



A Federally Authorized Tax Practitioner

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You may download your completed organizer to our webportal

2016 Tax Organizer

Call to schedule your Appointment: Day _____ Date _____ Time _____ or Drop Off Web Portal

Taxpayer	Spouse
Name _____	Name _____
SSN _____ Birthday _____	SSN _____ Birthday _____
Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N	Occupation _____ Health Ins <input type="checkbox"/> Y <input type="checkbox"/> N
Address <input type="checkbox"/> New address this year	<input type="checkbox"/> Yes, Direct Deposit My Refund to:
City _____ ST _____ Zip _____	Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav
	Rtn # _____ Acct # _____
Contact Information	
Home Ph _____ Cell _____	e-mail _____
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS	I'd prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both

Did you and your spouse have health insurance coverage all year? Yes(all 12 months) Some(____ months) Did not have any insurance

Where was the policy obtained? Employer Medicare Medicaid/AHCCCS Govt/Military Marketplace(Exchange) Other _____

Please include IRS form 1095-A 1095-B 1095-C from your insurance provider

DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home	Birthdate	Health Ins All Year	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS ENCLOSED

(<input checked="" type="checkbox"/> or # enclosed)	Taxpayer	Spouse
Wages W2 <input type="checkbox"/> Employment change this year		
Pensions and IRAs 1099R		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Sales of Capital – 1099B (<input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate		
Unemployment and State Tax Refunds 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – 1099MISC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment / Student Loan <input type="checkbox"/> 1098E		
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID		

New Clients: Please bring copy of last year's tax return Picture ID Social Security Cards for all Dependents

Who can we thank for referring you? _____

SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft _____ Office _____ Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto - Yr: _____ Make: _____	# Miles: _____	# Miles: _____
Gas, Oil Mtce \$ _____ Total:	_____	_____
Interest Pd \$ _____ Business:	_____	_____
License/Reg \$ _____ Commuting:	_____	_____
Contract Labor(1099Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA)		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

RENTALS/ROYALTIES

Property Description:	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance – Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Management Fees			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Management Fees			
Repairs / Maintenance			
Supplies			
Taxes –Real Estate			
Taxes - Other			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
1099Misc Issued?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide HUD-1 stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide 1099S and HUD-1 closing documents (both purchase and sale) for any Real Estate transactions

OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter <i>(required)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you gift more than \$14,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received <i>(Alimony does not include child support)</i>	\$	\$
Alimony Paid to: Name _____ SSN _____ Address _____	\$	\$
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions <i>(Now deductible for AZ up to \$4,000)</i>	\$	\$
Health Savings Account <input type="checkbox"/> Contributions <input type="checkbox"/> Distributions		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment <i>(required)</i>	\$	\$
If paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years:		
Student Loan Interest Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		

DAYCARE EXPENSES

Provider _____	Provider _____
SSN/EIN _____ Amount Pd \$ _____	SSN/EIN _____ Amount Pd \$ _____
Address _____ Zip _____	Address _____ Zip _____
For Dependent(s) _____	For Dependent(s) _____

OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!