

# INDIVIDUAL TAX ORGANIZER 2017

## BASIC TAXPAYER AND SPOUSE INFORMATION

Taxpayer's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Occupation \_\_\_\_\_

Taxpayer's Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Date issue \_\_\_/\_\_\_/\_\_\_ Date expiration \_\_\_/\_\_\_/\_\_\_

Spouse's Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Date issue \_\_\_/\_\_\_/\_\_\_ Date expiration \_\_\_/\_\_\_/\_\_\_

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 12/31/2017 (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	# Months living with you in 2017	DOB	SSN	2017 Full-Time Student (Y or N)
A) _____	_____	_____	_____	_____	_____
B) _____	_____	_____	_____	_____	_____
C) _____	_____	_____	_____	_____	_____
D) _____	_____	_____	_____	_____	_____
E) _____	_____	_____	_____	_____	_____

## PROCESSING OF POTENTIAL REFUND

I do want a portion of my refund applied to my 2018 income taxes: Yes \_\_\_\_\_ No \_\_\_\_\_

I do want my refund direct deposited: Yes \_\_\_\_\_ No \_\_\_\_\_

## 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

## INDIVIDUAL TAX ORGANIZER 2017

### 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 2017? *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 2017 please answer the following additional two 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. a. Do you have any dependents who must file an income tax return? \_\_\_\_\_  
 b. If yes, do you want us to prepare the dependent's return? \_\_\_\_\_
7. Did any of the dependents, listed on page 1, provide more than half of their own support in 2017? \_\_\_\_\_
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. Claiming a qualifying child for the Earned Income Tax Credit is covered by IRS tie breaker rules. Are there any other individuals who could claim any of the dependents listed in page 1? \_\_\_\_\_
10. 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

11. Did any births, adoptions, marriages, divorces or deaths occur in your immediate family last year? \_\_\_\_\_
12. Did you have any interests in, or signature, or authority over a bank, securities, or other financial account in a foreign country? \_\_\_\_\_
13. Were you the grantor, transferor or beneficiary of a foreign trust? \_\_\_\_\_
14. 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.* \_\_\_\_\_
15. 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

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

## DEDUCTIONS / CREDITS

27. Do you **NOT** have proper documentation to substantiate eligibility for the following credits if applicable; earned income tax credit, child tax credit and American opportunity tax credit? (A "no" answer means that you do have the proper documentation) \_\_\_\_\_
28. Were any of the tax credits identified in the previous question disallowed or reduced by the IRS in previous years? \_\_\_\_\_
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 2017? *If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan.* \_\_\_\_\_
31. If eligible, would you like to consider making an IRA contribution before April 15, 2018 for tax year 2017? *If yes, how much and specify the type of plan.* \_\_\_\_\_
32. Did you contribute to a Health Savings Account (HSA) for tax year 2017? *If yes, please provide an annual bank summary statement for your health savings account for 2017.* \_\_\_\_\_
33. If eligible, would you like to consider making an HSA contribution before April 15, 2018 for tax year 2017? \_\_\_\_\_
34. Did you receive any distributions from a health savings account (HSA) for the tax year? *If yes, please provide from 1099-SA* \_\_\_\_\_
35. Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses? \_\_\_\_\_

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- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 36. Did you incur expenses as an elementary or secondary educator? <i>If yes, how much:</i> _____  | _____      | _____     |
| 37. Did you pay any adoption expenses?   | _____      | _____     |
| 38. Did you pay any tuition expenses? <i>If yes, please provide Form 1098-T and a schedule from the University/College showing amounts billed and paid during 2017.</i>  | _____      | _____     |
| 39. Did you purchase and install qualified solar electric, solar hot water, or geothermal heat pumps? <i>If yes, please provide a description and the amount paid:</i> _____<br>_____  | _____      | _____     |
| 40. Did you pay any property taxes? <i>If yes, please provide your two most recent property tax bills and the amounts paid in 2017.</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. Did you have income from a state other than the state of your residence?  | _____      | _____     |
| 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. Did anyone other than you, your spouse and dependents live with you and have income in 2017? <i>If yes, please provide a description of the income and amount.</i>                              | _____      | _____     |
| 50. 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>                  | _____      | _____     |
| 51. Did any dependent have any unearned (interest, dividends etc.) income? <i>If yes, please provide a description of the income and amount.</i>  | _____      | _____     |
| 52. Did any household members receive gifts of \$6,500 or more for the year? <i>If yes, please provide the amount.</i>  | _____      | _____     |
| 53. a. Do you own real estate in VT? <i>If yes, complete the following:</i>   | _____      | _____     |
| b. Do you expect to be a VT resident and own and occupy your property on April 1, 2018?   | _____      | _____     |
| c. Did you live in VT for the entire 2017 calendar year?  | _____      | _____     |
| 54. a. Did you rent for 12 months in VT in calendar year 2017? <i>If yes, complete the following:</i>   | _____      | _____     |
| b. 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.</i>  | _____      | _____     |

**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: \_\_\_\_\_