# 2016 Individual Taxpayer Organizer Rental Property

(See next page for Organizer)



Your Reporting, Planning & Tax Resource

If you have questions, please contact us O: 704-496-2625 e-mail: rtrautwein@rptconsulting.com

# **2016 Individual Taxpayer Organizer**

Name of Taxpayer						SS#				
Fir	·st	M.I.	Last	Email		1				
Occupation			Date of birth		Are you r	new to our	firm?	Yes	No	
Address			City			State		Zip		
County			Home phone			Work or c	ell			
Name of Spouse			'			SS#				
Fir	rst	M.I.	Last	Email		'				
Occupation			Date of birth			Are you r	new to our	firm?	Yes	No
(Enter information below on	ıly if different fr	om Taxpayer)	<u> </u>			1				
Address			City			State	1			
County			Home phone			Work or c	ell	1		
If you moved during 2016	6, enter your p	revious address	S.			Date of m	iove			
Have you received any not Same-sex married couples the married couple lives. federal tax purposes.	s are required t	to file as Marrie	ed Filing Jointly or N	Married Filing Se	ar? \\eparate	es No ly for federa	al returns,			
Names of dependent chill Child's full name	ldren	Social Security	<i>(</i> #	Date of birth	- 1	ths lived in in 2016	Relations taxpayer	•	Coli	lege lent?
Did any of the shildren be	in all -	050 for t	havaav? Vaa N	Jo Do an	of the	م مامنا المامية الم		المانانيات	Vaa	N <sub>0</sub>
Did any of the children had Is it anticipated that a diff			•		-	e children h for tax year		Yes N	Yes Io	No
Other dependents or peo				1						
Name		Social Security	<i>j</i> #	Date of birth	Relat	ionship	Income	?		
If you are due a refund, w	yould you like	it directly depo	osited into your ban	k account? Name	of bank	:				
Checking Savings	Routing transi	it number		Accoun	ıt numb	er				
Ask your tax preparer for	information a	bout depositing	g a refund into an IF	A account or sp	litting	the deposit	into more	than on	e acco	unt.

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.											
	Yes	No	Are either you or your spo	re either you or your spouse legally blind?							
	Yes	No	Did you pay or receive ali	I you pay or receive alimony in 2016? <i>Paid/Received</i> \$ Recipient's SS#  I you have health insurance for you, your spouse, and all dependents for the entire year?							
	Yes	No	Did you have health insur	ance f	for you, your spouse, and all dep	endents for the entire	year?				
Ī	Yes	No	Did you purchase health is	nsura	nce through a public exchange?						
	Yes	No	Will there be any significant	there be any significant changes in income or deductions next year, such as retirement?							
4XES	Yes	No	Have you paid alternative	ave you paid alternative minimum tax (AMT) in previous years?							
E & T	Yes	No	Did you pay anyone for de	d you pay anyone for domestic services in your home?							
LIFESTYLE & TAXES	Yes	No	Did you purchase a new e	d you pay anyone for domestic services in your home?  d you purchase a new energy-efficient car, truck, or van?  re you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?							
LIF	Yes	No	Are you involved in bankı	d you purchase a new energy-efficient car, truck, or van? e you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?							
	Yes	No	Are you a member of the r	militaı	ry?						
	Yes	No	Were you a citizen of or liv	ved in	a foreign country?						
	Yes	No	Do you own or have finan	cial in	nterest in a foreign bank or financ	ial account?					
	Yes	No	Would you like to allow you Designee's name	our ta	x preparer or another person to d <i>Phone number</i>	liscuss your return w	rith the IRS? PIN (any fit	ve digit	s)		
	Yes	No	Were any children born or	adop	ted in 2016? (Provide statement for	other expenses.)					
	Yes	No	Were any children Year in		Paid by you: Tuition \$	Student loan int	erest \$	Во	ooks \$		
>			attending college?   college	'	Paid by student: Tuition \$	Student loan int	erest \$	Во	ooks \$		
CHILDREN & EDUCATION	Yes	No	Did you pay any tuition fo	or a pr	rivate school for a dependent or to	ake classes yourself?					
EDU			Student				Amount paid	! \$			
REN &			Name and address of school								
IHITDI	Yes	No	Did you pay for child or d	epenc	dent care so you could work or go	o to school? (add state	ment if needed,	)			
9			Name of provider				EIN or SS #				
			Address				Amount paid	! \$			
	Yes	No	Do you have any children	who e	earned more than \$2,100 of invest	tment income?					
	Yes	No	Did you, or will you, contr	ribute	any money to an IRA for 2016?						
ENTS	Yes	No	Did you roll over any amo	ounts f	from a retirement account in 2016	5?					
INVESTMENTS	Yes	No	Did you sell or transfer an	y stoc	ck or sell rental or investment pro	perty?					
INNI	Yes	No	Did you have any investm	ents b	pecome worthless or were you a v	victim of investment	theft in 2016?				
	Yes	No	Were you granted, or did y	you ex	xercise, any employee stock optio	ns during 2016?					
SNO	Yes	No	Did you pay any interest of	on a lo	oan for a boat or RV that has livin	g quarters? If yes, pro	ovide details.				
DEDUCTIONS	Yes	No	Did you pay sales taxes or	n a ma	njor purchase in 2016, such as a ve	hicle, boat, or home?	?				
DEI	Yes	No	Did you have any uninsur	ed los	ss to your property in 2016?						
SS	Yes	No	Did you work from a hom	e offic	ce or use your car for business?						
BUSINESS	Yes	No	Did you receive any incom	ne froi	m an installment sale?						
B	Yes	No	Do you own a business or	an int	terest in a partnership, corporation	on, LLC, farming acti	vities, or othe	r ventı	ıre?		
	Yes	No	Did you purchase or sell a	main	home during the year? If yes, pro	ovide closing stateme	nt.				
Li.	Yes	No	If you sold a home, did yo	u clair	m the First-Time Homebuyer Cred	dit when it was purch	nased? If yes,	provid	e details	1.	
номе	Yes	No	Did you refinance a mortg	gage of	r take a home equity loan? (Provi	de closing statement	)				
	Yes	No	Did you use any mortgage	e loan	proceeds for purposes other than	n to buy, build, or sub	stantially im	prove y	your hor	ne?	
	Yes	No	Did you make any new en	ergy-	efficient improvements to your he	ome? If yes, provide	details.				
Sta	ite infor	matio	n Full-year resident	Part-	-year resident Nonresident						
Sta	tes of re	sidenc	e during 2016 and dates								
Sch	nool dist	rict				Do you rent o	r own your ho	ome?	Rent	Own	

#### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate	e "T" for taxpayer, "S" for spouse, "J" for joint			Р	rovide additio	nal statemen	its if m	ore room is needed	
Forms	W-2—Wage and Tax Statement								
T/S	Employer name		T/S	Emplo	yer name				
	1)			4)					
	2)			5)					
	3)			6)					
Forms	1099-INT — Interest Income								
T/S/J	Name of issuer		T/S/J	Name	of issuer				
	1)			4)					
	2)			5)					
	3)			6)					
Forms	1099-DIV—Dividends and Distributions								
T/S/J Name of issuer			T/S/J	Name	of issuer				
	1)			4)					
	2)			5)					
	3)			6)					
Forms	1099-R—Distributions From Pensions, Annuities, Re	tirement	t or Profit	-Sharing	g Plans, IRAs,	Insurance Co	ontraci	ts, Etc.	
T/S	Name of issuer		T/S	Name	of issuer				
	1)			4)					
	2)			5)					
	3)			6)					
If the d	istribution is before age 59½, give a reason to determine	ne if an	exception	to pena	lty applies.				
Tax-Exe	empt Interest (such as municipal bonds—include stat	ement)							
Payer	\$		Payer					\$	
Other I	Income								
State ta	x refund	\$			Unreporte	d tips	\$		
Alimon	ny	\$			Other			\$	
Unemp	ployment compensation	\$					\$		
Social S	Security (taxpayer)—provide SSA-1099 or RRB-1099	\$					\$		
Social Security (spouse)—provide SSA-1099 or RRB-1099			\$				\$		
Business income (see Sole Proprietorship Tax Organizer)					Stock sales	3	See "	Sales and Exchange	
Rental income (see Rental Property Tax Organizer)					Sale of oth	er property		sheet" below.	
Sale	es and Exchanges Worksheet								
	e information about sales of stock, real estate, or other	propert	ty, along w	ith Fori	ns 1099-B, 1099	9-S, or other	suppo	rting statements.	
	tion of property	<del>^</del> _ ^	hase date		t/basis	Sell date		Sale price	
	, ,			-				,	

#### Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

#### **Itemized Deductions Worksheet**

Deductions must exceed \$6,300 Single, \$12,600 MFJ, \$9,300 HOH, or \$6,300 MFS to be a tax benefit.

<b>Medical Expenses.</b> Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit—include cost for dependents—do not			Charitable Contributions. If over \$500 in noncash charitable				
		-include cost for depe eimbursed by insurar		contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.			
Dentists	\$	Hospitals	\$	Cash			\$
Doctors	\$	Insurance	\$		Noncash contributions (FMV). Clothing or household		
Equipment	\$	Prescriptions	\$	items must be in go	ood used condition	on or better.	\$
Eyeglasses	\$	Other	\$	Did you transfer fu		directly to a	
Medical miles:	·	@ 19¢			No		\$
Taxes Paid. D	o not include taxes	paid for full or partia	al business or	Charitable mileage			
rental-use proj	perty, including bu	siness use of the hom	e.	Casualty and The		. 1 1	
State withhold			Reported on W-2	If you suffered any theft, provide detail		cted damage or loss	
State estimated	d taxes—paid in 20	016	\$			1	
Real estate tax	—residence		\$			<b>ons.</b> The following r e of home, or auto m	
Real estate tax	—other		\$	job-related expense	es, provide inform	nation on a separate	sheet.
Personal property taxes			\$	Were any expenses			es No
Property tax re	efund—received ir	2016	\$( )	Dues	\$	Supplies	\$
Foreign tax pa	Foreign tax paid		\$	Investment	\$	Tax prep fees	\$
Other			\$	expenses			
Other			\$	Job education	\$	Tools	\$
Balance paid is	n 2016 from prior y	rear returns (do not		Job seeking	\$	Uniforms	\$
include interes	st or penalties)		\$	Legal fees	\$	Union dues	\$
		x paid during 2016?	Yes No	Licenses	\$	Other	\$
		at, or home in 2016?	Yes No	Safety equipment	\$	Other	\$
Sales tax paid \$		,		Subscriptions	\$	Other	\$
<b>Interest Paid.</b> Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.			Other Miscellane subject to a 2% of in		. The following ded	uctions are not	
Main home	\$	Equity loan	\$	Gambling losses	\$	Federal estate tax	\$
Second home	\$	Equity loan	\$	Impairment-	\$	Loss from box 2,	\$
Points	\$	Investment interest	\$	related expenses	Ψ	K-1, Form 1065B	Ψ
Did you pay a	mortgage insurance	ce premium when you	ı purchased your h		Date	1	1
, , ,		· ,	· · · · · ·				

#### **Other Deductions or Questions**

• Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Legal expenses are deductible only if related to producing or collecting taxable income.
  Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet				
Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$			
Health savings account deduction (HSA).	\$			
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2016 may be made in 2017.	\$			
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$			
Penalty on early withdrawal of savings.	\$			
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2016 may be made in 2017.	\$			
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$			
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$			
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer			
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer			

Estimated Tax Payments — Tax Year 2016							
Installment	Date paid	Federal	Date paid	State			
First		\$		\$			
Second		\$		\$			
Third		\$		\$			
Fourth		\$		\$			
Amount applied from 2015 refund?		\$		\$			
Total		\$		\$			

#### **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2016.

#### Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

#### **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
  future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer Spouse Date			,	
	Taxpayer	S	Spouse	Date

#### **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

## **Rental Property Tax Organizer**

#### **Rental Income and Expenses**

Indicate type of rental as "residential" or "nonresidential."

	Property A	Property B	Property C		
	Type and location of property:	Type and location of property:	Type and location of property:		
	Any personal use? Yes No	Any personal use? Yes No	Any personal use? Yes No		
Date placed in service					
Rents received	\$	\$	\$		
Expenses					
Advertising	\$	\$	\$		
Cleaning and maintenance	\$	\$	\$		
Commissions	\$	\$	\$		
Insurance	\$	\$	\$		
Legal and professional fees	\$	\$	\$		
Management fees	\$	\$	\$		
Mortgage interest paid to banks	\$	\$	\$		
Other interest	\$	\$	\$		
Repairs	\$	\$	\$		
Supplies	\$	\$	\$		
Taxes	\$	\$	\$		
Utilities	\$	\$	\$		
Other (list)	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

### **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2016.

<b>Property Purchased.</b> Treat the cost of improvements made to real property as the purchase of a new asset.						
Asset	Date purchased	Cost	Date placed in service			
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				

Property Sold or Taken Out of Service					
Asset	Date sold or taken out of service	Selling price	Trade in?		
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			