

## 2016 Tax Organizer

*You must complete and return this Organizer to our office before your tax return can be compiled.*

Taxpayer's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address for Tax Return:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County of residence: \_\_\_\_\_

**Telephone Numbers:**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Please complete the Tax Organizer in its entirety, and include it with all copies of your W-2's, 1099's, etc. We cannot compile your tax return without a completed Tax Organizer.

DO NOT leave the question about the health insurance on the bottom of page 3 unanswered. It MUST be checked "Yes" or "No" and the appropriate month entered.

Questions that do not pertain to you may be left blank or marked with "NA".

We suggest that you either scan or make copies of all income statements (W-2/1099's) before mailing originals.

**Filing Method:** (Only one method may be selected.)

Single [ ] Married Filing Jointly [ ] Married Filing Separate [ ] Head Of Household [ ]

	Taxpayer	Spouse
Social Security Number:	_____	_____
Occupation:	_____	_____
Date Of Birth: <small>(Needed for many State returns.)</small>	_____	_____

**Children and other Dependents:** (If you need more room, please use back.)

	1	2	3	4
Full Name:	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
Social Security Number:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____

**Income:** Please list and attach all copies of income Forms (W-2 and 1099) from your job, business or pension.  
 All income must be listed including income not reported to you on forms W-2 or 1099.

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need more room, please use back.

**Interests and Dividend Income.** Please list and attach all Forms 1099 for interest and dividends.

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alimony received: \$ \_\_\_\_\_ Unemployment compensation: \$ \_\_\_\_\_

Gambling winnings: \$ \_\_\_\_\_ Gambling Losses: \$ \_\_\_\_\_

*Note:* Gambling losses may not be greater than gambling winnings.

**Adjustments to income:**

Alimony paid or received (Not child support): Please indicate whether paid or received.

To or from whom paid or received:

Social Security Number:

\_\_\_\_\_

\_\_\_\_\_

**Contributions to individual retirement accounts:**

Taxpayer's IRA: \$ \_\_\_\_\_

Spouse's IRA: \$ \_\_\_\_\_

Taxpayer's SEP: \$ \_\_\_\_\_

Spouse's SEP: \$ \_\_\_\_\_

**Itemized Deductions:**

Taxes:	Amount
Real Estate Taxes: .....	_____
Personal Property Taxes: .....	_____
Interest paid: (Attach Form 1098)	
Home Mortgage to financial institutions: .....	_____
Home Mortgage paid to individuals: .....	_____
To whom paid: _____ Social Security Number: _____	
Address: _____	

<b>Contributions:</b> (If not already reported to Blair Tax Consulting.)	Amount
Church / Temple .....	_____
Other cash contributions (Cancer fund, heart association, etc.): .....	_____
_____	_____
_____	_____
Non-Cash Donations (Include receipt): .....	_____

**Please answer the following questions :**

Are you incorporated? ..... Yes [ ] No [ ]

Where there any births, deaths, adoptions, marriages, or divorces in your  
*immediate family* during the year? ..... Yes [ ] No [ ]

Did you sell or purchase any real estate during the year? If yes, please include  
the closing statement and form 1099S. .... Yes [ ] No [ ]

Did you sell any stocks, bonds, or other property during the year? If yes,  
include Form 1099B statement from your broker. .... Yes [ ] No [ ]

Did you pay for the care of one or more persons to enable you to work  
during the year? (Daycare.) If "yes", please call BTC for details. .... Yes [ ] No [ ]

Did you move because of a job change? (Company Drivers only.) ..... Yes [ ] No [ ]

Did you have or acquire health insurance coverage during 2016? ..... Yes [ ] No [ ]

If "Yes", what month in 2016 did your coverage begin? \_\_\_\_\_

**Did you make any federal or State estimated tax payments for 2016? (Please note which is Federal and which is State.)**

Federal or State	Amount	Federal or State	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Delivery method for tax package:**

- Please mail my tax package via the United States Postal Service (USPS).
  - Please E-Mail my tax package saving me a week or more of waiting. **(See note below.)**
- My E-Mail address is: \_\_\_\_\_

**NOTE:** If you choose to have your tax package e-mailed, it will be sent immediately upon completion along with all of the necessary processing instructions. Before selecting this delivery method, be certain that your e-mail address is active, and your printer is capable of quality printing.

**Only one delivery method should be checked** as we are not permitted to both e-mail and send a copy via the USPS. The same delivery method will apply to both the Federal and State returns.

**Your tax package is being provided free of charge** so that you may E-File your return using the tools at [www.irs.gov](http://www.irs.gov). Instructions for E-Filing are included in the tax package cover letter. If you prefer to mail your return via the USPS, envelopes have been provided.

**Your fee payment is for bookkeeping services.** Since we are providing the tax package free of charge for the purpose of E-Filing, the "Paid Preparer" section of your return is not signed. This is of no consequence as we stand behind your tax return 100%.

**The information contained herein is to the best of my knowledge correct and complete.**

\_\_\_\_\_  
Signature (Typed name for emailed submission)

\_\_\_\_\_  
Date