

INDIVIDUAL TAX ORGANIZER 2016

BASIC TAXPAYER AND SPOUSE INFORMATION

Taxpayer's Name _____ SSN _____ DOB ____ / ____ / ____ Occupation _____
Spouse's Name _____ SSN _____ DOB ____ / ____ / ____ Occupation _____
Mailing Address: Street _____ City _____ State _____ Zip _____
Physical Address: Street _____ City _____ State _____ Zip _____
Taxpayer Email _____ Spouse Email _____
Taxpayer Phone: Home _____ Work _____ Cell _____
Spouse Phone: Home _____ Work _____ Cell _____
Status as of 12/31/2016 (Circle One): Married Civil Union Single

If you resided in more than one state during the year, provide the period of residence in each location.

State #1 _____ From ____ / ____ / ____ To ____ / ____ / ____ Own or Rent _____
State #2 _____ From ____ / ____ / ____ To ____ / ____ / ____ Own or Rent _____

DEPENDENT INFORMATION

Name	Relationship	2016 # Months Living with You	DOB	SSN	2016 Full-Time Student (Y or N)
A) _____	_____	_____	_____	_____	_____
B) _____	_____	_____	_____	_____	_____
C) _____	_____	_____	_____	_____	_____
D) _____	_____	_____	_____	_____	_____
E) _____	_____	_____	_____	_____	_____

PROCESSING OF POTENTIAL REFUND

I **do** want my refund direct deposited _____ I do **NOT** want my refund direct deposited _____

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUND (IF APPLICABLE)

Bank name _____ Type of account: Savings _____ Checking _____
Account number _____ Bank routing number _____

PLEASE PROVIDE THE FOLLOWING TAX FORMS AND CHECK THE BOX IF PROVIDED TO US:

- _____ W-2 (Wages)
- _____ 1095-A, 1095-B, 1095-C
- _____ SSA-1099 (Social Security)
- _____ 1099-R (Retirement)
- _____ 1099-INT (Interest), 1099-DIV (Dividends), 1099-B (Proceeds)
- _____ 1099-Misc (Rents, other)
- _____ 1099-SA (Distribution from Health Savings Account)
- _____ 1098-Mortgage Interest
- _____ 1098-E (Student Loan Interest)
- _____ 1098-T (Tuition Statement)
- _____ College/University statement of tuition charges and payments
- _____ Schedule K-1 (Partnerships, S-Corporations, Estate, Trusts)
- _____ Property tax bills – 2 most recent annual bills
- _____ Prior year federal and state tax returns (Not necessary if prior year returned was prepared by us)
- _____ Any other document marked "Important tax documents enclosed"
- _____ Any IRS or state notices relating to a prior year's tax returns

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HEALTH COVERAGE INFORMATION

In the following table write the name of the taxpayer, spouse and each dependent in your tax family and check the box for each month the individual was covered by a minimum essential health insurance plan:

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer _____												
Spouse _____												
Dependent A _____												
Dependent B _____												
Dependent C _____												
Dependent D _____												
Dependent E _____												

HEALTH COVERAGE QUESTIONS

YES **NO**

1. Did you, your spouse or dependent purchase a health insurance plan through the Vermont Health Connect or other Health Exchange for 2016? *If yes, please provide Form 1095-A.* _____
2. Did you or your spouse's health insurance plan cover someone you are not claiming as a dependent? _____
3. Were you, your spouse or any of your dependents covered by someone else's health plan? _____

If you, your spouse or any dependent did NOT maintain minimum essential health insurance coverage for every month in 2016 please answer the following additional questions:

4. Were you, your spouse or dependents, eligible but declined to participate in an employer sponsored health plan? _____
5. Did you, your spouse or dependents, receive an exemption certificate number from a health exchange? *If yes, please provide the certificate number.* _____

DEPENDENT QUESTIONS

YES **NO**

6. Did you provide over half of each dependents' support for the tax year? _____
7. Did any of your dependents have income of \$1,000 or more (\$400 if self-employed)? _____
8. Are any of the qualifying children or qualifying relatives you are claiming as dependents married and filing a joint return with their spouse? _____
9. Do you have proper documentation to substantiate eligibility for the following credits if applicable; earned income tax credit, child tax credit and American opportunity tax credit? _____
10. Were any of the tax credits identified in the previous question disallowed or reduced by the IRS in previous years? _____
11. Claiming a qualifying child for the Earned Income Tax Credit is covered by IRS tie breaker rules. Are you (and your spouse if filing jointly) the only individual(s) who could claim the dependents listed in page 1? _____
12. Is there an active Form 8332, "Release/Revocation of Claim to Exemption for child by Custodial Parent"? *If so, please provide a copy.* _____

Note: A taxpayer may not claim the Earned Income Credit if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child.

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GENERAL QUESTIONS

YES **NO**

13. Did any births, adoptions, marriages, divorces or deaths occur in your immediate family last year? _____
14. Did you have any interests in, or signature, or authority over a bank, securities, or other financial account in a foreign country? _____
15. Were you the grantor, transferor or beneficiary of a foreign trust? _____
16. Did you make any federal quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. *If yes, please provide the date and amount paid.* _____
17. Did you make any state quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. *If yes, please provide the date and amount paid.* _____

INCOME

18. Did you receive income from legal proceedings or cancellation of debt? _____
19. Did you receive any disability payments this year? _____
20. Did you receive tip income not reported to your employer? _____
21. Did you sell or purchase a principal residence or other real estate? *If yes, please provide the settlement statement sheet and Form 1099-S* _____
22. Did you receive unemployment compensation? *If yes, provide Form 1099-G.* _____
23. Did you receive or pay alimony this year? _____
24. Were you granted or did you exercise any stock options? _____
25. Did you have any interests in partnerships, LLCs, S corporations? *If yes, provide Schedule K-1* _____
26. Are you the beneficiary of any estates or trust? *If yes, provide Schedule K-1.* _____
27. Did you have any income from self-employment? *If yes, complete the Schedule C Worksheet** _____
28. Did you have any income from rental property? *If yes, complete the Schedule E Worksheet** _____

*The Schedule C and E Worksheets are available at www.paceandhawley.com

DEDUCTIONS / CREDITS

29. Did you have any foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? _____
30. Did you contribute to a traditional IRA, Roth IRA or SEP-IRA for tax year 2016? *If yes, please provide a statement showing the amount of contributions for the tax year.* _____
31. If eligible, would you like to consider making an IRA contribution before April 15, 2017 for tax year 2016? _____
32. Did you contribute to a Health Savings Account (HSA) for tax year 2016? *If yes, please provide an annual bank account statement for your health savings account for 2016.* _____
33. If eligible, would you like to consider making an HSA contribution before April 15, 2017 for tax year 2016? _____
34. Did you receive any distributions from a health savings account (HSA) last year? _____
35. Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses? _____
36. Did you incur expenses as an elementary or secondary educator? *If yes, how much:* _____
37. Did you pay any adoption expenses? _____
38. Did you pay any tuition expenses? *If yes, please provide Form 1098-T and a schedule from the University/College showing amounts billed and paid during 2016.* _____

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- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 39. Did you make any energy-efficient improvements to your home?
<i>If yes, please provide a description and the amount paid:</i> _____ | _____ | _____ |
| <hr/> | | |
| 40. Did you pay any property taxes? <i>If yes, please provide your two most recent property tax bills and the amounts paid in 2016.</i> | _____ | _____ |
| 41. Did you pay mortgage interest? <i>If yes, please provide Form 1098 or provide the name, SSN of the individual to whom you paid the mortgage to.</i> | _____ | _____ |
| 42. Did you make any charitable contributions? <i>If yes, please provide the name, amount of the contribution and description if the contribution was not cash.</i> | _____ | _____ |
| 43. Did you make any payments on student loans? <i>If yes, please provide Form 1098-E.</i> | _____ | _____ |
| 44. Did you pay for child care for your dependent so that you and your spouse could work? <i>If yes, please provide the amount paid for each dependent and the name, SSN/EIN, address and telephone number of the day care provider.</i> | _____ | _____ |
| 45. Did you have any other deductions not listed above? <i>If yes, provide a description and amount.</i> | _____ | _____ |
| 46. Did you make any contributions to the VT Higher Education Investment plan? <i>If yes, please provide the annual statement for each account.</i> | _____ | _____ |

STATE QUESTIONS

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 47. Were you a resident of, or did you have income from more than one state during the year? | _____ | _____ |
| 48. Are you required to pay the Vermont Use Tax which is defined as tax on out-of-state/internet purchases where the retailer did not withhold sales tax? <i>If yes, please provide the amount.</i> | _____ | _____ |
| 49. Do you own real estate in VT? If yes complete the following: | _____ | _____ |
| A. Do you expect to be a VT resident and own and occupy your VT property on April 1, 2017? | _____ | _____ |
| B. Did you live in VT for the entire 2016 calendar year? | _____ | _____ |
| C. Does anyone other than you, your spouse and dependents live with you and have income? <i>If yes, please provide a description of the income (Wages, interest, self-employment etc.) and amount.</i> | _____ | _____ |
| D. Did any dependent living with you have more than \$6,500 of earned income? <i>If yes, please provide a description of the income (Wages, self-employment etc.) and amount.</i> | _____ | _____ |
| E. Did any dependent have any unearned (interest, dividends etc.) income? <i>If yes, please provide a description of the income and amount.</i> | _____ | _____ |
| F. Did any household members receive gifts of \$6,500 or more for the year? | _____ | _____ |
| 50. Did you rent for 12 months in VT in calendar year 2016? If yes, complete the following: | _____ | _____ |
| A. Would you like us to complete the Renter Rebate Claim? <i>If yes, please provide the completed VT Landlord's Certificate obtained from your landlord. If no skip B, C, D and E.</i> | _____ | _____ |
| B. Does anyone other than you, your spouse and dependents live with you and have income? <i>If yes, please provide a description of the income (Wages, interest, self-employment etc.) and amount.</i> | _____ | _____ |
| C. Did any dependent living with you have more than \$6,500 of earned income? <i>If yes, please provide a description of the income (Wages, interest, self-employment etc.) and amount.</i> | _____ | _____ |
| D. Did any dependent have any unearned (interest, dividends etc.) income? <i>If yes, please provide a description of the income and amount.</i> | _____ | _____ |
| E. Did any household members receive gifts of \$6,500 or more for the year? | _____ | _____ |

I have read and understood the above information and have provided to you all income received in the tax year. The information I have provided is correct to the best of my knowledge.

Taxpayer Signature: _____

Date: _____