

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Bishop & Adkins, PA**  
**612 Rock Spring Road**  
~~Bel Air, MD 21014~~  
 Telephone number:  
**Fax number: 410-893-7453**  
**E-mail address: 410-838-2859**

**Tax Return Appointment**  
**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**2016 1040 US Tax Organizer**

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2016 Amount	2015 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G.....  
Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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<b>Attach Forms 1099</b>	_____
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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**2016 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....  
 Spouse: Alimony received.....  
 Other: \_\_\_\_\_


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....  
 Spouse: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2016 Amount	2015 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest.....  
 Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement.....  
 Form 1095-B - Health Coverage.....  
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

<b>Attach Forms 1095</b>	

**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN.....  
 \_\_\_\_\_


Spouse:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN.....  
 \_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....  
 Doctors, dentists and nurses.....  
 Hospitals and nursing homes.....  
 Insurance premiums.....  
 Long-term care premiums - taxpayer.....  
 Long-term care premiums - spouse.....  
 Insurance reimbursement.....  
 Out-of-pocket lodging and transportation expenses.....  
 Number of medical miles.....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/16 payment on 2015 state estimate.....

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2016?

**DEPENDENTS**

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2016?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2016, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

**HEALTH CARE COVERAGE**

- Did you and your dependents have health care coverage for the full-year?
- Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

**INCOME**

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2016?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

**RETIREMENT PLANS**

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?

Do you expect your 2017 taxable income and withholdings to be different from 2016?

**MISCELLANEOUS**

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

**MISCELLANEOUS (continued)**

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				
Former spouse SSN if joint estimates.....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

**APPLICATION OF 2016 OVERPAYMENT (7.1)**

If you have an overpayment of 2016 taxes, do you want the excess refunded? . . .  or applied to 2017 estimate? . . .

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2017 ESTIMATED TAX INFORMATION**

Do you expect your 2017 taxable income to be different from 2016? . . . . . Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2017 withholding to be different from 2016? . . . . . Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1



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Health Coverage Form

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Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months. Date married (if in current year).

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

39.1

