

TAX ORGANIZER



ZAPPITELLI FINANCIAL SERVICES
Certified Public Accountants
Certified Financial Planners
440-354-0375

WHAT TO BRING (or mail, fax, email)

Tax Year _____

- W2'S Name _____
 1099'S (1099R, 1099MISC, 1099INT, 1099DIV Contact Information (we will confirm at check in)
1099B, 1099G, 1099C, etc.) Phone # _____
 1098 (mortgage interest, student loans, tuition, etc.) Which dependents should be on your return?
 Anything marked "Important Tax Document" _____

*Prior Year Tax Returns (Federal State & City)

*Social Security Numbers & Birthdates for everyone included in your return

Section 1 – All clients please complete

HEALTH CARE COVERAGE

Did you and your dependents have healthcare coverage for the full-year? YES NO

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. YES NO

If not, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach. YES NO

None/Not applicable

HEALTH SAVINGS ACCOUNT (HSA)

Did you contribute? YES (amount \$ _____) NO Level of coverage self-only or family

Was amount distributed from HAS (on form 1099SA) used entirely for medical expenses? YES NO

If no, how much was not used for medical expenses? _____

None/Not applicable

FOREIGN BANK ACCOUNTS

Do you have control over a foreign bank account? YES NO

None/Not applicable

QUARTERLY ESTIMATE PAYMENTS

	DATE PAID	FEDERAL	STATE	CITY	(if married filing separately, please specify which spouse)
1 ST QTR	_____	_____	_____	_____	
2 ND QTR	_____	_____	_____	_____	
3 RD QTR	_____	_____	_____	_____	
4 TH QTR	_____	_____	_____	_____	

None/Not applicable

COLLEGE TUITION

(Great credits are available! We need **Form 1098T** from the school, student's status as of 1/1/13 (eg. Freshman, etc) reimbursement from by anyone (military, employer, etc) If student is an undergrad you may even benefit from book expenses under the American Opportunity Credit!

None/Not applicable

CHILD CARE

(Expenses for child care in order for you to work)

Child _____ Amt. Paid \$ _____

Provider Name _____

Address _____

None/Not applicable

Tax ID or SSN _____

IRA CONTRIBUTIONS

Please note the amount, whether taxpayer or spouse and type of IRA. Traditional \$ _____ Roth \$ _____

None/Not applicable

SELF-EMPLOYED OR RENTAL PROPERTY

Include name, address and type of each business or rental property

Summarize separately or use our worksheet:

- Income
- Expenses
- Please list equipment and capital improvements individually

None/Not applicable

HOME OFFICE

An area used regularly and exclusively for business.

Summarize on a separate sheet:

- Square feet of office and home, cost of house, dates used
- Annual household expenses for utilities, insurance, mortgage interest, property taxes, office remodeling or improvements, etc.

None/Not applicable

Section 2

ITEMIZED DEDUCTIONS

Complete this section only if you itemize. When in doubt, fill it out. It may help us save you money. The list below is not all-inclusive, but includes examples of items that are commonly deductible. *If you are married and might file separately, please indicate which spouse incurred the expense (especially medical & miscellaneous).*

<p><input type="checkbox"/> MORTGAGE INTEREST AND PROPERT TAXES</p> <p>Please fill in, unless summarized on your mortgage statement(s) Form 1098</p> <p><input type="checkbox"/> None/Not applicable</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Mortgage Int.</u></th> <th style="width: 20%; text-align: center;"><u>Property Tax</u></th> </tr> </thead> <tbody> <tr> <td>Primary residence</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Secondary residence</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Taxes are included in my mortgage payment</p>		<u>Mortgage Int.</u>	<u>Property Tax</u>	Primary residence	_____	_____	Secondary residence	_____	_____
	<u>Mortgage Int.</u>	<u>Property Tax</u>								
Primary residence	_____	_____								
Secondary residence	_____	_____								
<p><input type="checkbox"/> CHARITABLE CONTRIBUTIONS</p> <p>CASH</p> <p>Church \$ _____</p> <p>Red Cross \$ _____</p> <p>United Way \$ _____</p> <p>Others \$ _____</p> <p>NOTE: IRS requires receipts or cancelled checks for ALL donations</p> <p><input type="checkbox"/> None/Not applicable</p>	<p><input type="checkbox"/> CHARITABLE CONTRIBUTIONS</p> <p>Please indicate <u>value</u> of donation:</p> <p>NON-CASH (eg. Clothes, furniture, etc.)</p> <p>Goodwill \$ _____</p> <p>Salvation Army \$ _____</p> <p>Others \$ _____</p> <p>NOTE: If non-cash donations are more than \$500, we need detailed information list of items and value, dates donated, recipients, how acquired and value, etc.</p> <p><input type="checkbox"/> None/Not applicable</p>									
<p><input type="checkbox"/> MEDICAL DEDUCTIONS</p> <p>Beginning Jan. 1, 2013 you can claim deductions for medical expenses not covered by your health insurance that exceed 10 percent of your adjusted gross income.</p> <p>There is a temporary exemption from Jan. 1, 2013 to Dec. 2016 for individuals and their spouses. If you or your spouses are 65 years or older or turned 65 during the tax year you are allowed to deduct unreimbursed medical care expenses that exceed 7.5% of your adjusted gross income. The threshold remains at 7.5% of AGI for those taxpayers until Dec. 31, 2016. Beginning Jan. 1, 2017 all taxpayers may deduct only the amount of the total unreimbursed allowable medical care expenses for the year that exceeds 10% of your adjusted gross income.</p> <p><input type="checkbox"/> None/Not applicable</p>	<p>Health Insurance Premiums not paid thru payroll deduction</p> <p>Prescriptions \$ _____</p> <p>Long-term care insurance \$ _____</p> <p>Dentists, Doctors \$ _____</p> <p>Hospitals, Labs \$ _____</p> <p>Contacts, eyeglasses \$ _____</p> <p>Other \$ _____</p> <p>Miles driven for year _____ (Office visits, pharmacy, therapy, etc.)</p>									
<p><input type="checkbox"/> MISCELLANEOUS DEDUCTIONS</p> <p>Work related expenses that are not reimbursed by your employer. Miscellaneous deductions are deductible if they are more than 2% of your adjusted gross income.</p> <p>NOTE: Gambling losses are deductible to the extent of your gambling winnings. If you won something this year, your gambling losses might help you itemize your deductions.</p> <p><input type="checkbox"/> None/Not applicable</p>	<p>Union Dues \$ _____</p> <p>Uniforms, safety equipment \$ _____</p> <p>Licenses, permits \$ _____</p> <p>Cell phone expenses (for work) \$ _____</p> <p>Other \$ _____</p> <p>Non-commuting work miles _____</p> <p>Safe deposit box \$ _____</p> <p>Investment advisory fees \$ _____</p> <p>Tax preparation \$ _____</p> <p>Other \$ _____</p>									

Section 3

BUSINESS INCOME

WHAT TO BRING – BUSINESS

Tax Year _____

(Or mail, fax, email)

- STATEMENT OF INCOME AND EXPENSES**
(Profit and Loss Statement)
- BALANCE SHEET**
(Be sure to include year-end bank balances and ending inventory
If applicable)
- PAYROLL REPORTS**
(W3/W2, 941 etc.)
- 1099'S** (1099R, 1099MISC, 1099INT, 1099DIV
1099B, 1099G, 1099C, etc.)
- 1098's**
- Anything marked "Important Tax Document"
- Capital Contribution and draw amounts by owners/members/
Shareholders/partners

Business Name _____

OFFICERS

- NO CHANGE**
- President _____
- Treasurer _____
- Secretary _____

Business Type (S Corp, Partnership, sole proprietor, LLC, Trust, Estate)

Contact Information (we will confirm at check in)

Phone # _____

Did the business move? If so, date? _____

New address _____

*Prior Year Tax Returns (Federal State & City)
*List of Officers and Board Members, Names & Addresses

Section 1 – All clients please complete

RETIREMENT PLAN CONTRIBUTIONS

SIMPLE, SEP, solo 401K, other _____

None/Not applicable

QUARTERLY ESTIMATE PAYMENTS

	DATE PAID	FEDERAL	STATE	CITY
1 ST QTR	_____	_____	_____	_____
2 ND QTR	_____	_____	_____	_____
3 RD QTR	_____	_____	_____	_____
4 TH QTR	_____	_____	_____	_____

None/Not applicable

EQUIPMENT/FURNITURE PURCHASED

ITEM	COST	DATE PURCHASED	DATE SOLD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

None/Not applicable

BUSINESS EXPENSES WORKSHEET

OCCUPATION _____

INCOME:

INCOME _____

ENDING INVENTORY _____

EXPENSES:

COST OF GOODS SOLD/PURCHASES _____

ADVERTISING _____

MEALS & TRAVEL _____

MILES DRIVEN
(FOR BUSINESS PURPOSES)
(MAKE/MODEL) _____

INSURANCE _____

HEALTH INSURANCE (SELF-EMPLOYED) _____

PROFESSIONAL/LEGAL FEES _____

RENT _____

OFFICE SUPPLIES _____

REPAIRS/MAINTENANCE _____

TRAVEL-AIRFARE, LODGING, TOLLS _____

UTILITIES _____

TELEPHONE _____

CELL PHONE _____

UNION DUES _____

PROFESSIONAL DUES _____

SEMINARS/TRAINING/EDUCATION _____

SUBSCRIPTIONS _____

UNIFORMS/CLEANING _____

WAGES/SUBCONTRACTORS _____

GIFTS _____

RENTAL PROPERTY WORKSHEET

PROPERTY LOCATION _____

INCOME:

RENT RECEIVED _____

EXPENSES:

ADVERTISING _____

*AUTO & TRAVEL _____

MILES DRIVEN
(FOR BUSINESS PURPOSES & MAKE/MODEL) _____

INSURANCE-PROPERTY _____

CLEANING _____

PROFESSIONAL/LEGAL FEES _____

MORTGAGE INTEREST _____

PROPERTY TAXES _____

SUPPLIES _____

REPAIRS/MAINTENANCE _____

UTILITIES _____

WATER _____

RUBBISH _____

CELL PHONE _____

OTHER _____

OTHER _____

Major improvements: (roof, carpet, etc.)
Date purchased, amount-please list individually

*Auto expenses-either per mile or actual expenses (need additional expense info: gas, repairs, license, etc. cost of car, date purchased, or lease payment, interest.) Usually per mile is better deduction and easier than maintaining numerous receipts.