

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**REDSUN BOOKKEEPING & TAX SERVICES, L.L.C. Tax Return Appointment**

7546 N. LA CHOLLA BLVD.

TUCSON, AZ 85741

Telephone number: (520) 498-3999

Fax number: (520) 498-5296

E-mail address: debbie@redsunservices.com

Date:

Time:

Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**2017 1040 US Tax Organizer**

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2017 Amount	2016 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G.....  
 Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	<b>Attach Forms 1099</b>
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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**2017 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....  
 Spouse: Alimony received .....  
 Other: \_\_\_\_\_


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....  
 Spouse: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2017 Amount	2016 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement.....  
 Form 1095-B - Health Coverage.....  
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

<b>Attach Forms 1095</b>	

**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN.....  
 \_\_\_\_\_


Spouse:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN.....  
 \_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....  
 Doctors, dentists and nurses.....  
 Hospitals and nursing homes.....  
 Insurance premiums.....  
 Long-term care premiums - taxpayer.....  
 Long-term care premiums - spouse.....  
 Insurance reimbursement.....  
 Out-of-pocket lodging and transportation expenses.....  
 Number of medical miles.....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/17 payment on 2016 state estimate.....

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**TAXES PAID (continued)**

- State income taxes - paid with 2016 state extension.....
- State income taxes - paid with 2016 state return.....
- State income taxes - paid for prior years and/or to other states.....
- City/local income taxes - 1/17 payment on 2016 city/local estimate.....
- City/local income taxes - paid with 2016 city/local extension.....
- City/local income taxes - paid with 2016 city/local return.....
- State and local sales taxes (except autos and special items).....
- Use taxes paid on 2017 purchases.....
- Use taxes paid on 2016 state return.....
- Sales tax on autos not included above.....
- Sales taxes paid on boats, aircraft, and other special items.....
- Real estate taxes - principal residence.....
- Real estate taxes - property held for investment.....
- Foreign income taxes.....
- Personal property taxes (including automobile fees in some states)...

2017 Amount	2016 Amount
<b>Attach Tax Notice</b>	

**INTEREST PAID**

Home mortgage interest and points paid:

\_\_\_\_\_

\_\_\_\_\_

<b>Attach Forms 1098</b>	

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

\_\_\_\_\_

\_\_\_\_\_


Points not reported on Form 1098:

\_\_\_\_\_

\_\_\_\_\_


Mortgage insurance premiums on post 12/31/06 contracts.....

Investment interest (interest on margin accounts):

\_\_\_\_\_

\_\_\_\_\_


Passive interest.....

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_

\_\_\_\_\_


Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

**NONCASH CONTRIBUTIONS**

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

- Union and professional dues.....
- Tax return preparation fee.....
- Safe deposit box rental.....
- Investment expenses.....
- Estate tax, section 691(c).....
- Unreimbursed employee expenses:


Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
