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We are in St. Philips Plaza located at the SE corner of River and Campbell  
 Our office is above the BMO Harris Bank (immediately south of the Chase Bank)  
 Take the elevator to the second floor then turn right to get to **Suite 204**

**To make an appointment over the internet go to my appointment scheduling program,  
[www.rowlandtax.acuityscheduling.com](http://www.rowlandtax.acuityscheduling.com) or call 319-0077**

INSTRUCTIONS: Please complete this tax organizer as accurately as possible. For those items you are not sure of, insert a question mark. Remember, each \$100 in deductions overlooked may cost you up to \$55 in taxes. As a recommendation, you may want to segregate your receipts and canceled checks according to the following categories at the same time you fill out this questionnaire. It will then be a simple matter to prepare if and when you get audited.  
**If you do not have sufficient room below, please attach a separate sheet.**

**\* This Tax Organizer can ONLY be printed out and filled in \***

	<u>Social Security No.</u> (If not on file)	<u>Occupation</u>	<u>Date of Birth</u>	<u>Blind (Y/N)?</u>
<b>TAXPAYER</b> _____	(03) _____	(02) _____	(09) _____	_____
<b>SPOUSE</b> _____	(25) _____	(24) _____	(31) _____	_____
Address (if changed) (49) _____		Zip (53) _____		

Telephone Number(s) and Email Address(es) (circle Taxpayer / Spouse (T/S) where applicable)

Home (12) \_\_\_\_\_ Work (10) (32) \_\_\_\_\_ T / S Cell (14) (36) \_\_\_\_\_ T / S

Email Addresses (18) \_\_\_\_\_ (T) and (40) \_\_\_\_\_ (S)

**ELECTRONIC FILING OPTIONS** (check yes or no for each option)

1. E-File federal and state returns \_\_\_\_\_ YES or \_\_\_\_\_ NO
2. Email to you your copy of the returns \_\_\_\_\_ YES or \_\_\_\_\_ NO
3. Direct Deposit refund(s) to bank account \_\_\_\_\_ YES or \_\_\_\_\_ NO **\*If first time for account attach a voided check.\*** If direct deposit to same bank as last year, last 4 digits of the account \_\_\_\_\_

**DOCUMENTS TO BRING OR SEND**

- \_\_\_\_\_ W-2's from your work
- \_\_\_\_\_ K-1's from partnerships, S corporations, trusts or estates
- \_\_\_\_\_ 1099's for dividends
- \_\_\_\_\_ Broker recaps of stock transactions
- \_\_\_\_\_ Social Security Earnings (Form SSA-1099)
- \_\_\_\_\_ 1099R's for Pension and IRA Distributions
- \_\_\_\_\_ Business Profit and Loss Statement and if available, year end Balance Sheet
- \_\_\_\_\_ Closing Statement for purchase, sale or refinance of real estate
- \_\_\_\_\_ 1098-T for Higher Education Tuition expenses
- \_\_\_\_\_ 1095-A for Health Insurance purchased through a government exchange You can get from HealthCare.gov if you set up an account on that website
- \_\_\_\_\_ 1095-B for Health Coverage (either employer provided or otherwise)
- \_\_\_\_\_ 1095-C for Employer Provided Health Insurance
- \_\_\_\_\_ **Last year's return (if you are a new client)**

**DEPENDENT CHILDREN** (circle if not living at home) (circle if you are not the custodial parent)

Name	Date of Birth	Social Security No. (If not on file)	<b>Dependents Other Than Children</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you lived apart from your spouse for the whole year, is your child or grandchild living with you (Y/N)? \_\_\_\_\_

\*\*\*\*\*

**INTEREST** (attach the 1099s for any dividends received)

**QUESTIONS**

Payor (8)	Amount (\$) (20)
_____	_____
_____	_____
_____	_____
_____	_____

Savings Bond Interest     \$ \_\_\_\_\_

U.S. Govt. Interest         \$ \_\_\_\_\_

Municipal Bond Interest    \$ \_\_\_\_\_

**OTHER INCOME** (i.e. Alimony received, barter income, debt forgiveness (you owed), gambling/lottery winnings (attach if taxes withheld), principal payments from prior year installment sales, tips received, unemployment compensation received (attach if taxes withheld)): \_\_\_\_\_

\*\*\*\*\*

**FOREIGN INVESTMENT (Form 8938 and FBAR) Other than a publically traded stock do you own or have signature power over a foreign bank account, a foreign investment account, or an interest in a foreign corporation, foreign partnership or foreign trust which in total were worth more than \$10,000 during the year? Y/N**  
**If so, describe and list the highest value of each account/investment during the year**

\*\*\*\*\*

**GIFT OR INHERITANCE FROM A FOREIGN SOURCE or HAVE A TRANSACTION WITH A FOREIGN TRUST (Form 3520)? If so, describe Y/N**

\*\*\*\*\*

**SALE OF REAL ESTATE** Did you sell any real estate during the year (Y/N)? \_\_\_\_\_

If so, provide me the **sale** escrow statement. If the property sold is **other than your primary residence** in which you lived in for more than 2 years, also make a list of improvements (including cost) made to the property and provide me the **purchase** escrow statement (usually HUD-1).

**SALE OF STOCKS OR BONDS** (provide me a **broker's recap** including **original cost**. If not available itemize stock transactions below)

<u>Number of Shares and</u> <u>Name of Stock/Bond</u> (6)	<u>Date Purchased</u> (7)	<u>Date Sold</u> (8)	<u>Total Net Sale</u>	<u>Total Cost</u>
			<u>Proceeds</u> (less commission) (11)	(including commission) (12)
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>RENTAL INCOME</u>	Property "A"	Property "B"	Property "C"	Property "D"
Address (15)	_____	_____	_____	_____
Total Rents (3)	\$ _____	\$ _____	\$ _____	\$ _____

**RENTAL EXPENSES:**

	Property "A"	Property "B"	Property "C"	Property "D"
Auto Mileage _____ mi	_____ mi	_____ mi	_____ mi	_____ mi
Advertising (5) \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance (9) _____	_____	_____	_____	_____
Management Fees (11) _____	_____	_____	_____	_____
Interest (mortg.) (12) _____	_____	_____	_____	_____
Interest (other) (13) _____	_____	_____	_____	_____
Repairs and Maint.* (14) _____	_____	_____	_____	_____
Improv/Major				
Purchase(s) (DP) \$ _____	_____	_____	_____	_____
Supplies (15) _____	_____	_____	_____	_____
Property tax (16) _____	_____	_____	_____	_____
Utilities (17) _____	_____	_____	_____	_____
Homeowners Dues _____	_____	_____	_____	_____
Misc. _____	_____	_____	_____	_____

\* Repairs and Maintenance: Itemize large items if total exceeds \$5,000.

Are you a real estate professional? (ie Development, construction, property management, real estate agent or broker) Y / N

**ESTIMATED TAXES**

<u>Due date</u>	<u>Date Paid</u>	<u>Federal</u>	<u>Arizona</u>	<u>Other State</u> _____
April 15 <sup>th</sup> payment _____	_____	\$ _____	\$ _____	\$ _____
June 15 <sup>th</sup> payment _____	_____	\$ _____	\$ _____	\$ _____
September 15 <sup>th</sup> _____	_____	\$ _____	\$ _____	\$ _____
January 15, 2018 _____	_____	\$ _____	\$ _____	\$ _____

Any substantial change in your *future* income, withholding or deductions?

If so, describe \_\_\_\_\_

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**HOUSEHOLD HELP** Babysitting, cleaning, cooking, gardening, etc., in excess of \$2,000 for the year? (Y/N)? \_\_\_\_\_

If so, you may be liable for social security and unemployment taxes.

**CHILD OR DISABLED DEPENDENT CARE** paid for care of child(ren) under the age of 13 or a dependent who is physically unable to care for him or herself.

<u>To Whom Paid</u>	<u>Social Security No. or Fed ID</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

**SOCIAL SECURITY** If you are **under** age 66 and receiving **Social Security**, did you have business profits or **wages** in 2017 of more than \$16,920 (Y/N)? \_\_\_\_\_

**ENERGY CREDIT** Cost of solar electricity system or solar water heater \$ \_\_\_\_\_

**GIFT TAX RETURN** Did you make **gifts** of more than \$14,000 to any one individual during the year (Y/N)? \_\_\_\_\_

**IRA, SEP, OR KEOGH CONTRIBUTIONS**

2016 contributions made or to be made to: **IRA / Roth IRA / SEP / Keogh Plan** (circle applicable) or enter \_\_\_\_\_

Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ OR \_\_\_\_\_ Maximum Allowed (check)

Amounts **rolled over** in 2017 to a Roth IRA Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

IRA Distribution? If so, 12-31-17 balance in all IRA Accts. Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**MEDICAL, DENTAL, AND HOSPITAL EXPENSES (If itemizing, fully deductible on Arizona return)**

Everyone in your *household* is covered by medical insurance (including Medicare) for the full year except \_\_\_\_\_ or ALL COVERED.

Obamacare health insurance subsidy received \$ \_\_\_\_\_ (See Form 1095-A)

Medicare paid out of Social Security checks \$ \_\_\_\_\_

Medical, Vision, and/or Dental Insurance (7)\$ \_\_\_\_\_

Amount paid into HSA \* by employer \$ \_\_\_\_\_ Amount paid into HSA thru payroll \$ \_\_\_\_\_  
 \* HSA: Health Savings Account Amount paid into HSA outside of work \$ \_\_\_\_\_

Medical bills paid from the HSA \$ \_\_\_\_\_ Please get this number from Form 1099-SA to insure dollar amount matches IRS computer.

Nursing Home (LTC) Insurance Premiums \$ \_\_\_\_\_ (Taxpayer) \$ \_\_\_\_\_ (Spouse)

Additional Medical Expenses (do not include bills paid from HSA):

Travel for medical care (8) \_\_\_\_\_ miles

Prescription drugs \$ \_\_\_\_\_

Medical Lodging \$ \_\_\_\_\_

Nursing home care costs \$ \_\_\_\_\_

Total doctor and dental \$ \_\_\_\_\_

Hospital \$ \_\_\_\_\_

Lab/x-ray \$ \_\_\_\_\_

Eyeglasses/contacts/supplies \$ \_\_\_\_\_

Ambulance \$ \_\_\_\_\_

Hearing aids/batteries \$ \_\_\_\_\_

Chiropractor \$ \_\_\_\_\_

Air conditioning (medically req.)\$ \_\_\_\_\_

Therapy pool (medically req.) \$ \_\_\_\_\_

Weight loss program (not food and only medically required) \$ \_\_\_\_\_

Other Medical

Medical insurance *reimbursement* on any of the above received by you \$ \_\_\_\_\_ (9)

**TAXES PAID BY YOU (If Itemizing)**

Vehicle license fees (total paid) (18) \$ \_\_\_\_\_

Real estate taxes on your home \$ \_\_\_\_\_ Home Office? (circle one) Y / N

Real estate taxes on other property (14) \$ \_\_\_\_\_ (do not include any rental property shown on page 3)

Sales taxes on major purchases \$ \_\_\_\_\_ (vehicle, boat, aircraft or home improvement)

Describe \_\_\_\_\_

Trailer or boat tax (16) \$ \_\_\_\_\_

Foreign tax paid \$ \_\_\_\_\_ (if not reported on 1099)

**INTEREST PAID BY YOU (If Itemizing)**

	To Whom Paid	Amount
Home – 1 <sup>st</sup> mortgage	_____	\$ _____
Home – 2nd mortgage	_____	\$ _____
2 <sup>nd</sup> Home	_____	\$ _____ (21)
Points paid on a new mortgage	_____	\$ _____
Investment loan interest	_____	\$ _____ (35)
Interest on student loans	_____	\$ _____

**CONTRIBUTIONS – DONATIONS**

Checks or cash with receipts (cash donations without receipts are not deductible). A single donation of \$250 or more also requires a receipt from the charitable organization.

			Check if paid after end of the year
Religious	\$ _____		
United Way	\$ _____		
AZ Working Poor Org.	\$ _____	Name of Organization _____	
AZ Scholarship Org.	\$ _____	Name of Organization _____	
AZ Public School Extracurricular Activities	\$ _____	Name of School _____	
AZ Foster Care Org.	\$ _____	Name of Organization _____	

Total of all *other* contributions with checks and/or receipts \$ \_\_\_\_\_ (36)

**Clothing, furniture, etc.** in good or better condition (for a valuation guide see <https://satruck.org/Home/DonationValueGuide>)

	Value	Original Cost
Salvation Army	\$ _____	and \$ _____
Goodwill	\$ _____	and \$ _____
_____	\$ _____	and \$ _____ (40)

**Charitable travel costs** \$ \_\_\_\_\_ See next page for charitable mileage

Miles put on your car to help a charitable organization

Miles \_\_\_\_\_ (39) and Organization \_\_\_\_\_

In 2017 did you contribute any money to a 529 College Savings Account. If so how much \$ \_\_\_\_\_

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**MISCELLANEOUS DEDUCTIONS AND CREDITS**

Tuition and fees (1<sup>st</sup> 4 years of post high school) \$ \_\_\_\_\_ and books \$ \_\_\_\_\_

Student's name \_\_\_\_\_ and school name \_\_\_\_\_ Form 1098-T? Y/N

Other tuition and fees (post high school)\$ \_\_\_\_\_ and books \$ \_\_\_\_\_

Student's name \_\_\_\_\_ and school name \_\_\_\_\_ Form 1098-T? Y/N

Alimony paid \$ \_\_\_\_\_ Paid to \_\_\_\_\_ Soc Sec No. \_\_\_\_\_

Interest forfeiture on CD \$ \_\_\_\_\_

EE Bond interest – educational \$ \_\_\_\_\_

Uncollectible loans or worthless securities \$ \_\_\_\_\_ describe: \_\_\_\_\_

IRA custodial fees \$ \_\_\_\_\_

Investment expenses \$ \_\_\_\_\_ describe: \_\_\_\_\_

Tax preparation fee (if not prepared by us) \$ \_\_\_\_\_ (50)

Safe deposit box \$ \_\_\_\_\_

Gambling losses \$ \_\_\_\_\_ (58) (59) (no more than gambling income)

**CASUALTY LOSS** Deductible only if casualty loss exceeds 10 percent of your income. Circle applicable item: **STORM / FIRE / THEFT / CAR ACCIDENT / OTHER** (if other, please explain: \_\_\_\_\_ )

Amount of loss \$ \_\_\_\_\_ and insurance reimbursed \$ \_\_\_\_\_

**MOVING EXPENSES** For work in a new location

Miles moved (must be over 50 miles) \_\_\_\_\_ miles

Cost of moving household goods \$ \_\_\_\_\_

Motels in route \$ \_\_\_\_\_

Cost of air travel \$ \_\_\_\_\_

**BUSINESS OR WORK RELATED EXPENSES**

**JOB-RELATED EDUCATION EXPENSES** Cost of tuition, books, etc. \_\_\_\_\_  
 (do not include that to meet minimum job requirements or to qualify for new trade)

**EMPLOYMENT RELATED EXPENSES** (For sole proprietorship business attach profit and loss statement and a year end balance sheet)

	Taxpayer	Spouse
Business meals	\$ _____	\$ _____
Business meal receipts listing nature of meetings and individuals at meetings are required		
Teacher supplies	\$ _____	\$ _____
Union/professional dues	\$ _____	\$ _____
Books, magazines. etc.	\$ _____	\$ _____ (must be job related)
Uniform expense	\$ _____	\$ _____ (cost and upkeep)
Small tools and supplies	\$ _____	\$ _____ (for work)
Safety equipment	\$ _____	\$ _____ (for work)
Business telephone calls (including business long distance)	\$ _____	\$ _____ % used for work _____
Computer and internet	\$ _____	\$ _____ % used for work _____
Employment seeking expense	\$ _____	\$ _____
Other job related (itemize):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**QUALIFIED PRODUCTION ACTIVITIES** Does the business you own, manufacture, grow, or construct (including architecture and engineering) (Y/N)?\_

**BUSINESS MILEAGE** Do you have a mileage log for the business miles (Y/N)?\_\_\_\_ (do not include to and from work)

Car #1: Total miles \_\_\_\_\_ and total business miles \_\_\_\_\_

Car #2: Total miles \_\_\_\_\_ and total business miles \_\_\_\_\_



**BUSINESS VEHICLE EXPENSES** (optional) If not completed we will use **53.5** cents per mile)

	Car #1	Car #2	
Gas, oil, lubrication	\$ _____	\$ _____	
Repairs	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Tires, supplies, etc.	\$ _____	\$ _____	
Lease payments	\$ _____	\$ _____	
Interest on vehicle	\$ _____	\$ _____	
Cost of new car	\$ _____	\$ _____	need even if taking 53.5 cents per mile
Date purchased	_____	Year and model	_____

**HOME OFFICE EXPENSES** Only if primary office of business or employment and the office area in your home is used exclusively for the home office.

Total home square feet \_\_\_\_\_ (4) Office square feet \_\_\_\_\_ (3)  
 (if the below information is not completed, we will use \$5.00 per square feet of office up to 300 square feet)

Rent	\$ _____	(22)
Utilities	\$ _____	(26)
Insurance	\$ _____	(20)
Repairs	\$ _____	(24)
Rural Metro	\$ _____	
Trash	\$ _____	
HOA Dues	\$ _____	

**OVERNIGHT OUT-OF-TOWN TRIPS** Business and conventions – must have receipts

	Trip #1	#2	#3	#4
Where	_____	_____	_____	_____
Purpose	_____	_____	_____	_____
Miles driven	_____ miles	_____ miles	_____ miles	_____ miles
Arline	\$ _____	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____	\$ _____
Meals	\$ _____	\$ _____	\$ _____	\$ _____
Taxi	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Paid by employer	(_____)	(_____)	(_____)	(_____)

**TEMPORARY OUT-OF-TOWN EMPLOYMENT** Less than one year

	#1	#2
Where employed	_____	_____
Employer	_____	_____
Dates out-of-town	_____	_____
Miles travel	_____ miles	_____ miles
Cost of food	\$ _____	\$ _____
Cost of room	\$ _____	\$ _____

As a reminder the password to get into the tax returns emailed by this office to you is the first four letters of your last name and the last five numbers of your social security number (no caps and no spaces).

**QUESTIONS**