

ROBERT C. ROWLAND, CPA
 4380 N. Campbell Ave., Suite 204
 Tucson, AZ 85718
 (520) 319-0077
 Fax 319-0076
robert@rowlandtax.com
rowlandtax.com

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, rowlandtax.acuityscheduling.com

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>
TAXPAYER _____	(02) _____	(09) _____	(07) _____	_____
SPOUSE _____	(24) _____	(31) _____	(29) _____	_____
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
- _____ HUD-1 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)**
- _____ Copies of you and your spouse's driver's license or passport

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)	Dependents Other Than Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 statements (HUD-1). 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 (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 (34)	\$ _____	\$ _____	\$ _____	\$ _____

RENTAL EXPENSES:

Auto Mileage _____ mi _____ mi _____ mi _____ mi

Advertising (1) \$ _____ \$ _____ \$ _____ \$ _____

Insurance (5) _____

Management Fees (7) _____

Interest (mortg.) (8) _____

Interest (other) (9) _____

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.

ESTIMATED TAXES

	<u>Date Paid</u>	<u>Federal</u>	<u>Arizona</u>	Other State _____
April 15 th payment _____		\$ _____	\$ _____	\$ _____
June 15 th payment _____		\$ _____	\$ _____	\$ _____
September 15 th _____		\$ _____	\$ _____	\$ _____
January 15, 2017 _____		\$ _____	\$ _____	\$ _____

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

If so, describe _____

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.

To Whom Paid	Social Security No. or Fed ID	Amount Paid
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

SOCIAL SECURITY If you are **under** age 66 and receiving **Social Security**, did you have business profits or **wages** in 2016 of more than \$15,720 (Y/N)? _____

ENERGY CREDIT Energy savings items such as qualified exterior windows and doors, insulation, central air conditioners, heat pumps, water heaters and furnaces (see www.energystar.gov).

Describe _____ and \$ _____

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 2016 to a Roth IRA Client \$ _____ Spouse \$ _____

IRA Distribution? If so, 12-31-16 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 st mortgage	_____	\$ _____
Home – 2nd mortgage	_____	\$ _____
2 nd Home	_____	\$ _____ (21)
Mortgage insurance paid in 2016 on mortgage that began after 2006		\$ _____ (34)
Points paid on a new mortgage	_____	\$ _____
Investment loan interest	_____	\$ _____
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.

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. with a good or better condition (for a valuation guide see

<https://satruck.org/Home/DonationValueGuide>)

	Value	Original Cost
Salvation Army	\$ _____	and \$ _____
Goodwill	\$ _____	and \$ _____
_____	\$ _____	and \$ _____ (39)

Charitable travel costs \$ _____ See next page for charitable mileage

Miles put on your car to help a charitable organization

Miles _____ (38) and Organization _____

In 2016 did you contribute any money to a 529 College Savings Account. If so how much \$ _____

MISCELLANEOUS DEDUCTIONS AND CREDITS

Tuition and fees (1st 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) \$ _____ (48)

Safe deposit box \$ _____

Gambling losses \$ _____ (56) (57) (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 57.5 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 57.5 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 above 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
Airline	\$ _____	\$ _____	\$ _____	\$ _____
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