



# LOCH, ELSENBAUMER, NEWTON & CO.

A PROFESSIONAL CORPORATION

ACCOUNTANTS AND CONSULTANTS

INDIVIDUAL INCOME TAX ORGANIZER

# 2016

Taxpayer Name: \_\_\_\_\_

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

Day Time Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from last year):

\_\_\_\_\_  
\_\_\_\_\_

Local Municipality: \_\_\_\_\_

Date Moved: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS - Y(YES)/N(NO)

IF THE ANSWER IS YES, PLEASE:

- |  |     |  |
|--|-----|--|
| 1. Did you receive any income from:  |     |  |
| Wages and salary   | ___ | Submit all Form W-2's  |
| Interest income  | ___ | Submit Forms 1099-INT  |
| Dividend income  | ___ | Submit Forms 1099-DIV  |
| Sale of stock or securities  | ___ | See summary on page 3  |
| Installment sales  | ___ | See summary on page 4  |
| Sale of other property   | ___ | See summary on page 3  |
| Sale of principal residence  | ___ | Call us prior to your appointment  |
| IRA, pension or annuity distributions  | ___ | Submit Form(s) 1099R and see page 3  |
| Unemployment compensation  | ___ | Submit Form(s) 1099-G  |
| Did you receive COBRA assistance payments  | ___ |  |
| Social security benefits   | ___ | Submit Form(s) SSA - 1099  |
| Refund of state or local income taxes  | ___ | Submit Form(s) 1099-G  |
| Alimony  | ___ | Enter amount received \$_____  |
| Business or farm activities  | ___ | See summary on pages 4 & 5   |
| Rents  | ___ | See summary on page 6  |
| Partnerships   | ___ | Please submit <u>all</u> Form K-1's  |
| Estates or trusts  | ___ | Please submit <u>all</u> Form K-1's  |
| "S" corporations   | ___ | Please submit <u>all</u> Form K-1's  |
| 2. Are you and your family covered by health insurance?                                    | ___ | Please submit <u>all</u> Form 1095's   |
| 3. Are you required to file a Business Privilege Tax Return?                               | ___ | Would you like us to prepare the tax return for you? ___                             |
| 4. Are you required to issue Forms 1099?   | ___ | Would you like us to prepare them for you? ___<br>(due by January 31 <sup>st</sup> ) |
| 5. Did you pay any of the following:   |     |  |
| Penalty on early withdrawal of savings   | ___ | Enter amount \$_____   |
| Alimony  | ___ | Enter amount paid \$_____  |
| Enter recipient's Soc. Sec. No.  | ___ | _____-_____-_____  |
| Education expenses   | ___ | Describe on page 7   |
| 6. Do you have any securities or loans which became worthless during the year?             | ___ | Describe _____, and enter date of purchase and original cost \$_____                 |
| 7. Did you have any debts cancelled or forgiven?   | ___ | Describe and submit applicable forms.  |
| 8. Did you purchase a new vehicle, hybrid vehicle or make energy-saving home improvements? | ___ | Describe _____<br>Date of purchase, cost and sales tax:<br>_____                     |
|  |     | Attach invoice   |
| 9. Did you receive any Incentive Stock Options?  | ___ | If so, please provide us with any information that you received.                     |

PLEASE ANSWER THE FOLLOWING QUESTIONS - Y(YES)/N(NO)

IF THE ANSWER IS YES, PLEASE:

- 10. Do you expect a significant change in your 2017 income? \_\_\_\_\_ Please describe \_\_\_\_\_
- 11. Did you make gifts of more than \$14,000 to an individual during the year? \_\_\_\_\_ Please describe \_\_\_\_\_
- 12. Did you pay any household employees during the year? \_\_\_\_\_ Enter amount paid \$ \_\_\_\_\_
- 13. Did you have an interest in, signature or other authority over a financial account in a foreign country or have any relationship with a foreign trust? \_\_\_\_\_ If so, please provide us with details of accounts and amounts.
- 14. Do you have any other foreign asset or investments? \_\_\_\_\_ If so, please describe \_\_\_\_\_
- 15. Did you make any contributions to a Section 529 Tuition account? \_\_\_\_\_ If so, please provide us with the names and social security numbers of each beneficiary and the amounts.
- 16. Sales and Use tax is now required to be reported on your state income tax return. Did you purchase items or services subject to sales tax for which the seller did not charge or collect sales tax? \_\_\_\_\_ If so, describe \_\_\_\_\_ and enter date of purchase and original cost.
- 17. Would you like us to help you determine if you are in compliance with the sales and use tax laws and regulations? \_\_\_\_\_

DEPENDENTS

Please list all social security numbers of dependents not previously submitted:

<u>Name</u>	<u>Social Security Number</u>	<u>Birth Date</u>
_____	____-____-____	_____
_____	____-____-____	_____
_____	____-____-____	_____

HEALTH INSURANCE

**PLEASE SUBMIT ALL FORMS 1095 YOU RECEIVED.**

Does every member of your household have health insurance for the entire year? \_\_\_\_\_

Have you received any advance health care credits? \_\_\_\_\_

INCOME TAX PAYMENTS MADE

	FEDERAL		STATE		LOCAL	
	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
Prior year taxes paid in 2016				\$ _____		\$ _____
Prior year overpayment applied		\$ _____				
4 <sup>th</sup> Qtr – 2015						
1 <sup>st</sup> Qtr – 2016	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup> Qtr – 2016	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup> Qtr – 2016	_____	_____	_____	_____	_____	_____
4 <sup>th</sup> Qtr – 2016	_____	_____	_____	_____	_____	_____

MOVING EXPENSES

Mileage from former residence to:	New business _____	Former business _____
Expenses to transport household property		\$ _____
Traveling expenses & lodging incurred during move		\$ _____
Reimbursement not reported on W-2		\$ _____

IRA DISTRIBUTIONS

For IRA distributions received during 2016, please enter amount used for:

Medical expenses	\$ _____	General living expenses/other	\$ _____
First-time home purchase	_____	Rolled into a Roth IRA	_____
Post secondary education expenses (tuition, books, supplies, etc.)	_____	Rolled into another qualified retirement account/IRA	_____

GAIN OR LOSS FROM SALE OF STOCKS, SECURITIES AND OTHER PROPERTY

Please submit all 1099-B's and 1099-S's received and the following information for each item sold.

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Gross Sales Price</u>	<u>Selling Expense</u>	<u>Cost</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____

(This is an example of the information required for each transaction.)

INSTALLMENT SALES

2016 Sales Only

Prior Year Sales Only

Description \_\_\_\_\_

Description \_\_\_\_\_

Total sales price \$ \_\_\_\_\_

Downpayment \_\_\_\_\_

Mortgage or note assumed \_\_\_\_\_

Principal received in 2016 \$ \_\_\_\_\_

Note received \_\_\_\_\_

Principal received in 2016 \_\_\_\_\_

Interest received in 2016 \$ \_\_\_\_\_

Interest received in 2016 \_\_\_\_\_

BUSINESS INCOME - TAXPAYER( ) SPOUSE ( )

Business Name \_\_\_\_\_

Federal I.D. # \_\_\_\_\_

Gross receipts \$ \_\_\_\_\_

(Please submit all 1099-Misc Forms) \_\_\_\_\_

Other Income \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of goods sold:

Beginning inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Freight \_\_\_\_\_

Subcontract costs \_\_\_\_\_

Other costs \_\_\_\_\_

Ending inventory \_\_\_\_\_

Advertising \_\_\_\_\_

Bank service charges \_\_\_\_\_

Commissions \_\_\_\_\_

Vehicle expenses \_\_\_\_\_

Employee medical & disability insurance \_\_\_\_\_

Employer medical insurance \_\_\_\_\_

Business insurance \_\_\_\_\_

Interest expense -

Business loan #1 \_\_\_\_\_

Business loan #2 \_\_\_\_\_

Mortgage interest

Business only (Form 1098) \_\_\_\_\_

Office supplies \$ \_\_\_\_\_

Postage \_\_\_\_\_

Printing \_\_\_\_\_

Payroll processing \_\_\_\_\_

Outside services \_\_\_\_\_

Employee retirement plan

contributions \_\_\_\_\_

Legal & accounting \_\_\_\_\_

Equipment rent \_\_\_\_\_

Real estate rent \_\_\_\_\_

Repairs & maint. \_\_\_\_\_

Supplies \_\_\_\_\_

Licenses & permits \_\_\_\_\_

\_\_\_\_\_

Travel \_\_\_\_\_

Meals and entertainment \_\_\_\_\_

Utilities \_\_\_\_\_

Telephone \_\_\_\_\_

Gross wages \_\_\_\_\_

Payroll taxes \_\_\_\_\_

Business priv. tax \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Dues/publications \_\_\_\_\_

Other expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT, VEHICLES AND OTHER CAPITAL EXPENDITURES DURING 2016

<u>Date Acquired</u>	<u>Description</u>	<u>Total Cost (Including Taxes, Fees, Etc.)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

BUSINESS USE OF HOME

Area used regularly and exclusively for business or for inventory storage \_\_\_\_\_ sq. ft.

Total area of home \_\_\_\_\_ sq. ft.

Insurance \$ \_\_\_\_\_  
Repairs & maint. \_\_\_\_\_

Security costs \$ \_\_\_\_\_  
Utilities \_\_\_\_\_

BUSINESS RELATED VEHICLE EXPENSES

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Vehicle description	_____	_____
Date vehicle placed in service	_____	_____
Total miles driven during year	_____	_____
Business miles driven during year	_____	_____
Gas, oil, lube, insurance, tags	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Lease payments	\$ _____	\$ _____
Parking fees and tolls	\$ _____	\$ _____
Amount reimbursed - not included in W-2	\$ _____	\$ _____
Average daily round trip commuting distance	\$ _____	\$ _____
Miles that vehicle was used for commuting	\$ _____	\$ _____

IF A BUSINESS AUTOMOBILE WAS PURCHASED IN 2016, PLEASE SUBMIT THE PURCHASE INVOICE.

EMPLOYEE BUSINESS EXPENSES (FORM 2106 ONLY)

<u>DESCRIPTION</u>	<u>TOTAL EXPENSES</u>
Travel (away from home overnight)	\$ _____
Lodging (away from home overnight)	_____
Meals and entertainment	_____
Fares for airplane, boat, bus	_____
Education costs	_____
Dues and fees	_____
Telephone	_____
Work clothes, safety equipment	_____
Other _____	_____

RENTAL INCOME AND EXPENSES

	<u>Residential</u>	<u>Commercial</u>
Property #1 Address: _____	( )	( )
Property #2 Address: _____	( )	( )
Property #3 Address: _____	( )	( )

  

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Rental income	\$ _____	\$ _____	\$ _____
Rental expenses:			
Advertising	_____	_____	_____
Auto and travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal and accounting	_____	_____	_____
Interest expense - mortgage	_____	_____	_____
Interest expense - other	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Real estate taxes	_____	_____	_____
Business privilege tax	_____	_____	_____
Utilities	_____	_____	_____
Heat	_____	_____	_____
Water and sewer	_____	_____	_____
Bank service charges	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FURNITURE, FIXTURES, EQUIPMENT AND OTHER CAPITAL EXPENDITURES DURING 2016

<u>Date Acquired</u>	<u>Description</u>	<u>Cost</u>		
		<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UNREIMBURSED MEDICAL DEDUCTIONS

(i.e. medicine, doctors, hospitals, hearing aids, eyeglasses, ambulance, equipment used for illness, additional costs of special diets, medical or long term care insurance)

<u>Description</u>	<u>Amount</u>		<u>Amount</u>
Other medical deductions	\$ _____	Medical Insurance	\$ _____
Total miles traveled	_____	Long Term Care Insurance	_____

TAXES

Real Estate	\$ _____	Occupation Privilege/EMST	\$ _____
Personal Property	_____	Other Taxes:	_____
		_____	_____

INTEREST EXPENSE

	<u>Interest Paid</u>
Original home mortgage interest (Form 1098)	\$ _____
Home equity loan (Form 1098)	\$ _____
Margin account interest	\$ _____
Education loans	\$ _____

CHARITABLE CONTRIBUTIONS

Miles driven for charitable purposes \_\_\_\_\_ miles

Cash contributions:

<u>Description</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____

Non cash contributions (clothing, furnishings, etc):

<u>Description</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____

If over \$250, please submit receipt and/or description of donation.

DEPENDENT AND CHILD CARE EXPENSES

Provider Name \_\_\_\_\_ E.I.N.: \_\_\_\_\_  
 Address \_\_\_\_\_

Amount of dependent and child care expenses paid in 2016 \$ \_\_\_\_\_

INVESTMENT AND OTHER INCOME RELATED EXPENSES

Tax preparation fees	\$ _____	Professional dues	\$ _____
Business publications	_____	Safe deposit box	_____
Investment expenses	_____	Union dues - Name:	_____
Legal fees	_____	- Amount:	_____
Employment agency fees	_____	Special tools & uniform	_____

IRA

		<u>Taxpayer</u>	<u>Spouse</u>
2016 contribution made in 2016	SEP, Simple ___ Reg ___ Roth ___	\$ _____	\$ _____
2016 contribution made in 2017	SEP, Simple ___ Reg ___ Roth ___	_____	_____

EDUCATION EXPENSES

Please enter below the tuition and other fees required for enrollment at an eligible education institution for courses. Please submit Form 1098-T received from the education institution.

<u>Student Name</u>	<u>Institution</u>	<u>Year of School</u>	<u>Amount Paid</u>	<u>Date Paid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASUALTY, THEFT, MEDICAL SAVINGS AND OTHER IMPORTANT TAX INFORMATION

\_\_\_\_\_  
\_\_\_\_\_