

2016 Individual Taxpayer Organizer

BC
Bansi Consulting LLC

Phone: 718-934-5627
Email: trishbansi@bansicpa.com
Fax: 718-616-2009

Name of Taxpayer				SS#	
<i>First</i>		<i>M.I.</i>		<i>Last</i>	
			Email		
Occupation		Date of birth		Are you new to our firm? Yes No	
Address		City		State	Zip
County		Home phone		Work or cell	
Name of Spouse				SS#	
<i>First</i>		<i>M.I.</i>		<i>Last</i>	
			Email		
Occupation		Date of birth		Are you new to our firm? Yes No	
<i>(Enter information below only if different from Taxpayer)</i>					
Address		City		State	Zip
County		Home phone		Work or cell	
If you moved during 2016, enter your previous address.				Date of move	

Filing status: Single Married Filing Jointly Married Filing Separately Widow(er) Head of Household Unsure

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Have you received any notice from the IRS or state revenue department within the past year? Yes No

Same-sex married couples are required to file as Married Filing Jointly or Married Filing Separately for federal returns, regardless of where the married couple lives. Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.

Names of dependent children <i>Child's full name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Months lived in home in 2016</i>	<i>Relationship to taxpayer</i>	<i>College student?</i>

Did any of the children have income above \$1,050 for the year? Yes No Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2016? Yes No

Other dependents or people who lived with you

<i>Name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Relationship</i>	<i>Income</i>

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*

<i>Checking</i>	<i>Savings</i>	<i>Routing transit number</i>	<i>Account number</i>
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Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

Questions — All Taxpayers

(Provide related statements or other documentation.)

“You” refers to both taxpayer and spouse — enter “?” if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?				
	Yes	No	Did you pay or receive alimony in 2016? Paid/Received \$	Recipient's SS#			
	Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year?				
	Yes	No	Did you purchase health insurance through a public exchange?				
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?				
	Yes	No	Have you paid alternative minimum tax (AMT) in previous years?				
	Yes	No	Did you pay anyone for domestic services in your home?				
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?				
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?				
	Yes	No	Are you a member of the military?				
	Yes	No	Were you a citizen of or lived in a foreign country?				
	Yes	No	Do you own or have financial interest in a foreign bank or financial account?				
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS?				
			<i>Designee's name</i>	<i>Phone number</i>	<i>PIN (any five digits)</i>		
CHILDREN & EDUCATION	Yes	No	Were any children born or adopted in 2016? (Provide statement for other expenses.)				
	Yes	No	Were any children attending college?	<i>Year in college</i>	Paid by you: Tuition \$	Student loan interest \$	Books \$
					Paid by student: Tuition \$	Student loan interest \$	Books \$
	Yes	No	Did you pay any tuition for a private school for a dependent or take classes yourself?				
			<i>Student</i>		<i>Amount paid \$</i>		
			<i>Name and address of school</i>				
	Yes	No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)				
			<i>Name of provider</i>		<i>EIN or SS #</i>		
			<i>Address</i>		<i>Amount paid \$</i>		
	Yes	No	Do you have any children who earned more than \$2,100 of investment income?				
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA for 2016?				
	Yes	No	Did you roll over any amounts from a retirement account in 2016?				
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?				
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2016?				
	Yes	No	Were you granted, or did you exercise, any employee stock options during 2016?				
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.				
	Yes	No	Did you pay sales taxes on a major purchase in 2016, such as a vehicle, boat, or home?				
	Yes	No	Did you have any uninsured loss to your property in 2016?				
BUSINESS	Yes	No	Did you work from a home office or use your car for business?				
	Yes	No	Did you receive any income from an installment sale?				
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?				
HOME	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.				
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.				
	Yes	No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)				
	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?				
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.				

State information Full-year resident Part-year resident Nonresident

States of residence during 2016 and dates

School district Do you rent or own your home? 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 "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

Forms W-2—Wage and Tax Statement

T/S	Employer name	T/S	Employer 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, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds—include statement)

Payer	\$	Payer	\$

Other Income

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$		\$
Social Security (taxpayer)—provide SSA-1099 or RRB-1099	\$		\$
Social Security (spouse)—provide SSA-1099 or RRB-1099	\$		\$
Business income (see <i>Sole Proprietorship Tax Organizer</i>)		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see <i>Rental Property Tax Organizer</i>)		Sale of other property	

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/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.

Medical Expenses. Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$
Medical miles: _____ @ 19¢			

Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	<i>Reported on W-2</i>
State estimated taxes—paid in 2016	\$
Real estate tax—residence	\$
Real estate tax—other	\$
Personal property taxes	\$
Property tax refund—received in 2016	\$ ()
Foreign tax paid	\$
Other	\$
Other	\$
Balance paid in 2016 from prior year returns (do not include interest or penalties)	\$
Did you keep receipts for sales tax paid during 2016?	Yes No
Did you purchase a car, plane, boat, or home in 2016?	Yes No
Sales tax paid \$	Purchase paid \$ Date

Interest Paid. 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.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment interest	\$

Did you pay a mortgage insurance premium when you purchased your home? Amount \$ Date

Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? Yes No	\$
Charitable mileage	

Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft, provide details to your tax preparer. Yes No

Miscellaneous Itemized Deductions. The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other job-related expenses, provide information on a separate sheet.

Were any expenses reimbursed by your employer? Yes No

Dues	\$	Supplies	\$
Investment expenses	\$	Tax prep fees	\$
Job education	\$	Tools	\$
Job seeking	\$	Uniforms	\$
Legal fees	\$	Union dues	\$
Licenses	\$	Other	\$
Safety equipment	\$	Other	\$
Subscriptions	\$	Other	\$

Other Miscellaneous Deductions. The following deductions are not subject to a 2% of income limit.

Gambling losses	\$	Federal estate tax on IRD	\$
Impairment-related expenses	\$	Loss from box 2, K-1, Form 1065B	\$

Other Deductions or Questions

- Notes:**
- 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

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
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

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.

2016 Health Care Organizer Questions for All Taxpayers

Terminology

- Health insurance refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.
- The Marketplace refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.
- Tax family refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

Health Care Questions

Yes	No	1) Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the entire year?	<p>If Yes, go to line 2. If No, go to line 3.</p> <p>Note: If line 1 is yes, provide copies of all Forms 1095-A, 1095-B, and 1095-C that you received from either the Marketplace, your employer, and/or your health insurance provider.</p>
Yes	No	2) Was your insurance coverage provided through the Marketplace?	<p>If Yes, go to line 3. If No (and line 1 above is yes), STOP here. Do not answer any more questions. Check the box next to line 61 of Form 1040 and leave line 61 blank.</p>
Yes	No	3) For each member of your tax family, enter the applicable code for each month that describes the type of insurance (if any) each member had for that month: <ul style="list-style-type: none"> • Code 1. Employer-sponsored coverage. (Form 1095-C) • Code 2. Government plan such as Medicare or Medicaid. 	<ul style="list-style-type: none"> • Code 3. Individual policy including grandfathered plans, but not including plans purchased through the Marketplace. (Form 1095-B) • Code 4. Individual policy purchased through the Marketplace. (Form 1095-A) • Code 5. No health insurance coverage (or coverage does not qualify as minimum essential coverage). <p>Note: You are considered to have health insurance for any month in which you had health insurance for at least one day during that month.</p>

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

- 4) For each member of your tax family where code (e) was entered above, enter the applicable code for each month that describes why that tax family member did not have any insurance for that month:
- **Code A.** Cost of insurance was too expensive. List on a separate sheet your cost of the least expensive plan you could find in the Marketplace for each member of your tax family, or your cost of insurance that your employer would have provided for you. Include information on the amount of the advanced premium tax credit that the Marketplace would have given you had you purchased insurance through the Marketplace.
 - **Code C.** Tax family member was either (1) outside the U.S. for at least 330 full days during the year, or (2) was a bona fide resident of a foreign country or U.S. territory during the year, or (3) was not a U.S. citizen or U.S. national, and was not lawfully present in the U.S. during the year.
 - **Code Z.** Your income was below the filing requirement for the year. In this case, enter this code for all members of your tax family.
 - **Code D.** Member of a health care sharing ministry, member of an Indian tribe, incarceration, or member of a religious sect opposed to accepting any insurance benefits. You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code W.** There was a hardship such as an eviction, facing foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, or other circumstance that made it difficult to purchase health insurance (describe details on separate sheet). You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace for this hardship. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code X.** Other allowed circumstance that qualifies for a coverage exemption (describe details on separate sheet). You may need an Exemption Certificate Number (ECN) from the Marketplace to claim this coverage exemption.
 - **Code Y.** Family member does not have a qualified excuse for not having health insurance.

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

For codes (A) through (Z) above, file Form 8965 to claim a health coverage exemption for that member of your tax family.

For code (Y) above, a coverage exemption for that tax family member applies for the entire year if one of the following is true:

- The tax family member went without coverage for less than three consecutive months during the year.
- Member of the tax family was born, adopted, or died during the year.
- Resident of a state that did not expand Medicaid and the member of the tax family would have been eligible had the state expanded Medicaid coverage.

- You were notified your health insurance was not renewable and you considered other plan options unaffordable.

If one of the above applies, file Form 8965 to claim a health coverage exemption for that tax family member. If none of these exceptions apply, see the worksheet to calculate the penalty for not having health insurance to determine the amount to enter on line 61 of Form 1040.

Health Care Questions continued

Yes	No	5) For line 3, was code (4) entered for any month for you or any member of your tax family?	If Yes , go to line 6. If No , STOP here and do not answer any more questions.
Yes	No	6) Did you or any member of your tax family receive an advance payment of the premium tax credit (APTC) through the Marketplace?	If Yes , go to line 7. If No , STOP here and do not answer any more questions. File Form 8962 to see if you qualify for the Premium Tax Credit (PTC). Note: If there was no APTC and your household income is above 400% of the Federal Poverty Level, you do not qualify for the PTC. Form 8962 is not needed, unless you or a tax family member received a Form 1095-A from the Marketplace.
Yes	No	7) For any month that code (4) was entered in line 3, did you or any tax family member qualify for health insurance through an employer plan or government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?	If Yes , for such tax family member, the PTC is not allowed for that month, even if the health insurance was purchased through the Marketplace for that month, and/or APTC was received for that month. See the Form 8962 instructions for Part 2, line 10.
Yes	No	8) Do you have a Form 1095-A for each member of your tax family for the months in which code (4) was entered on line 3?	If Yes , go to line 9. If No , you need to contact the Marketplace to obtain a copy of Form 1095-A for each applicable tax family member, or, if another taxpayer (such as a former spouse) has the applicable Form 1095-A for such tax family member, you need to obtain a copy of Form 1095-A from that other taxpayer.
Yes	No	9) Did you or a member of your tax family share a policy with another taxpayer? For example, you purchased insurance for yourself and your two children, but a former spouse can claim one or both children on his/her tax return as a dependent.	If Yes , complete Part 4 of Form 8962.
Yes	No	10) Did you get married during the tax year?	If Yes , see the Form 8962 instructions for Part 5. This part of Form 8962 is not required, but this election may help to reduce the amount of excess APTC that must be repaid, if applicable.
Yes	No	11) Was there a change of address, or a new member added or subtracted from your tax family (such as the birth of a newborn or an adult child moving away), or a change in the number of personal exemptions claimed from what you had originally informed the Marketplace, or a change in the number of tax family members enrolled through the Marketplace, <i>and</i> you did not inform the Marketplace of these changes at the time of the change?	If Yes , see the Form 8962 instructions for Part 2, line 10. If No , complete Form 8962 to determine the allowable PTC and whether any APTC must be repaid. Note: Informing your insurance company of a change in address or number of family members, or other change in circumstance is not the same as informing the Marketplace. In addition to notifying the insurance company, you must also notify the Marketplace whenever there is a change in circumstances. If the Marketplace was not informed, see the Form 8962 instructions for Part 2, line 10.