

# **K & R TAX ACCOUNTING SERVICES LLC – 2016 TAX ORGANIZER**

Print this form out, take some time to fill it out, and put this in your client portal at

<https://www.officetoolsportal.com/portal/login/> . This has to be created by our office. **Your email address is your login.**

This will save you time and money, and help us help you more effectively. You do not have to fill out the income amounts **but make sure you provide the applicable document such as** the W-2, 1099-Misc, 1099-Interest, 1099-K, Mortgage document (1098), Tuition document (1098-T), Tuition Interest Paid (1098-E), Cancellation of Debt (1099-C), or HUD Settlement Statement if you sold or purchased a property for yourself or for rental purposes.

**WE MUST HAVE A COPY OF YOUR FEDERAL AND STATE 2015 RETURNS SO WE CAN PROPERLY REVIEW CARRYOVER AMOUNTS AND REVIEW YOUR RETURN FOR ANY POTENTIAL ISSUES TO APPLY TO 2016.**

## **TAX RETURN QUESTIONNAIRE - 2016 TAX YEAR**

Name and Address:

Social Security Number:

Occupation

Taxpayer:

Address:

Spouse:

Address:

Phone Numbers Work: Home:

Email Address:

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected)  Yes  No

**Filing Status – Place X next to status that applies:**

- Single
- Married
- Head of Household
- Qualifying Widow

Birth Date: Month, Day, Year Yourself: / / Spouse: / /

## **HEALTH INSURANCE COVERAGE:**

**YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE**

**BEGINNING ON JANUARY 1, 2016**

The IRS requires that you report certain information related to your health care coverage on your 2016 tax return. Please read the following statements carefully. More than one might apply to your

“tax family”.

1. If you had health care coverage with a government Marketplace (Exchange) during 2016. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer’s policy with a Marketplace. If so, you will also need a copy of that taxpayer’s 1095-A.
3. If a dependent filed a return for 2016. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

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6. Complete the information below if you or any individual included in your “tax family” did NOT have insurance coverage for any month of 2016.

**PLEASE CIRCLE ANY MONTHS A MEMBER OF YOUR “TAX FAMILY” WAS NOT INSURED.**

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**DEPENDENTS:**

Name (First, Initial, Last)

Income

Over

\$2,100?

(Y/N)

Date of

Birth

Social Security

Number

Relationship Months

Lived in

Home

**INCOME:**

1. Wages and Salaries (Attach W-2's)

- Name of Payer Gross
- Wages (Withheld)
- Soc. Sec. (withheld)
- Medicare (withheld)
- Fed Inc. Tax (withheld)
- St Inc. Tax (withheld)

2. Interest Income (Attach 1099's) (List non-taxable Interest Income as well - identify as nontaxable)

Name and Address of Payer Amount Name and Address of Payer Amount

3. If you received any interest from a "Seller Financed" mortgage, provide:

Name and Address of Payor Social Security Number Amount

4. Dividend Income (Attach 1099's)

Name of Payor Amount Name of Payer Amount

5. Capital Gains and Losses:

- Investment Date
- Acquired
- Cost or Other
- Basis
- Date Sold Net Sale
- Proceeds

6. Other Gains and Losses: (Include details of dispositions of any business/rental/farm assets)

- Investment Date
- Acquired
- Cost/Other Basis Date Sold Sale
- Proceeds

7. Pensions, IRA Distributions, Annuities, and Rollovers

Total Received... ..

Taxable Amount (Attach all 1099's or other related papers).....

8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts .....

(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)

(Attach separate schedule(s) showing receipts & expenses for each rental property)

10. Unemployment Compensation Received .....

11. Social Security Benefits Received (Attach annual statement)... ..

12. State/Local Tax Refund(s).....

13. Other Income: (Gambling winnings documents for the casinos such as a W2-G)

Description Amount

**CREDITS:**

Child and Dependent Care:

(1) Number of Qualifying Individuals (under 19 years of age or 24 if a full time student).....

(2) Name, address and identification number of each provider:

Name Address: Amount Paid

If payments were made to an individual, were the services performed in your home?  Yes  No

If "Yes", have payroll reports been filed?  Yes  No

Expenses incurred in connection with adoption.

"Special Needs" child  Yes  No

Tuition & Fees paid for higher education (HOPE and Lifetime Learning Credits)....Need 1098-T if applicable

Foreign Tax Credits.....

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

**2016 Estimated Tax Payments**

- Federal Amount
- State Amount
- Other Payments: (Enter Advanced Child Credit Payment Here)
- Date Amount Date Amount
- Other payments or credits - Attach schedule and explain.....

**ITEMIZED DEDUCTIONS – SCHEDULE A IF APPLICABLE:**

**Medical and Dental Amount**

1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2016 (reduce any insurance reimbursements)

- Medical mileage to and from the doctors, dentists, chiropractor, etc

2. Transportation and lodging incurred to obtain medical care

3. Other - hearing aids, eyeglasses, medical devices, etc.

**Taxes Paid in 2016 Amount**

1. State and local income taxes not listed elsewhere

2. Real estate taxes not listed elsewhere

3. Personal property taxes (includes owners tax on auto registration)

**Interest Paid in 2016 Amount**

1. Home mortgage interest paid to financial institutions

2. Home mortgage interest paid to individuals

Name:

Address:

3. Points paid on [ ] purchase [ ] refinance (include details)

4. Investment Interest

5. Student Loan Interest – supply 1098-E

**USE OF YOUR CAR IN BUSINESS OR FOR THE FOLLOWING IF APPLICABLE:**

- Purchase Price
- Business Mileage
- Moving Mileage
- Charitable Mileage
- Total Mileage
- Make
- Model
- Year
- If the vehicle is being used by the owner, please provide the following information
- Date of Purchase
- Purchase Price
- Business Mileage
- **Moving Mileage**
- Charitable Mileage
- Total Mileage

**Automobile Use in 2016**

In order to deduct mileage for auto expenses in a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

Car #1

For Period of Jan 1, 2016 to Dec 31, 2016 Amount

Car #2

For Period of Jan 1, 2016 to Dec 31, 2016 Amount

\*Commuting mileage must not be added to business mileage.

Contributions: (Written documentation is required for all gifts of \$250 or more - not just cancelled checks) Amount

1. Cash - Less than \$3,000 paid to any one organization
2. Cash - \$3,000 or more to any one organization -- show name of organization
3. Other than cash - Attach details

Casualty and Theft Losses - Attach Details.....

Miscellaneous Deductions:

**EMPLOYEE (W-2 ONLY) BUSINESS EXPENSES - ATTACH DETAILS AMOUNT**

- Reimbursed
- Not Reimbursed
- Job hunting expenses (list)
- Other Expenses
- Tax Preparation
- Union Dues
- Business Publications
- Professional Dues/Fees
- Safety Deposit Box Rental
- Small Tools used in your trade or business
- Business telephone
- Uniforms & Cleaning
- IRA Custodial fees
- Investment Expenses
- Education Expenses (attach details)
- Business Entertainment
- Other Miscellaneous deductions
- Adjustments to Income:
- Maximize? Amount

1. Your IRA deduction  Yes  No

2. Spouse's IRA deduction  Yes  No

3. Keogh SEP deduction  Yes  No

4. Penalty for early withdrawal of savings.

5. Alimony paid - List name and Social Security Number

**6. Self-employed health insurance premiums**

Did anyone in your family receive a scholarship of any kind during 2016?

If yes, please supply details.  Yes  No (This includes athletic scholarships)

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your 2015 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

**If we have not previously prepared your return - please provide a copy of your 2013, 2014, 2015 tax returns.**

**Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?**  Yes  No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit sharing plan?

Yes  No (If yes, provide pertinent information or statements from the plan.)

**Did you sell your primary residence during 2016?**  Yes  No

If "Yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

**Did you change your state residency during 2016?**  Yes  No

- If "Yes", please provide the following:
- Previous address:
- Date of move:
- Distance: miles
- Costs of move:
- (describe)

**REFUND FOR CRITICAL ITEMS:**

If you would like your tax refund (if any) deposited directly into your bank, provide:

For the year 2016: (Provide details for any "Yes" response)

Account Type:

Your Account Number:

Bank Routing Number:

**Checking [ ] Savings [ ]**

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?.....  Yes  No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000?...  Yes  No

Did you exercise any stock options?...  Yes  No

Did you purchase, sell, or own any bonds you paid more or less than the face amount?  Yes  No

Did you sustain any non-business bad debts?...  Yes  No

Did you or your spouse make any gifts in excess of \$14,000 to any one donee?.....  Yes  No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan?.....  Yes  No

Do you have a child under the age of 18 as of December 31, 2016 who has earned an income (interest, dividends, etc.) of more than \$1,050?.....  Yes  No

Did you lease a car which you used for business purposes?.....  Yes  No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2015, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

**Rental & Royalty Income and Expense**

**RENTAL PROPERTY:**

- Number of days rented
- Number of days used personally
- Property Type:  Residential  Commercial
- Location:
- If Vacation Home:
- Property is owned by:  Taxpayer  Spouse  Joint
- Percentage ownership of not 100%: %

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property?.....  Yes  No

If yes, what percentage did you occupy as a tenant? %

Check if rented to a related party.

Explain Relation:



- Property Date
- Acquired
- Cost or Other
- Basis
- Depreciation
- Method
- Prior
- Depreciation
- Income Amount

1. Rental income.

2. Royalties received

Expenses Amount

1. Advertising

16. Property taxes

2. Association dues

17. Utilities

3. Auto miles driven Other (description)

4. Travel 18a.

5. Cleaning and Maintenance 18b.

6. Commissions 18c.

7. Insurance 18d.

Depreciation:

8. Legal and professional fees 18e.

9. Allocated tax preparation fees 18f.

10. Licenses and permits 18g.

11. Management fees 18h.

12. Mortgage interest (Form 1098) 18i.

13. Other interest 18j.

14. Repairs 18k.

15. Supplies 18l.

## BUSINESS INCOME & EXPENSES (SOLE PROPRIETORSHIP)

Principle business or profession:

Business name:

Employer ID number:

Business address:

City State Zip Code

Business is owned by:  Taxpayer  Spouse

Accounting Method:  Cash  Accrual

Did you materially participate in the business?  Yes  No

Check if this is the first year of the business.

Inventory method:  Cost  Lower cost or market  Other  N/A

Income Amount Cost of Goods Sold Amount

- |                            |                                   |
|----------------------------|-----------------------------------|
| 1. Gross receipts or sales | 8. Beginning of year inventory    |
| 2. Returns and allowances. | 9. Purchases                      |
| 3. Other income.           | 10. Cost of items used personally |
| 4. Cost of labor           |                                   |
| 5. Materials and supplies  |                                   |
| 6. Other costs             |                                   |
| 7. End of year inventory   |                                   |

**Expenses Amount**

- |                                          |                                            |                                                 |
|------------------------------------------|--------------------------------------------|-------------------------------------------------|
| 1. Advertising                           | 8. Other interest                          | 33. Education and seminars                      |
| 21. Other taxes                          | 28. Consulting expenses                    | 14. Rent, equipment 34. Other:<br>(Description) |
| 2. Bad debts (N/A cash benefits)         | 9. Legal and accounting fees               | 15. Rent, building 35.                          |
| 22. Licenses                             | 29. Payroll service                        | 16. Repairs & maintenance,<br>building          |
| 3. Commissions and fees                  | 10. Allocation of tax preparation<br>fees  | 36.                                             |
| 23. Travel                               | 30. Employee vehicle expense               | 17. Repairs & maintenance,<br>equipment         |
| 4. Employee benefits                     | 11. Office expense                         | 37.                                             |
| 24. Meals and entertainment (in<br>full) | 31. Employee mileage<br>reimbursement      | 18. Repairs & maintenance,<br>vehicles          |
| 5. Health insurance                      | 12. Pension and profit sharing<br>plans    | 38.                                             |
| 25. Utilities                            | 32. Client gifts (limited to \$25<br>each) | 19. Supplies 39.                                |
| 6. Other insurance                       | 13. Rent, vehicles                         | 20. Payroll taxes 40.                           |
| 26. Wages                                |                                            |                                                 |
| 7. Mortgage interest                     |                                            |                                                 |
| 27. Management fees                      |                                            |                                                 |

Property Date

Acquired

Cost or Other

Basis

Depreciation Method Prior

Depreciation

Depreciation

# **FARM INCOME & EXPENSE**

Principle Product

Employer ID number

Accounting method:  Cash  Accrual

Check if you materially participated in farm operations:  Taxpayer  Spouse

Income Amount

1. Sales of livestock and other resale items
2. Cost of above.
3. Sales of livestock, produce, etc. you raised.
4. Cooperative distributions (1099-PATR)
5. Cooperative distributions, taxable portion
6. Agricultural program payments
7. Agricultural program, taxable portion
8. Commodity Credit Corporation Loans
9. Crop insurance loans
10. Custom hire
11. Other:

Expenses Amount

1. Car and truck expenses
19. Machinery and equipment rental
2. Chemicals
20. Land rental
3. Conservation expense
21. Other
4. Custom hire (machine work)
22. Repairs and maintenance
5. Employee benefit programs
23. Seeds and plants purchased
6. Employee health insurance

24. Storage and warehousing
7. Feed purchased
25. Supplies purchased
8. Fertilizers and lime
26. Payroll taxes
9. Freight and trucking
27. Other taxes
10. Gasoline, fuel, and oil
28. Utilities

Property Date

Acquired

Cost or Other

Basis

Depreciation Method Prior

Depreciation

11. Other insurance
29. Veterinary, breeding, & medicine
12. Mortgage interest
30. Other:
13. Other interest
- 31.
14. Labor hired
- 32.

15. Legal and professional fees

plans

33.

35.

16. Allocated tax preparation

18. Vehicle rental

fees

36.

34.

Depreciation

17. Pension and profit share

## **BUSINESS USE OF HOME**

Do you use any part of your home regularly and exclusively for business?  Yes  No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....

Description of work done in home office

Description of work done outside of work office

Total area of home... ..

Total area of home used regularly for business.....

Direct costs (benefit

only business

portion of home)

Indirect costs

(other)

Home insurance

Repairs and maintenance

Utilities

Rent

Other.

### **Days used as a daycare facility.**

Prior year carryover of unallowed losses

Name :

Federal Income tax id OR SSN

If Daycare Facility:

AMOUNTS PER CHILD

**HOUSEHOLD EMPLOYEES: (NANNY TAX)**

Did you pay a household employee at least \$1,900 this year?  Yes  No

(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, please provide the following information for each:

Your Employer Identification Number (You can no longer use your social security Number)

Has W-2 been filed? Yes [ ] No [ ]

If no, do you want us to prepare then for you? Yes [ ] No [ ]

Have the necessary state employment returns been filed? If Yes [ ] No [ ]

no, do you want us to prepare then for you? Yes [ ] No [ ]

Was the household employee under eighteen years of age and a student?

Yes [ ] No [ ]

Additional Information

Please elaborate on any of your tax data, or include facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have.

**LIST ANY OTHER DATA THAT APPLIES TO YOUR TAX SITUATION.**

**Email all questions to:**

**[krtax@hotmail.com](mailto:krtax@hotmail.com)**