



LOCH, ELSENBAUMER, NEWTON & CO.

A PROFESSIONAL CORPORATION

ACCOUNTANTS AND CONSULTANTS

INDIVIDUAL INCOME TAX ORGANIZER

2017

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 required to file a Business Privilege Tax Return? | ___ | Would you like us to prepare the tax return for you? ___ |
| 3. Are you required to issue Forms 1099? | ___ | Would you like us to prepare them for you? ___ (due by January 31 st) |
| 4. 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 |
| 5. Do you have any securities or loans which became worthless during the year? ___ | | Describe _____, and enter date of purchase and original cost \$_____ |
| 6. Did you have any debts cancelled or forgiven? ___ | | Describe and submit applicable forms. |
| 7. Did you purchase a new vehicle, hybrid vehicle or make energy-saving home improvements? ___ | | Describe _____ Date of purchase, cost and sales tax: _____ Attach invoice |
| 8. 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:

- 9. Do you expect a significant change in your 2018 income? _____ Please describe _____
- 10. Did you make gifts of more than \$14,000 to an individual during the year? _____ Please describe _____
- 11. Did you pay any household employees during the year? _____ Enter amount paid \$ _____
- 12. 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.
- 13. Do you have any other foreign asset or investments? _____ If so, please describe _____
- 14. 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.
- 15. 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.
- 16. 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 2017 | | | | \$ _____ | | \$ _____ |
| Prior year overpayment applied | | \$ _____ | | | | |
| 4 th Qtr – 2016 | | | | | | |
| 1 st Qtr – 2017 | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 nd Qtr – 2017 | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 rd Qtr – 2017 | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 th Qtr – 2017 | _____ | _____ | _____ | _____ | _____ | _____ |

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 2017, 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

2017 Sales Only

Prior Year Sales Only

Description _____

Total sales price \$ _____

Downpayment _____

Mortgage or note assumed _____

Note received _____

Principal received in 2017 _____

Interest received in 2017 _____

Description _____

Principal received in 2017 \$ _____

Interest received in 2017 \$ _____

BUSINESS INCOME - TAXPAYER() SPOUSE ()

Business Name _____

Federal I.D. # _____

Gross receipts \$ _____

(Please submit all 1099-Misc
AND 1099-R 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 2017

| <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 2017, 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 2017

| <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 2017 \$ _____

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> |
|--------------------------------|-----------------|---------|-----------------|---------------|
| 2017 contribution made in 2017 | SEP, Simple ___ | Reg ___ | Roth ___ | \$ _____ |
| 2017 contribution made in 2018 | 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
