

2016 INDIVIDUAL TAX ORGANIZER

How would you like to receive your tax return?

- Mail
 Email
 In-Person
 SecureFilePro

COMPLETED ORGANIZER RECEIVED ON:

RECEIVED BY:

REFERRED BY DFCU:

This organizer will help you organize your tax information so that MainStreet can maximize your tax savings. If this is your first time with MainStreet, please provide a copy of your prior 2 years business tax returns.

PART 1: CLIENT INFORMATION

Filing Status:

- Single
 Married filing Joint
 Married filing Separately
 Head of Household
 Qualifying Widow(er)

Client's Name (First, Last, MI):

Spouse's Name (First, Last, MI):

SSN:

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SSN:

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DOB:

/
 /

DOB:

/
 /

Occupation:

Occupation:

Email:

Email:

Home Address:

City:

State:

Zip:

Primary Phone: Home Cell

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Secondary Phone: Home Cell

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Dependents: Attach additional sheets if necessary

Name (First, Middle, Last): As shown on social security card	DOB	SSN	Relationship to Taxpayer	Mo. in Home in 2016

PART 2: INDIVIDUAL INCOME TAX QUESTIONS

General Questions:

Answer each question by checking “YES” or “NO”. If a question does not pertain to you, please check “NO”. If you are filing jointly, each question applies to you and your spouse. Use the lines to give details & itemized lists/amounts.

For each “YES” answer, provide details in the lines provided & attach the required documentation.

Note: The “Required Docs column pertains ONLY to the documentation needed to prepare the return,; other documentation may be required in the event of an audit. Returns will not be prepared until all required documentation listed on this organizer has been received.

YES	NO	QUESTIONS	REQUIRED DOCS
		Did your marital status, address, or other contact information change in 2016? _____	---
		Are you supporting anyone that was not listed as a dependent on the pervious page? _____	---
		Where there any changes to the dependents in your household? (Death, birth, etc) _____	---
		Could you be claimed as a dependent on another persons’s tax return for 2016? _____	---
		Are you or any dependents blind and/or disabled? _____	Copy of Disability certificate
		Did any child dependents under 18 (or under 24 if still in college) have income? _____	W2 & 1099’s
		Did you make any federal or state estimated tax payments for 2016? _____	---
Income:			
		Did you or your spouse earn wages as a W-2 employee? _____	W2’s
		Did you or your spouse earn income as a 1099 contractor? _____	1099’s & Small Business Tax Organizer
		Did you receive any disability income? _____	1099

YES	NO	QUESTIONS	REQUIRED DOCS
		Did you temporarily work out of town for part of the year? Provide dates, locations. _____	---
		Were you a resident of, or did you have income from more than one state? _____	---
		Did you have any foreign income or pay any foreign taxes? _____	W2 & 1099's or other documents
		Did you receive or pay any alimony or separate maintenance payments? _____	All related documentation
		Did you buy, sell or trade any investment assets (stocks, bonds, etc)? _____	1099-B &/or 1099 Div
		Did you receive any distributions from pensions, retirement, or Social security? _____	SSA-1099 & 1099-R
		Did you have any debt that was cancelled (credit cards, mortgage, etc.)? _____	1099-C 1099-A
		Did you have any business or rental income? *This includes income as a business owner, landlord, 1099 rep or other business venture even w/o business license. _____ _____	K-1**/1099 & Small Business Tax Organizer
		Was a portion of your home used for business at any point during the year? if so, complete the home office expenses portion of the Small Business Tax Organizer. _____	Small Business Tax Organizer
		Have you provided ALL your income? If unsure about something then provide details. _____ _____ _____	All applicable documentation

****Please complete and attach a Small Business Tax Organizer in addition to this individual Organizer - regardless of the size or profitability of your company.***

*****MainStreet will prepare k-1's as part of the business tax return***

YES	NO	QUESTIONS	REQUIRED DOCS
ADJUSTMENTS/DEDUCTIONS/CREDITS:			
		K-12 educators, did you have unreimbursed teaching expenses, union dues, etc? _____	---
		Did you contribute to or receive a distribution from a Health Savings Account? _____	1099-SA
		Did you move over 50 miles in 2016 for work related purposes? List the moving date(s), mileage & costs associated with moving including storage, hotels, etc. _____	---
		Outside of W2 contributions (401K, 403b) did you make a retirement contribution? _____	Statement from Retirement Plan
		Did you convert or roll over any amount from one retirement plan to another? _____	1099-R
		Did you receive or any dependent pay educational expenses for post secondary education including tuition, supplies, parking pass, books, personal computer, etc? _____	1098-T & Receipts for Other Expenses
		Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please give name and amount: _____	---
		Did you pay any student loan interest? _____	1098-E
		Did you cash any EE or I U.S. bonds and use funds for educational expenses? _____	---
		Did you pay any long-term care insurance premiums? _____	---
		Did you have any out of pocket expenses at work such as uniforms, equipment, supplies, mileage, phone and internet, union dues, ect that were NOT reimbursed by your employer? Please do not include self-employed expenses. _____	---

YES	NO	QUESTIONS	REQUIRED DOCS
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ADJUSTMENTS/DEDUCTIONS/CREDITS:

		<p>Did you make any charitable donations?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:25%;">Organization</th> <th style="width:15%;">Date</th> <th style="width:15%;">Amount</th> <th style="width:35%;">Items Donated</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non-Cash</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Organization	Date	Amount	Items Donated	Cash										Non-Cash										<p style="text-align: center;">Donation Record form 501c3 Organization</p>
	Organization	Date	Amount	Items Donated																								
Cash																												
Non-Cash																												
		<p>Do you own your own home? How much did you pay in mortgage interest? Property taxes?</p> <p>_____</p>	<p style="text-align: center;">1098 and a copy of property tax statement</p>																									
		<p>Did you have any casualty or theft losses of your property?</p> <p>_____</p>	<p>---</p>																									
		<p>Did you incur child care or dependent care expenses?</p> <p>_____</p>	<p style="text-align: center;">Name, SSN/EIN & Address of Care Provider</p>																									
		<p>Did you have adoption expenses during the year?</p> <p>_____</p>	<p>---</p>																									

Miscellaneous:

		<p>Did you have any real estate transactions (buy, sell, refinance, etc.)?</p> <p>_____</p>	<p style="text-align: center;">HUD Settlement Doc & 1099's</p>
		<p>Did you receive the 1st Time Homebuyer Credit from purchasing a home prior to 01/01/2009?</p>	<p style="text-align: center;">HUD Settlement Doc & 1099's</p>
		<p>Did you claim a First-Time Homebuyer Credit in 2009, 10, or 11? fill out the following:</p> <p>Principal residence address, if different from home address on Form ID: 1040 Address: _____ State: _____ Zip Code: _____ Date home acquired (After 4/8/08 and before 5/1/10)(Service Members after 12/31/08 and before 5/1/11): _____ Purchase price: \$ _____ Date home sold/ceased being used as a principal residence: _____ If you sold your house, enter selling price: \$ _____ Expense: \$ _____ Were you married at purchase date: <input type="checkbox"/> Yes <input type="checkbox"/> No If home was transferred to ex-spouse in divorce settlement, enter his/her full name: _____ If you own principal residence with another individual, enter their name and allocation percentage: Name: _____ Allocation percentage: _____</p>	<p>---</p>

YES	NO	QUESTIONS	REQUIRED DOCS
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ADJUSTMENTS/DEDUCTIONS/CREDITS:

		<p>Did you make any gifts directly, or through a trust, which exceeded \$14,000 per person?</p> <p>_____</p>	---																																				
		<p>Did you pay wages of more than \$1,800 to any one household employee?</p> <p>_____</p>	---																																				
		<p>Have you received any notice(s) from the IRS or other tax authority?</p> <p>_____</p>	Copy of the Notice(s)																																				
		<p>Do you have a foreign bank account and/or interest or authority over a foreign bank account?</p> <p>_____</p>	---																																				
		<p>Did you expect a significant change in your income, deductions or withholdings for 2017?</p> <p>_____</p>	---																																				
		<p>Do you need or want estimated tax payment vouchers prepared for 2017?</p> <p>_____</p>	---																																				
		<p>If your return shows an overpayment of 2016 taxes, do you want any of it applied to your 2017 estimated taxes (instead of being refunded)?</p> <p>_____</p>	---																																				
		<p>Other Debts:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Type</th> <th style="width:20%;">Amount</th> <th style="width:20%;">Rate</th> <th style="width:30%;">Creditor</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type	Amount	Rate	Creditor																																	---
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YES	NO	QUESTIONS	REQUIRED DOCS
MEDICAL/HEALTH CARE			
		<p>Did you have any medical expenses in 2016? If yes, fill out the following:</p> <p>How much of your health insurance was paid by your employer? <input type="checkbox"/> None <input type="checkbox"/> Part <input type="checkbox"/> All</p> <p>Out of pocket insurance premiums: _____</p> <p>Hospitals and doctor fees, lab work: _____</p> <p>Dentist, chiropractor, optometrist, physical therapist, etc: _____</p> <p>Mileage for medical care listed above: _____</p> <p>Other medical expenses: _____</p> <p>Prescription costs: _____</p>	

HEALTH CARE COVERAGE QUESTIONNAIRE			
Policy Holder Name (First, Last, MI):		SSN:	
<input style="width: 100%;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Individuals Who Had Health Care Coverage: (Includes Policy Holder)	For Entire Year	For Part of Year <small>Less than 12 months; indicate months</small>	No Health Care Coverage

YES	NO	QUESTIONS	REQUIRED DOCS
		<p>Did you have any medical expenses in 2016? If yes, fill out the following:</p>	
		<p>If you had coverage for any part of the year, where was the policy obtained?</p> <p><input type="checkbox"/> Employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other: _____</p>	

YES	NO	QUESTIONS
MEDICAL/HEALTH CARE (Answer YES if it applies to any member of the household)		
		Was your previous insurance policy cancelled in 2016?
		Do you have an Exemption from the Marketplace? <i>(Also called the Exchange)</i>
		Was coverage offered by taxpayer's or spouse's employer?
		Are you a member of a federally-recognized Indian Tribe?
		Are you eligible for services through an Indian health care provider?
		Are you a member of a health care sharing ministry?
		Did you live in the United States for the entire year?
		Are you enrolled in TRICARE?
		Did you apply for CHIP coverage?
		<p>Do any of the following apply to you? Do NOT indicate which one</p> <p>Became homeless</p> <p>Evicted in the past six months, or facing eviction of foreclosure</p> <p>Received a shut-off notice from a utility company</p> <p>Recently experienced domestic violence</p> <p>Recently experienced the death of a close family member</p> <p>Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property</p> <p>Filed for bankruptcy in the last six months</p> <p>Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt</p> <p>Experienced unexpected increases in essential expenses due to a caring for an ill, disabled, or aging family member</p>

***Please Provide One of The Following As Proof of Health Care Coverage for 2016:**

- Any form 1095 and/or
- Form W-2 and/or
- Other documentation that may substantiate coverage such as:
 - Medical bills showing that during the tax year an amount due was paid by a health insurance company (Indicates coverage)
 - Documentation/statement from an employer indicating health insurance coverage
 - Medicare Card
 - Record of advance payments of the premium tax credit

PART 3: PAYMENT AUTHORIZATION

Refunds:

In the event that you receive a refund, how would you like for it to be paid to you?

US Mail (est. 3-4 weeks) Address same as above? Yes No: _____
 Direct Deposit (est 10 days) Bank Name: _____ Routing #: _____
 Account #: _____ Account Type: Checking Savings

Payment Information:

How will you pay your returns **when they are completed?**

Prepaid Retainer (Check) **Credit Card*** **ACH Payment**

**By selecting CREDIT CARD, you authorize MainStreet to charge this account upon completion of the work.*

Credit Card #: **Expiration Date:**
Name on Card: **Security Code:**
Address on Card: **City:**
State: **Zip Code:**
 VISA **AMEX** **DISCOVER** **MASTER CARD** **OTHER:**

Required Information for ACH Payment (a voided check may be included instead).

Account Name(s): **Name of Bank:**
Bank Routing #: **Checking Account #:**

AUTHORIZATION:

I have fully read and understand the terms and disclosures of this agreement (see below) and understand that **my tax return(s) will not be released or e-filed/filed until all invoices associated with the preparation of my tax return(s) have been paid in full.**

Terms and disclosure statement: Payment to MainStreet Tax and Accounting is due at the time the accountant has finished the work on the tax return(s). This may be before signatures have been acquired and before the tax return(s) have been e-filed/filed. If a credit card has been provided, it will be charged at that time. An email and receipt will be sent. If a credit card is not provided, a retainer may be required. Should a credit card be declined, client agrees to pay a finance charge of 18% per annum on all past due invoices. In the event that any balance is not paid as agreed upon, the client agrees to pay a collection fee equal to 40% of the unpaid balance. In the event of a lawsuit to collect the unpaid balance(s), the client further agrees to pay court costs and attorney fees. By signing this sheet, the client agrees to the terms listed and grants MainStreet Tax & Accounting permission to run a credit check if necessary and to run payment.

I AUTHORIZE MAINSTREET TO PROCESS PAYMENT ONCE MY TAX RETURN IS COMPLETED.

SIGNATURE: _____ **DATE:** _____

Thank you for trusting MainStreet with your tax return preparation!