



5755 North Point Pkwy, Suite 92  
 Alpharetta, GA 30022  
 O: 678-297-9500  
 F: 678-297-9514  
 Elm3financial.com

## Client Tax Organizer

Tax Year \_\_\_\_\_

Please complete this Questionnaire before your appointment and bring the following:

1. Personal Information					
Name (First, Initial, Last)		Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
TP Email					
SP Email					
Any Changes in phone, email or address from prior year? If yes ,					

<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pres Campaign	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Divorce	_____		
Date of Spouse's Death	_____				

Should the tax authority have questions regarding your return, do you give us permission to discuss it with them? IRS  Yes  No State  Yes  No

Did you have health insurance in 2016?  Yes  No

2. Dependents (Children & Others) Any changes in dependents?							
Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number (Required)	Months Lived With You	√ If Disabled	√ If Full Time Student	Dependent's Gross Income

*\*If more than 3 dependents, continue in section 26.*

- |   |  |
|---|--|
| <p>1. Are there any changes in dependents from prior year? Any dependent children married and filing a joint return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Were you a resident of, or did you have income in more than one state during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive rent from real estate or other property? Or did you purchase rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you refinance your main home or other property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy or foreclosure proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did any of your children under age 19 have investment income over \$1,050? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you receive distribution from a qualified state tuition program? (529 plans) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Would you like your refund directly deposited into your bank? If yes, provide a void check. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you convert IRA funds into a Roth IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you receive any tip income not reported by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Did you incur expenses as an elementary or secondary educator? If so, how much? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you sell and/or purchase a principal residence or other real estate? If yes, provide closing statement <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

### 3. Checklist of items to bring:

- W-2s
- 1099s
- Drivers License
- Last years tax return
- Voided Check
- Closing statement on homes sold or purchased
- 1098 Mortgage
- Grey vehicle registration receipt
- K-1

### 4. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income—**Attach K-1**

---



---



---

### 5. Property Sold

Property	Date Acquired	Cost Plus Improvements
Personal Residence		
Vacation Home		
Land		
Other		

**Attach 1099-S** and closing statements

- If previous home was sold before May 7, 1997
- If previous home was sold within 2 years
- If office-in-the-home was claimed for this home

### 6. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest—**Attach 1099-B**

Investment	<input checked="" type="checkbox"/> If Inherited	Date Acquired	Cost or Basis

### 7. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income—Please provide 5498 if available.

	Contribution Amount	Date Contributed	<input checked="" type="checkbox"/> If a Roth IRA
Taxpayer			
Spouse			

Amounts withdrawn—**Attach 1099-R**

Plan Trustee	Reason for Withdrawal	Rolled Over Within 60 Days?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you convert IRA Funds into Roth?  Yes  No

### 8. Pension, Annuity Income

**Attach 1099-R**

Payer*	Reason for Withdrawal	Rolled Over Within 60 Days?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* If you made post-tax (non-deductible) contributions to the plan, please provide employer or insurance company verification statements.

Did you receive:

	<u>Taxpayer</u>		<u>Spouse</u>
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Attach 1099-SSA, 1099-RRB**

## 9. Other Income

### List All Other Income (including non-taxable)

- Alimony Received \_\_\_\_\_
- Child Support (incl Settle Agreement) \_\_\_\_\_
- Scholarship (Grants) \_\_\_\_\_
- Unemployment Compensation \_\_\_\_\_  
Amount Repaid \_\_\_\_\_
- Prizes, Bonuses, Awards \_\_\_\_\_
- Gambling, Lottery \_\_\_\_\_  
Gambling Losses \_\_\_\_\_
- Unreported Tips and Gratuities \_\_\_\_\_
- Director / Executor's Fee \_\_\_\_\_
- Commissions \_\_\_\_\_
- Jury Duty Pay \_\_\_\_\_
- Worker's Compensation \_\_\_\_\_
- Disability Income \_\_\_\_\_
- Veteran's Pension \_\_\_\_\_
- Payments from Prior Installment Sale \_\_\_\_\_
- State Income Tax Refund \_\_\_\_\_
- Cancellation of Debt (attach 1099-C) \_\_\_\_\_
- Other \_\_\_\_\_

## 10. Medical/Dental Expenses

	Taxpayer	Spouse
Long-term Care Premiums	_____	_____
Medicare Premiums (not Payroll tax)	_____	_____
		Family
Med & Dental Insurance Premiums	_____	_____
Prescription Drugs, Insulin	_____	_____
Eye Exam, Glasses, Contacts	_____	_____
Hearing Aids, Batteries	_____	_____
Handicapped Home Modifications	_____	_____
Medical Equipment, Supplies	_____	_____
Medical Therapy	_____	_____
Hospital and Nursing Homes	_____	_____
Doctor, Dentist, Christian Science Practitioner, Nursing Care, etc.	_____	_____
Mileage	_____	_____ mi

## 11. Taxes Paid

- Real Property Tax (**attach bills**) \_\_\_\_\_
- Personal Property Tax \_\_\_\_\_
- Ad Valorem (**attach vehicle reg. slip**) \_\_\_\_\_

## 12. Interest Expense

- 1st & 2nd Home Mortgage Interest (**attach 1098**) \_\_\_\_\_
- Home Interest Paid to an Individual Paid to: \_\_\_\_\_ SSN \_\_\_\_\_  
Address: \_\_\_\_\_
- 2nd Home (Motor Home, Boat) \_\_\_\_\_
- Investment Interest \_\_\_\_\_

## 13. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

- Location of Property \_\_\_\_\_
- Description of Property \_\_\_\_\_
- Amount of Damage \_\_\_\_\_
- Insurance Reimbursement \_\_\_\_\_
- Repair Costs \_\_\_\_\_
- Federal Grants Received \_\_\_\_\_

## 14. Charitable Contributions

Note: **All** cash charitable contributions must be documented with either a bank record or written verification from the charity.

House of Worship \_\_\_\_\_  
United Way \_\_\_\_\_  
Scouts, Heart, Cancer, etc. \_\_\_\_\_

**Note:** Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

Non-Cash (Clothing & Household Items) \_\_\_\_\_  
Vehicle Donation (provide 1098-C) \_\_\_\_\_  
Out-of-Pocket Charitable Expenses \_\_\_\_\_

Explain: \_\_\_\_\_  
Volunteer Auto Travel \_\_\_\_\_ mi

## 15. Job Related Moving Expenses

Miles from Old Residence to New Job (A) \_\_\_\_\_  
Miles from Old Residence to Old Job (B) \_\_\_\_\_  
(A) minus (B) (must be 50 miles or more) \_\_\_\_\_  
Cost to Move Household Goods \_\_\_\_\_  
Lodging En Route (do not include meals) \_\_\_\_\_  
Automobile Travel \_\_\_\_\_ mi

## 16. Employment-Related Expenses That You Paid (not self-employed)

Dues—Union, Professional \_\_\_\_\_  
Books, Subscriptions, Supplies \_\_\_\_\_  
Licenses \_\_\_\_\_  
Tools, Equipment, Safety Equipment \_\_\_\_\_  
Uniforms (include cleaning) \_\_\_\_\_  
Sales Expense, Gifts \_\_\_\_\_  
Tuition, Books (work related) \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Office in home:  
In Square Feet a) Total home \_\_\_\_\_  
b) Office \_\_\_\_\_  
c) Storage \_\_\_\_\_  
Rent \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Maintenance \_\_\_\_\_

## 17. Investment-Related Expenses

Tax Preparation Fee \_\_\_\_\_  
Safe Deposit Box Rental \_\_\_\_\_  
Mutual Fund Fee \_\_\_\_\_  
Investment Counselor \_\_\_\_\_  
Other \_\_\_\_\_

### 18. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

### 19. Business Mileage

- If you have evidence to support your vehicle deductions
  - If the evidence is written
  - If you leased the vehicle
  - If you sold or traded a vehicle used for business.
- If yes, please attach a copy of the new vehicle purchase Agreement.

Make & Model of Vehicle \_\_\_\_\_  
 Total Miles for Year (personal & business) \_\_\_\_\_ mi \_\_\_\_\_ mi  
 Business Miles (not to and from work) \_\_\_\_\_ mi  
     From First to Second Job \_\_\_\_\_ mi  
     Education (one way, work to school) \_\_\_\_\_ mi  
     Job Seeking \_\_\_\_\_ mi  
     Other Business \_\_\_\_\_ mi  
 Round Trip commuting distance \_\_\_\_\_ mi  
 Gas, Oil, Lubrication \_\_\_\_\_  
 Repairs, Batteries, Tires, etc. \_\_\_\_\_  
 Wash Wax \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Vehicle Loan Interest \_\_\_\_\_  
 Lease Payments \_\_\_\_\_  
 License, Personal Property Tax \_\_\_\_\_

### 20. Business Travel

If you are not reimbursed for the exact amount, give total expenses.

Airfare, Train, etc. \_\_\_\_\_  
 Baggage Handling, Tips, etc. \_\_\_\_\_  
 Lodging (do not include meals) \_\_\_\_\_  
 Meals (no. of days) \_\_\_\_\_  
 Taxi, Car Rental \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Reimbursement Received \_\_\_\_\_

### 21. Estimated Tax Payments

Due Date	Date Paid	Federal Amt.	State Amt.
4/15			
6/15			
9/15			
1/15			

### 22. Other Deductions

Student's Name	Type of Expense	Amount

### 23. Other Deductions

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Loan Interest Paid \$ \_\_\_\_\_

### 24. 2014 Residential Energy Credits

Attach receipts if you:

- Added insulation materials
- Replaced windows/doors
- Replaced roof designed to be more energy efficient
- Replaced furnace, hot water heater, or air conditioner
- Stove

Note: Energy efficient appliances are not included

### 26. Questions, Comments, & Other Information

---

---

---

---

---

---

---

---

---

---

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_