

# Tax Organizer

## for Tax Year 2016

**Wink Tax Services**

**2701 Troy Center Drive, Suite 255**  
**Troy, MI 48084**  
 248-816-1220 / 800-276-8319 / fax 248-816-1256  
 www.winktax.com

**Name:**  
 Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_  
 Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_  
**Cell Phone:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Email Address:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
**Check One:** Single Married Filing Joint Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above) Unmarried Head of Household

**Dependents**

Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2016	No. of Months of Qualifying Healthcare Coverage

**\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**  
 Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students \_\_\_\_\_  
**Taxpayer:** 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2016.**

**YES NO**

Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

Did you contribute to a Qualified State Tuition Plan?

If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ \_\_\_\_\_

Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.

If yes, were you or your spouse at least 70 ½ years of age on Dec. 31<sup>st</sup>?

Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:  
 Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Were any funds withheld? Yes No Amount: \$ \_\_\_\_\_

Were the withdrawn funds used to pay medical expenses? Yes No

Were you called to active duty before you withdrew the amounts?

If you are self-employed, did you pay health insurance premiums for yourself and your family?  
 Amount: \$ \_\_\_\_\_

Did you pay alimony? If yes, paid to: \_\_\_\_\_

SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Did you receive alimony, if so how much? \$ \_\_\_\_\_

**YES NO**

Did you have any adoption expenses? \$ \_\_\_\_\_

Did you receive gifts in excess of \$15,601 from a foreign entity?

Did you receive gifts in excess of \$100,000 from a foreign person?

Did your college student receive educational benefits under a prepaid tuition program?

Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?

Did you receive an advance child tax credit payment? If yes, how much? \$ \_\_\_\_\_

Have you ever qualified for the Earned Income Tax Credit?

Did you purchase an alternative fuel motor vehicle?

Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

**Estimated Tax Payments**

	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Wage Income**

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

**Retirement Benefits Received (Enclose all 1099R Forms)**

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

**Interest Income** (Enclose all 1099-INT Forms)

Payer	T or S	Amount		Seller Financed Mortgage		Early Withdrawal Penalty		Tax Exempt (Y or N)

**Total Municipal Bond Interest Earned in 2016:** \$ \_\_\_\_\_

**For seller financed mortgage: Buyer's name, Social Security number and addresses:** \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount		Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account?    Yes            No  
 Did you have any stock sales in 2016? If yes, submit all 1099B forms.    Yes            No  
 Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_  
 Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income** (Attach 1099 Forms)

Property Description																				
Gross Income																				
Expenses																				
Advertising																				
Auto & Travel																				
Cleaning & Maintenance																				
Commissions																				
Insurance																				
Professional Fees																				
Mortgage Interest																				
Other Interest																				
Repairs																				
Supplies																				
Taxes																				
Utilities																				
Wages/Schedule																				
% Occupancy by Taxpayer																				

**Depreciable Asset Additions**

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_  
 Principal Business Activity \_\_\_\_\_  
 Principal Product \_\_\_\_\_  
 Method Used to Value Inventory \_\_\_\_\_  
 Accounting Method: Cash Accrual

Gross Income	Amount
Gross Income.....	_____
Less Returns/Allowances.....	_____

Cost of Sales	Amount
Beginning Inventory.....	_____
Purchases.....	_____
Cost of Labor.....	_____
Materials and Supplies.....	_____
Freight In.....	_____
Other.....	_____
Ending Inventory.....	_____

Deductions	Amount
Advertising.....	_____
Auto-Truck Expense.....	_____
Bad Debts.....	_____
Collection Expense.....	_____
Commissions.....	_____
Professional Dues & Subscriptions..	_____
Employee Benefit Program.....	_____
Freight & Express .....	_____
Utilities.....	_____
Insurance.....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Janitorial & Cleaning.....	_____
Laundry.....	_____
Legal & Accounting Fees.....	_____
Office Expense.....	_____
Postage.....	_____
Rent.....	_____
Repairs.....	_____
Salaries.....	_____
Supplies.....	_____
Telephone.....	_____
Travel.....	_____
Total Meals & Entertainment.....	_____
.....	_____
.....	_____

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method: Cash Accrual

Income	Amount
Sales of Items Bought for Resale.....	_____
Cost of Items Bought for Resale.....	_____

**Sales of Livestock & Produce Raised Except for Breeding Stock**

Feeders & Calves.....	_____
Pigs & Sheep .....	_____
Poultry & Eggs .....	_____
Dairy Products.....	_____
Corn, Peas, etc. ....	_____
Wheat, Oats, Hay & Straw .....	_____
Fruit .....	_____
Patronage Dividends .....	_____
Agricultural Program Payments.....	_____
Commodity Credit Loans Neglected....	_____
CCC Loans: Forfeited.....	_____
Repaid with Certificates.....	_____
Crop Insurance Proceeds.....	_____
Federal Gasoline Tax Credit.....	_____
Other.....	_____

Deductions	Amount
Breeding Fees.....	_____
Chemicals.....	_____
Conservation Expenses.....	_____
Custom Hire (Machine Work).....	_____
Employee Benefits Programs.....	_____
Feed Purchased.....	_____
Fertilizers & Lime .....	_____
Freight & Trucking.....	_____
Gasoline, Fuel, Oil.....	_____
Insurance .....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Labor Hired .....	_____
Pension & Profit Sharing Plans.....	_____
Rent of Farm, Pasture.....	_____
Repairs, Maintenance .....	_____
Seeds, Plants Purchased .....	_____
Storage, Warehousing.....	_____
Supplies Purchased.....	_____
Taxes .....	_____
Utilities .....	_____
Veterinary Fees, Medicine.....	_____
.....	_____
.....	_____

Did you have business start-up costs in 2016? Yes No  
 If so, was the business running by the end of 2016? Yes No  
 Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2016? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home? Yes No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2016** Do you want to make any nondeductible IRA contributions? Yes No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

**Taxes**

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.*.....	
.....	

\*Not yet extended

**Charitable Contributions**

Cash Contributions*.....	
.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
.....	
_____ Miles for Charity .....	

\*Contributions of \$250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings)..	
.....	
.....	

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_  
 Did you pay any one household employee \$1,900 or more in 2016? Yes No  
 Did you withhold Federal income tax during 2016 at the request of any household employee? Yes No  
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2016 to household employees? Yes No  
 Was the employee under age 18? Yes No Student? Yes No  
 Do you have a Form I-9 on file for your household employee? Yes No  
 Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_  
 Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_  
 Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? Yes No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging during Move.....			

**Employee Business Expense**

<b>Travel Expense</b>	<b>Amount</b>
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

	<b>Amount</b>
Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	

**Automobile Expense**

<b>Total Miles Driven</b>	<b>Car 1</b>	<b>Car 2</b>
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

	<b>Car 1</b>	<b>Car 2</b>
<b>Actual Automobile Expenses</b>		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

<b>Provider's Name &amp; Address (Include Individual's Name and/or Org. Name)</b>	<b>SS No. or Federal ID</b>	<b>Amount</b>

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Yes No \_\_\_\_\_

**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 contemporaneous records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date