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Client Tax Organizer

Tax Year 2016

Personal and Dependent Information

	Taxpayer	Spouse
Full Name		
Address		
City, St, Zip		
County of Residence		
School District		
Social Security No.		
Date of Birth		
Occupation		
Home Phone		
Work Phone		
Cell Phone		
e-mail Address		

Dependents full name	Relationship to you	Date of birth	Soc Sec No	Months lived w/you this year	Full time student?	Dependent's gross income

IF YOU ARE NOT THE CUSTODIAL PARENT, PLEASE PROVIDE A SIGNED FORM 8332.

Are any of the above mentioned persons blind or disabled? If yes, please explain.

Would you like your copy of your tax return on paper or on a cd? _____

If you are receiving a refund and would like it directly deposited, you must attach a copy of a voided check. We require a new copy every year, as sometimes routing numbers can change. If you do not attach a check, we will have a paper check issued for your refund.

NEW CLIENTS - Please provide us with copies of your last 2 years tax returns.

Income Information

1. Wage/Salary Income - Please attach all W-2's.

Number of W-2's attached? _____

2. Interest Income - Please attach all 1099's.

Number of 1099-INT attached? _____

If you do not have a 1099, please use the area below to list the income. (attach sheet if you need more room)

Payer	Amount

3. Dividend Income - Please attach all 1099's.

Number of 1099-DIV attached? _____

Payer	Ordinary	Capital gains	Non-taxable

4. Property Sold - Please attach all 1099's.

Number of 1099-S & Closing Statements? _____

Property	Date Acquired	Cost + Improvements
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home and cost of a new residence.

5. Pension, Annuity Income - Please attach all 1099's.

Number of 1099-R attached? _____

6. Investments Sold

Stocks, bonds, mutual funds, gold, silver, partnership interest - Attach 1099B.

Number of 1099B attached? _____

Investments that you have no 1099B for.	Date Acquired	Date Sold	Cost	Sale Price

7. IRA (Individual Retirement Account)

Contributions to your IRA

	Amount	Date	Roth	Traditional
Taxpayer				
Spouse				

8. Partnership, S-Corp, Trust, Estate Income

Payer of partnership, limited partnership, S-Corporations, trust, or estate income - Attach K-1.

Number of K-1's attached? _____

9. Did you receive any of the following?

(Yes or No?)	Taxpayer	Spouse
Social Security Benefits		
Railroad Retirement		
Veteran's Benefits		

(Attach SSA 1099, RRB 1099)

10. Other Income

- Alimony Received _____
- Child Support _____
- Scholarship (Grant) _____
- Unemployment Compensation _____
- (attach 1099-g)
- Prizes, Bonuses, Awards _____
- Gambling, Lottery (attach W-2G) _____
- Unreported Tips _____
- Director/Executor Fees _____
- Commissions _____
- Jury Duty _____
- Worker's Compensation _____
- Disability Income _____
- Debt Forgiveness or cancellation _____
- Payments from Prior Installment Sale _____
- State Income Tax Refund _____

Expenses and Deductions

1. Medical/Dental Expenses

Medical Insurance (do not include pre-tax withholding

or Medicare premiums) _____

Prescription Drugs and Insulin _____

Glasses, Contacts _____

Hearing Aids, Batteries _____

Braces _____

Medical Equipment, Supplies _____

Nursing Care _____

Medical Therapy _____

Hospital _____

Doctor/Dental/Orthodontist _____

Long-Term Care Premiums _____

Medical Mileage (no. of miles) _____

2. Taxes Paid - attach receipts

Real Estate Property Tax _____

Personal Property Tax _____

Sales Tax on Vehicles/Boats _____

Other _____

For rentals please use Schedule E (Rental) Form.

3. Interest Expenses

Mortgage interest paid (attach 1098) _____

Interest paid to individual for your home (include amortization)

Paid to:

Name _____

Address _____

Social Security No. _____

Investment Interest _____

For rentals please use Schedule E (Rental) Form.

4. Job-Related Moving Expenses

Date of Move _____

Moving of Household Goods _____

Travel to New Home (no. of miles) _____

Lodging During Move _____

5. Casualty/Theft Loss

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

Description of property _____

Date of Casualty and Kind of Casualty _____

Fair Market Value Before _____

Fair Market Value After _____

Amount of Damage _____

Insurance Reimbursement _____

Repair Costs _____

Federal Grants Received _____

6. Charitable Contributions - *New IRS regulations require

support to be in the form of bank documents & receipts

from the organization.

Church _____

United Way _____

Scouts _____

Telethons _____

University, Public TV/Radio _____

Heart, Lung, Cancer, etc. _____

Wildlife Fund _____

Salvation Army, Goodwill _____

Other: _____

Non-Cash: _____

Volunteer (no. of miles) _____

Disaster Volunteer (no. of miles) _____

7. Office in Home (used "exclusively and consistently")

Square-footage of Home _____

Square-footage of Office _____

Square-footage of Business Storage _____

Rent _____

Insurance _____

Utilities _____

Repairs & Maintenance _____

Other expenses _____

Expenses and Deductions (cont)

8. Investment-Related Expenses

Tax Preparation Fee _____
 Safety Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

9. Education Expenses and Student Loan Interest Paid

Attach 1098T from school or 1098E

Student's Name	Type of Expense	Amount

10. Estimated Taxes Paid

Due Date	Date Paid	Federal	State
4/18/2016			
6/15/2016			
9/15/2016			
1/17/2017			

11. Employment Related Expenses That You Paid

Teacher/Classroom Supplies _____
 Dues-Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equipment _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____

12. Business Mileage

Do you have written records? ___Yes ___No
 Make/Year of Vehicle _____
 Date Purchased _____
 Total Miles (personal and business) _____
 Business Miles (not to and from work) _____
 from first to second job _____
 education (one way, work to school) _____
 job seeking _____
 other business _____
 Round trip commuting distance _____
 Gas, Oil, Lubrication _____
 Batteries, Tires, Etc. _____
 Repairs _____
 Washes _____
 Insurance _____
 Interest _____
 Lease Payments _____
 Personal Property Tax _____
 Did you sell or trade in a car used for business? ___Yes ___No
 If yes, attach details.
 Did you receive mileage reimbursement? ___Yes ___No
 How much? _____

13. Business Travel

If you are not reimbursed for exact amount, give total expenses.
 Airfare, Train, etc. _____
 Lodging _____
 Meal (no. of days) _____
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

14. Other Deductions

Alimony Paid to _____
 Social Security No. _____
 Gambling Losses _____

15. Child & Other Dependent Care Expenses-(Also complete this section if you receive dependent care benefits from your employer.)

Provider	Address	SSN or FIN	Amount Paid

Required Questions

Personal Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did your marital status change during the year?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you get married to a same-sex spouse in a state that legally recognizes same sex marriage?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you are receiving a refund and would like it directly deposited, have you attached a copy of a voided check? If no, please do so. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was your main home in the United States for more than half of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all members of your household a U.S. Citizen or Resident Alien for the entire year? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| 1. Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you lend money with the understanding of repayment this year and it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | | |
|--|--------------------------|--------------------------|
| 1. Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement Information

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you receive any lump-sum payments from a pension, profit sharing or 401(k)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |

Education Information

Yes No

- 1. Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- 2. Did you make any withdrawals from an education savings or 529 Plan account?
- 3. Did you pay any student loan interest this year?
- 4. Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- 5. Did you make any contributions to an education savings or 529 Plan account?

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

Health Care Information

- 1. Did you have qualifying health care coverage 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.
- 2. Did anyone in your family qualify for an exemption from the health care coverage mandate?
- 3. 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.
- 4. Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?
- 5. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- 6. Did you pay long-term care premiums for yourself or your family?
- 7. If you are a business owner, did you pay health insurance premiums for your employees this year?

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

Itemized Deduction Information

- 1. Did you incur a casualty or theft loss or any condemnation awards during the year?
- 2. Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)?
- 3. Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- 4. Did you have an expense account or allowance during the year?
- 5. Did you use your car on the job?
- 6. Did you work out of town for part of the year?
- 7. Did you have any expenses related to seeking a new job during the year?
- 8. Did you make any major purchases during the year (cars, boats, etc.)?
- 9. Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

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

Miscellaneous Information

- 1. Did you make gifts of more than \$14,000 to any individual?
- 2. Did you utilize an area of your home for business purposes?
- 3. Did you engage in any bartering transactions?
- 4. Did you retire or change jobs this year?
- 5. Did you incur moving costs because of a job change?
- 6. Did you pay any individual as a household employee during the year?
- 7. Did you make energy efficient improvements to your main home this year?

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

Miscellaneous Information (cont.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you receive correspondence from the State or the Internal Revenue Service?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had Earned Income Credit (EIC) disallowed? | <input type="checkbox"/> | <input type="checkbox"/> |

This is the completion of our standard tax organizer. If you have a business, rentals, or a farm, you can get additional forms from our website at www.hwacpa.com under "forms". We appreciate all that you do to help organize your data. By you summarizing your information, you are keeping your cost at a minimum. Please remember that we are not required by law to keep copies of your data or tax returns.

Client Statement

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.

Signed _____

Dated _____

Signed _____

Dated _____

Dependent Information - This must be completed if you are claiming dependents.

	Yes	No
1. Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you pay for child care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
7. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you the custodial parent for all your dependents? (If yes, go to number 9.)	<input type="checkbox"/>	<input type="checkbox"/>
8a. List dependents you are not custodial parent of: _____		
8b. Have you obtained a Form 8332 (Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent) for those dependents?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did all dependents stay a majority of the nights with you? (If yes, go to number 10.)	<input type="checkbox"/>	<input type="checkbox"/>
9a. List dependents that didn't stay a majority of the nights with you. _____		
9b. Have you obtained a Form 8332 for the dependents?	<input type="checkbox"/>	<input type="checkbox"/>
10. Can anyone else claim your dependents? (i.e.. someone supported them)	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you provided a Form 8332 to anyone?	<input type="checkbox"/>	<input type="checkbox"/>
12. Can you provide documentation for all dependents? (school records, medical records, child care records, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Did any dependents file a tax return and claim themselves?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did any dependents file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Client Statement

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.

Signed _____

Dated _____

Signed _____

Dated _____

Education Information - This must be completed if you paid college tuition in 2016.

PLEASE PROVIDE A COPY OF ALL FORM 1098-T AND STUDENT'S FINANCIAL ACCOUNT STATEMENTS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did you pay qualified education expenses in 2016 for an eligible student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the eligible student you, your spouse (if married filing jointly), or your dependent for whom you claim an exemption on your tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you use the same expenses to claim a deduction or credit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the same expenses paid entirely with a tax-free scholarship, grant, or employer-provided educational assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you or someone else receive a refund of all the expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the student complete the first 4 years of postsecondary education before the beginning of the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was either the American opportunity credit or Hope scholarship credit (or a combination of both) claimed in at least 4 prior tax years for this student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the student free of any federal or state felony conviction for possessing or distributing a controlled substance as of the end of the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |

Client Statement

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.

Signed _____

Dated _____

Signed _____

Dated _____