American Tax & Accounting
Tax Organizer
Tax Year 2016

(828) 324-4047

Email: kighttax@yahoo.com
Website: hickorytax.com

Personal and Dependent Information

Personal Information

	Name	SSN	Date of Birth	Healthcare coverage ALL year
Taxpayer				
Spouse				

Street address, city, state, and ZIP

	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				

Taxpayer Email	
Spouse Email	

Marital Status at end of 2016

- ☐ Married
- ☐ Married filing separately
- ☐ Single
- ☐ Widow(er), Date of spouse's death if deceased in 2016 ____________

Taxpayer		Spouse		
☐ Yes	☐ No	☐ Yes	☐ No	Are you blind?
☐ Yes	☐ No	☐ Yes	☐ No	Are you disabled?
☐ Yes	☐ No	☐ Yes	☐ No	Are you a full-time student
☐ Yes	☐ No	☐ Yes	☐ No	Do you want $3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Healthcare coverage ALL year

List dependents required to file a return ____________________

FOR OFFICE USE ONLY: ☐ Direct Deposit

☐ ID Theft/ Protection Plus

— Direct Deposit
— Check
— Prepaid Visa
— Walmart Direct2Cash

Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

Your <u>FILING STATUS</u> is determined on December 31, 2016

SINGLE

____ Single
____ Single, being claimed by someone else
____ Single with a dependent child
____ Single with a dependent relative (child who is not a qualifying child, parent, grandparent, brother, sister, stepbrother, stepsister, half brother, half sister, stepmother, stepfather, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, uncle, aunt, nephew, or niece)

HEAD OF HOUSEHOLD

____ Single with a dependent child (you are custodial parent)
____ Single with a dependent parent (parents live with you or their home and you pay over half the cost of maintaining their home)
____ Married living apart from spouse for over 6 months of the year **<u>and</u>** paid over half of the cost of keeping up a home **<u>and</u>** that home was the main home of your child, stepchild, or foster child for over 6 months of the year. Spouse must file MFS tax return.

MARRIED

____ Married filing a joint tax return
____ Married filing a separate return
____ Married, check both ways for best advantage
____ Married, Same Sex Couple

For 2016:

Dependents - You must bring in proof of all dependents that you claim are your dependents. A copy of a school record, child care provider, medical record for a doctor or dentist, social service agency, health insurance coverage are the most common records available. The child's name and address must be the same as your address.

Education Expenses - You must bring in a Form 1098-T from the college or university plus the students record of fees and payments for 2016. I must have both of these items to properly claim the Education Credit.

ID Theft/Protection Plus Service - New this year! In the case of an identity theft incident, you can have access to personalized recovery services for one full year.

REFUND or OWE ?

______ Refund All _______ I expect to owe ______ Apply all to 2017 estimated tax

2016 INCOME TAX QUESTIONS (Y = Yes N =No) Please Provide Documentation

_____ Were there any births, deaths, marriages, or divorce in your immediate family during 2016?

_____ Did you receive a Health Insurance subsidy from Healthcare.gov or the Marketplace? Attach **Form 1095-A**

_____ Did you in 2016 participate in Online Gambling?

_____ Do you have a financial interest in or signature authority over a financial account located in a foreign country?

FIRST TIME HOME BUYERS CREDIT (if you purchased a home between 4-8-2008 and 7-1-2010)

_____ Did you purchase a personal residence and qualify for the First-time Home buyers Credit between:

April 8, 2008 and January 1, 2009 ($7500 max credit) ________

December 31, 2008 and November 7, 2009 ($8000 max credit) ________

November 6, 2009 and May 1, 2010 (closing before July 1, 2010) ($6500) ________

_____ Did you sell the home that you received the First-time homebuyer Credit in 2016?

RETIREMENT PLANS

_____ Did you contribute to an IRA for 2016? Amount: __________ Spouse amount: _________

_____ Did you contribute to a Roth IRA for 2016? Amount: __________ Spouse amount: _________

_____ Did you receive a distribution from a retirement plan this year? You will get a Form 1099-R

_____ Did you get an early distribution to pay for medical expenses, higher education expenses, health insurance premiums while unemployed, or to an alternative payee under a domestic relations order? Please circle which applies to your situation, if any and provide the amount paid by you: $____________

NORTH CAROLINA & ANY OTHER STATE

_____ What is your state of Residence? What state issued your driver's license? _____

_____ Do you have income from more than one state? List States: _____ _____ _____

Not sure **if you are a NC resident**. What date did you move into or move out of NC? ______________

_____ Did you, your spouse, and/or your dependents make any purchases from out-of-state retailers that did not charge NC (or your resident state) sales tax? If yes, how much? ____________ None _______

Are you or your spouse a Veteran? Taxpayer ______ Spouse ________

2016

Miscellaneous Information

Name: SSN:

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year? If "Yes," explain ____
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?

Dependent Information

Yes	No	
☐	☐	Did you have any changes in dependents during the year? If "Yes," explain ____
☐	☐	Can another person qualify to claim the child?
☐	☐	Did you have any childcare expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 19 or a full-time student under age 24 with more than $1900 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes	No	
☐	☐	Did any member of your household **NOT** have healthcare coverage for the entire year? Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes	No	
☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash any U.S. Savings Bonds during the year?
☐	☐	Did you receive any other income not provided with this organizer? If "Yes," explain ____
☐	☐	Did you start a new business or purchase any rental property during the year?
☐	☐	Did you sell an existing business, rental property, or other property during the year?
☐	☐	Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
☐	☐	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
☐	☐	Did you buy or sell any stocks, bonds, or other investments during the year?
☐	☐	Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home
☐	☐	Did you foreclose or abandon a principal residence or real property during the year?
☐	☐	Did you refinance your principal home or second home or take out a home equity loan during the year? If "Yes," provide all escrow, closing, and other pertinent documentation and information.
☐	☐	Did you receive any principal or interest, during this year, from property sold in prior years?
☐	☐	Did you rent out your home or use it for business?
☐	☐	Did you sell, exchange, or purchase any real estate during the year?
☐	☐	Did you acquire a new or additional interest in a partnership or S corporation?
☐	☐	Did you have any debts canceled or forgiven this year?
☐	☐	Does anyone owe you money that has become uncollectible?
☐	☐	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

Yes	No	
☐	☐	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
☐	☐	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
☐	☐	Did you receive any state or local income tax refunds from prior years?
☐	☐	Did you make any major purchases (vehicle, boats, etc.) during the year?
☐	☐	Did you pay any real estate property taxes or personal property taxes during the year?
☐	☐	Did you pay mortgage interest during the year?

Miscellaneous Information

Name: SSN:

- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?
  If "Yes," attach Form 1098-C.
- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?
- ☐ ☐ Did you have gambling losses during the year?

Retirement Information

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? } Attach Form 1098-T and Record of
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year? } Fees and Payments from School
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- ☐ ☐ Did you incur a loss due to damaged or stolen property?
  If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make any gifts to any one person in excess of $14,000 during the year?
  If "Yes," are you splitting the gift with your spouse? ______
- ☐ ☐ Did you incur moving expenses due to a change in employment?
- ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
- ☐ ☐ If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2016 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
  If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
  If "Yes," explain ______
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a physical copy or a PDF copy of your tax return?

Preparer Notes

Miscellaneous Notes

Other Income and Adjustments

Name: SSN:

Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2016				
Social Security benefits (attach Forms 1099-SSA)				
Railroad retirement benefits (attach Forms 1099-RRB)				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Other income:				

Adjustments

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Contributions made to a Self-Employed Pension plan (SEP)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name: SSN:				
Name: SSN:				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Contributions made to a myRA				
Interest paid on a student loan				
Other adjustments:				

How do you want us to prepare your taxes for filing?

_____ Mail in by taxpayer

_____ Electronic Filing

_____ Electronic Filing w/direct deposit (complete direct deposit info below)

DIRECT DEPOSIT INFO (You can chose up to 2 accounts)

Account #1 Name of Bank: ______________________________

Routing Number (9 digits) _ _ _ _ _ _ _ _ _ or attach a Voided Check

Account Number ______________________________________

Type of Account: ____Checking _____Savings ____IRA

Percent of Refund to be deposited into this account: ____ **100%** or ____ % and

Account #2 Name of Bank: ________________________________

Routing Number (9 digits) _ _ _ _ _ _ _ _ _ or attach a Voided Check
Account Number ______________________________________
Type of Account: ____ Checking _____Savings _____IRA
Percent of Refund to be deposited into this account: _____%

****** Optional ******

Have your Tax Prep Fees Deducted from your Refund

($81.95 Processing Fee Applies)

Have your preparation fees deducted from your refund! (Additional Fee applies)
Pick & answer a security question - answer only ONE question

(1) What is your mothers' Maiden name? ________________
(2) What is the name of your first pet? ________________
(3) What high school did you attend? ________________
(4) What is the name of your oldest child? ________________
(5) What is your father's middle name? ________________

How do you want your Refund?

______ Direct Deposit (complete direct deposit info above)

______ Check printed here

______ Visa Prepaid Card

Proof of residential address required (no PO Box) with a Photo ID
(must be current ID)

*** OPTIONAL ***

Audit Assistance

With a simple call, taxpayers receive the assistance they need from one of our experienced EAs or CPAs. Protection Plus will provide assistance for audits and inquiries associated with the 2016 federal and state tax returns.

- **Relief from IRS and State Audit or Inquiry Headaches**
- **Assistance with Denied Credits**
- **Tax Debt Relief Assistance**
- **$2,500 Preparer Error Guarantee***
- **Assistance with Schedules A, C, and E**

Identity Theft Restoration

For a full year from the date of enrollment, Protection Plus Members have 24/7, 365 days per year access to comprehensive, personalized recovery services for identity theft incidents. All work done on member's behalf is performed by qualified Privacy Advocates. In the case of an identity theft incident, members will receive the following:

- **Daily credit monitoring**
- **Customized, pre-completed, state specific "ID Recovery Kit™"**
- **Contact all 3 credit reporting agencies and obtain a free credit report**
- **Place fraud alerts on member's credit records**
- **Obtain a list of creditors involved with the fraud**
- **Notify local authorities**

*Subject to the terms, conditions, limitations and exclusions outlined in the Tax Reimbursement Program Terms and Conditions.

Do You Want This Service? ___ Yes ___ No

$74.95

TaxProtectionPlus.com
(866) 942-8348 | sales@taxprotectionplus.com
P.O. Box 24279 | Winston Salem, NC 27114

ProtectionPlus
Audit Assistance

American Tax & Accounting

Agreement for the Preparation of an Income Tax Return

Thank you for choosing American Tax & Accounting to assist you in the preparation of your individual income taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify data you submit. An Organizer is available to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

You will be responsible for providing accurate information pertaining to the provisions of the Affordable Care Act (Obamacare) such as Health Insurance coverage for you, spouse (if married), and your dependents (if any), including the exact months of coverage.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for five years, after which these documents will be destroyed.

Our engagement to prepare your income tax returns will conclude with the delivery of the completed returns to you. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

Payment for the preparation of income tax returns will be due upon completion or when you pick up your copy of the tax returns. Additional copies are available for $35 federal (if we have your email address we can send you a copy), State copies are $15 per year.

The client agrees to limit our liability for any claims they may make against us to the fee that they paid us for the return and all claims must be made within 270 days from the date the preparer signs the tax return.

This agreement is for income tax preparation only. If you receive any letter or notices from the government for the tax year(s) indicated below, we will explain the letter or notice to you – free of charge.

If you want us to file an "extension" indicate below. An extension of time to file is not an extension of time to pay, if a payment is due or expected to be due it must be sent in with the extension. Failure to do so may result in penalties and interest being assessed.

Income Tax Return(s):

_______ **Extension** (2016 only)

_______ **1040, 1040A, or 1040EZ**

Select Tax Year(s): **2016** 2015 2014 2013 2012 Other: _________

State Income Tax: _____ **NC** ______ SC Other State: ______ _______

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return to us. You may request a copy for your records.

We appreciate your confidence in us. Please call if you have questions.

Wayne Kight EA, Accountant
American Tax & Accounting

______________________________ ______________
Client Date