _____
Business street address _____
Business city, state, ZIP code _____
Federal employer identification number _____
ACCOUNTING METHOD (Check One) _____ Cash _____ Accrual _____ Other _____
Were you a "material participant" in the operation of this business? _____ Yes _____ No _____
Is this the first Schedule C filed for this business? _____ Yes _____ No _____
Are all amounts at risk? _____ Yes _____ No _____

PART I

INCOME

Gross receipts or sales _____
Returns and allowances (_____)
Other income _____
Total income _____

PART II

EXPENSES

AMOUNT

Advertising _____
Car and truck expenses (see vehicle depreciation organizer) _____
Commissions and fees _____
Contract labor _____
Depletion _____
Depreciation and section 179 expense deduction _____
Employee benefit programs _____
Insurance (other than health) _____
Interest: Mortgage interest (paid to banks, etc.) _____
Other interest _____
Legal and professional services _____
Office expense _____
Pension and profit-sharing plans _____
Rent or lease: Vehicles, machinery, and equipment _____
Other business property _____
Repairs and maintenance _____
Supplies _____
Taxes and licenses _____
Travel, meals and entertainment: Travel _____
Meals and entertainment _____
Utilities _____
Wages less employment credits _____
Postage _____
Telephone (business only) _____
Expenses for business use of home _____
(list below with other expenses)

BUSINESS INCOME (cont.)

PART III COST OF GOODS SOLD AMOUNT

Inventory Method: Lower of cost or market? _____ Yes _ No
 If no, specify other method: _____
 Was there any change in inventory method? _____ Yes _____ No

Inventory at beginning of the year	
Purchases less cost of items withdrawn for personal use.....	
Cost of labor (not salary paid to yourself)	
Materials and supplies	
Other costs	
Inventory at end of the year	

PART IV INFORMATION ABOUT YOUR VEHICLE 1 AMOUNTS

Date vehicle was placed in service for business purposes

Business miles vehicle was driven this year

Total commuting miles vehicle was driven

Total other miles vehicle was driven

Was another vehicle available for personal use? Yes _____ No _____

Was this vehicle available for use during off-duty hours? Yes _____ No _____

Is there evidence to support your deduction? Yes _____ No _____

If "yes," is the evidence written? Yes _____ No _____

PART V OTHER EXPENSES (not listed above): AMOUNTS

Miscellaneous (List below)

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

I. DEPRECIATION

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase					
Improvements (Provide details)					

II. EXPENSES TO BE PRORATED:

Mortgage interest		_____
Real estate taxes		_____
Utilities		_____
Property insurance		_____
Other expenses - itemize	_____	_____
	_____	_____
	_____	_____
	_____	_____

III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone		_____
Maintenance		_____
Other expenses - itemize	_____	_____
	_____	_____
	_____	_____
	_____	_____

Rental Income and Expenses for the Tax Year 2017

If property was purchased/converted to rental this year list on the **Asset Acquisitions Worksheet**.

Property Address

1.			
2.			
3.			
Property	1.	2.	3.
Income: Rents Received			
Expense:			
Advertising			
Association Dues			
Auto and Travel			
Cleaning/Maintenance			
Commissions			
Gardening			
Insurance			
Labor			
Mortgage Interest			
Other Interest			
Professional Fees			
Repairs and Maintenance			
Supplies			
Taxes			
Telephone			
Utilities			
Other:			

List **Improvements** that increase the value of the property on the **Acquisitions and Dispositions Worksheet** and attach.

