



**KOHLER & EYRE**  
 CERTIFIED PUBLIC ACCOUNTANTS

**2017 Individual Taxpayer Organizer**

**TAXPAYER**

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

**SPOUSE**

First Name & Middle Initial	Last Name	Social Security Number	Date of Birth

Street Address (NO P.O. BOX)	City, State and Zip Code

Taxpayer Occupation	Taxpayer Phone	Spouse Occupation	Spouse Phone

**FILING STATUS (check one)**

Single \_\_\_ Married filing joint \_\_\_ Married filing separate \_\_\_ Head of Household \_\_\_ Qualifying Widow(er) \_\_\_

**Direct Deposit**

Would you like to direct deposit any refunds? Yes \_\_\_ No \_\_\_ If yes, please provide the following:

Banking Institution	Routing Number	Account Number	Account (Checking/Savings)

**Dependent Information**

Name (first, initial, last)	Date of Birth	Social Security Number	Relationship	Mos. In Home

**Income Information**

WAGES – Please provide copies of all W-2s

Employer Name	Wages	Federal Tax W/H	State Tax W/H	Local Tax W/H

INTEREST INCOME 1099 INT & DIVIDEND INCOME 1099 DIV - Please provide copies of 1099INTs & 1099DIVs

Source	Amount

GAINS OR LOSSES FROM SALES OF STOCK, SECURITIES OR OTHER ASSETS – Please provide copies of 1099Bs

Kind of Property and Description	Date Acquired	Date Sold	Sales Price	Cost or Other Basis

OTHER INCOME – Please provide copies of all 1099s

Source	Amount
Taxable refunds of state or local income taxes <b>1099-G</b>	
Alimony received	
IRA Distributions <b>1099-R</b>	
Pensions and annuities <b>1099-R</b>	
Unemployment compensation <b>1099-G</b>	
Social Security benefits <b>SSA-1099</b>	
Tips	
Cancellation of Debt <b>1099-A and/or 1099-C</b>	
All other income not provided for in this organizer and source of that income, such as form 1099s, etc.	

ADJUSTMENTS TO INCOME – Please provide copies of 1098

Source	Amount
Educator expenses	
IRA deduction	
Student loan interest <b>1098-E</b>	
Tuition and fees deduction <b>1098-T</b>	
Required course material for higher education	
Health savings account contributions	
Moving expenses	
Self-employed, SEP, SIMPLE, and qualified plans	
Penalty on early withdrawal of savings	
Alimony paid	

**CHILD OR DEPENDENT CARE EXPENSES – Please break out by each child/dependent**

Institution or Person Paid	Address	SSN or ID Number	Amount Paid	Child/Dependent

**FEDERAL, STATE OR LOCAL ESTIMATED TAXES PAID FOR 2017**

Payment information	Federal	State	Local
First Quarter 2017			
Second Quarter 2017			
Third Quarter 2017			
Fourth Quarter 2017			
With 2017 Extension			
Other Estimated Tax Payments			

ITEMIZED DEDUCTIONS

	Amount
Medical and Dental expenses	
Medical insurance premiums paid after tax	
Medical miles	
Personal Residence Real Estate taxes	
Personal Property taxes	
Home Mortgage Interest and points reported on form 1098 <b>(Please provide copies of 1098s)</b>	
Home Mortgage Interest and Points not reported on form 1098	
Investment Interest paid	
Contributions to charity by cash or check	
Contributions to charity other than by cash or check – If over \$500 please fill in detail in the box on the next page *	
Charitable miles	
Unreimbursed employee expenses <b>(For W-2 employees)</b>	
Travel expenses (excluding meals)	
Meals and Entertainment	
Parking and Tolls	
Telephone used for employer's business	
Educational expenses required to maintain your job	
Tools and Equipment	
Uniform costs – Safety and Protective Clothing	
Subscriptions to professional journals	
Other	
Dues	
Job seeking costs	
Investment expenses	
Tax preparation fee in 2017	
Safe deposit box rental	

**\*CONTRIBUTIONS TO CHARITY OTHER THAN CASH OR CHECK OVER \$500**

Name	Address	Items Donated	Fair Market Value	Date

**Vehicle Information and Mileage Documentation**

If you have more than one vehicle used for business purposes please make additional copies as necessary

Description of vehicle \_\_\_\_\_

Is vehicle used 100% for business purposes? Yes\_\_\_ No\_\_\_

Is another car available for personal uses? Yes\_\_\_ No\_\_\_

Vehicle cost\_\_\_\_\_ Date placed in service \_\_\_\_\_

Vehicle Insurance paid\_\_\_\_\_

Total miles driven for 2017 \_\_\_\_\_

Business miles driven for 2017 \_\_\_\_\_

Personal miles driven for 2017 \_\_\_\_\_

Do you have evidence to support your mileage information (written log, etc)? Yes\_\_\_ No\_\_\_

If you received income through the operation of a sole-proprietorship business please list the income and the expenses related to that income in the tables below: **(If you have more than one business please make a copy for each business and list income and expenses separated by business).**

**INCOME**

Activity of Income	Activity of Business	Amount

**EXPENSES REALTED TO THAT BUSINESS INCOME**

Type of Expense	Amount
Advertising	
Commissions	
Legal and professional services	
Office expense and supplies	
License & Fees	
Travel	
Meals & Entertainment	
Professional Development	
Telephone	
Other Expenses	