

TAX ORGANIZER

If you are a new client, please send a copy of last years tax return)

FOR TAX YEAR 2017

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number () -	Work or Cell Phone Number () -
E-mail Address		

DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

HEALTHCARE COVERAGE

Member of Household For healthcare purposes	Covered the entire year	Covered Less than 12 months	No Healthcare coverage at all

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above? _____

Did you pay for healthcare coverage for anyone not listed above? _____

If you had coverage for any part of the year:

Where was the policy obtained? Marketplace Employer Medicare Medicaid Exchange Other

Taxpayer: 65 or over Blind/Disabled

Spouse: 65 or over Blind/Disabled

Your FILING STATUS is determined on December 31, 2017

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 **and** paid over half of the cost of keeping up a home **and** 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

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 2017. I must have both of these items to properly claim the Education Credit.

All eligible returns are Electronically Filed

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: ___ %

Do you want us to deduct our prep fee from your refund for a fee of \$63.95 (direct deposit) or \$68.95 (check)?

___ Yes ___ No (This is the lowest cost in the nation)

If yes, need a copy of **drivers license** for taxpayer and spouse, if joint; and

Answer one (1) security question below:

- What is your Mother's maiden name? _____
- What is the name of your first pet? _____
- What high school did you attend? _____
- What is the name of your oldest child? _____
- What is your father's middle name? _____

2017 INCOME TAX QUESTIONS (Y = Yes N =No) Please Provide Documentation

_____ Did your dependents live with you, in your home, for the full 12 months of 2017 (Jan 1 – Dec 31)?

_____ Were there any births, deaths, marriages, or divorce in your immediate family during 2017?

_____ Did you receive a Health Insurance subsidy from Healthcare.gov or the Marketplace? You must provide a Form 1095-A from the Marketplace/Exchange.

_____ Did you in 2017 participate in Online Gambling and have net winnings of over \$600?

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

_____ Do you anticipate your income or withholdings to be different for 2018?

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 2017?

RETIREMENT PLANS

_____ Did you contribute to an IRA for 2017? Amount: _____ Spouse amount: _____

_____ Did you contribute to a Roth IRA for 2017? 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 _____

2017 INCOME TAX QUESTIONS (Y = Yes N =No) Please Provide Documentation

_____ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If Yes, attach Form 1099-MISC and Form 1099-K

_____ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? If yes, attach Form 1099-MISC or Form W-2

_____ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)? If yes, provide documentation.

_____ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)? If yes, attach Form 1099-K

_____ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)? If yes, provide documentation

_____ Did you Receive income or incur expenses associated with a fantasy football league?
If yes, provide documentation

_____ Did you incur casualty losses due to a federally recognized natural disaster?

TAXES PAID IN 2017

Real Estate Taxes: Personal Residence _____ 2nd Home/RV _____

Land owned by you/spouse _____

Personal Property Taxes: Vehicles _____ Boats _____

Vehicles _____ Trailer _____

Vehicle _____ Motorcycle _____

State Income Taxes: (what state/s) _____

Amount owed from 2016 _____ 2015 _____ 2014 _____ 2013 _____

Estimated tax payments for 2017: (do not include withholding taxes from W-2, Forms 1099, etc)

(List date and amount) _____

Federal Estimated Income Taxes for 2017 (do not include amounts withheld from W-2, 1099's, SSA, etc)

Miscellaneous Information

Personal Information

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID) |

Dependent Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any changes in dependents during the year?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another person qualify to claim any dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any childcare expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any adoption expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.) |

Health Care Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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). |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you own property in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any tips not reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any U.S. savings bonds during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any other income not provided with this organizer?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business or purchase any rental property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell an existing business, rental property, or other property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investments during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you foreclose or abandon a principal residence or real property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any principal or interest during this year from property sold in prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you rent out your home or use it for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell, exchange, or purchase any real estate during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire a new or additional interest in a partnership or S corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any state or local income tax refunds from prior years? |

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 (if applicable). 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 three 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 180 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** (2017 only)

_____ **1040, 1040A, or 1040EZ**

Select Tax Year(s): **2017** 2016 2015 2014 2013 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