TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2017.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save more than $35 for each $100 in deductible expenses you find in your 2017 records.

It is not necessary to fill in the "Prior Year" column.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

Schedule your appointment by clicking on the link in the email and requesting dates and times or by calling our office. You do not need an appointment to drop off your information. **YOUR TAX DOCUMENTS MUST BE DROPPED OFF 7 DAYS PRIOR TO YOUR SCHEDULED APPOINTMENT. LAST DAY TO DROP OFF IS MARCH 31ST.** After that, we cannot guarantee the returns will be completed by April 15th. If an extension is necessary, we can file that for a charge of $50.

When you drop off your tax information, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax returns (ONLY IF WE DID NOT PREPARE YOUR 2016 RETURNS)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions INCLUDING COST BASIS
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property
- Include dates and amounts of any estimated tax payments to federal, state, and local tax departments
- IRS correspondence regarding changes or issues with your previously filed return. (If you require us to correspond on your behalf with taxing authorities outside of the initital tax preparation, that service is subject to additional fees.)

PAYMENT IS DUE AT TIME OF APPOINTMENT BEFORE YOUR RETURN WILL BE E-FILED. If you bring a check to your appointment, we can also use that to verify your routing and account number for direct deposit or debit of tax refund or balance due.

If you have any questions before your scheduled appointment, please feel free to call or email.

Sincerely,

JEREMIAH F MCCARTHY CPA
115 SOUTH MAIN ST
SPRINGBORO, OH 45066
937-748-4765
jerry@mccarthywealth.com

General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Date of Death		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2017	%	%
If Part Year, Period of Residency	to	to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

	Taxpayer	Spouse
ID type	☐ Driver's license OR ☐ State Issued ID	☐ Driver's license OR ☐ State Issued ID
ID number		
ID issuing state		
ID issue date		
ID expiration date		

Filing Status

Status on 2016 return : ☐

Status as of 12/31/2017 :

Enter ("X") in the box

☐ **1** Single

☐ **2** Married filing joint

☐ **3** Married filing separately
(Enter spouse's name and SSN above)

☐ **4** Head of Household Non-dependent name: ____________
Non-dependent SSN: ____________

☐ **5** Qualifying widow(er) with minor child Year spouse died

Taxpayer's Address

Street ____________ Apt/Suite : ____________

City ____________ State ____________ Zip Code ____________

If address is in a foreign country, enter that country . . . ____________

Foreign province/county . . ____________ Foreign postal code ____________

If a bona fide resident of a U.S. territory, enter territory . .

Preparer's Information

Preparer's name JEREMIAH F MCCARTHY CPA

Firm's name MCCARTHY TAX SERVICES, LLC

Street 115 SOUTH MAIN ST

City SPRINGBORO State OH Zip Code 45066

Name ____________________ SSN ____________________

Questions

Yes	No		Personal Information
☐	☐	1	Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
☐	☐	2	Did you purchase or sell your principal residence or did your address change? If so, provide dates at each address.
☐	☐	3	Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	4	Were either you or your spouse in the military or National Guard?
☐	☐	5	Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Yes	No		Dependents
☐	☐	1	Are there any changes in your dependents from last year?
☐	☐	2	Did you have any children under 19 (or 24 if a full time student) who received more than $1,050 in investment income?
☐	☐	3	Did you pay education expenses for your dependent children?
☐	☐	4	Did you pay any dependent care expenses for a child or a parent?
☐	☐	5	Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
☐	☐	6	Are all of your dependents either US residents or citizens?

Yes	No		Health Care Coverage
☐	☐	1	Did you and all members of your family have minimum essential coverage in 2017? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
☐	☐	2	Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Yes	No		Income (In 2017, did you or your spouse have any of the following?)
☐	☐	1	Wages? (include form(s) W-2)
☐	☐	2	Non-employee compensation? (include form(s) 1099-MISC)
☐	☐	3	Interest income? (include form(s) 1099-INT)
☐	☐	4	Dividend income? (include form(s) 1099-DIV)
☐	☐	5	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	6	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
☐	☐	7	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
☐	☐	8	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
☐	☐	9	Disability income? (include form(s) W-2 or 1099)
☐	☐	10	Unemployment compensation? (include form(s) 1099-G)
☐	☐	11	Alimony?
☐	☐	12	Did you receive tip income NOT reported to your employer?
☐	☐	13	Did you receive payments from a Long-Term Care insurance contract?
☐	☐	14	Did you barter your services for goods or services from someone else?
☐	☐	15	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	16	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	17	Did you cash in any U.S. savings bonds?
☐	☐	18	Did you make a loan to someone at an interest rate below market rate?
☐	☐	19	Did you receive any income not reported in this Organizer?

Yes	No		Foreign Reporting
☐	☐	1	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	2	Were you the grantor of or transferor to a foreign trust?
☐	☐	3	Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No		Retirement & Other Plans
☐	☐	1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
☐	☐	2	Did you rollover a retirement plan distribution into another plan?
☐	☐	3	Did you convert a traditional IRA to a Roth IRA?
☐	☐	4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	5	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
☐	☐	6	Did you make any contributions to an HSA (Health Savings Account) in 2017? Please specify if not through payroll.

Yes	No		Purchases, Sales, Gains and Losses
☐	☐	1	Did you exchange any securities or investments for something other than cash?
☐	☐	2	Do you have any short sales, commodity sales, or straddles?
☐	☐	3	Did you buy or sell any bonds?
☐	☐	4	Did you receive stock from a stock bonus plan with your employer? Provide income statement showing grant & vest details.
☐	☐	5	Did you sell any other personal assets at a gain?
☐	☐	6	Did you sell any real estate (other than your home) during the year?
☐	☐	7	Did you sell any assets using the installment method?
☐	☐	8	Did you receive proceeds from a prior year installment sale?
☐	☐	9	Did you purchase a rental property?
☐	☐	10	Did you exchange any property for other property?
☐	☐	11	Did you incur a loss because of damaged or stolen property? (Only if out of pocket loss is greater than 10% of income)
☐	☐	12	Did you purchase a new vehicle, aircraft or boat?

☐	☐	13	Did any security become worthless during 2017?
☐	☐	14	Did any debts become uncollectible during 2017?
☐	☐	15	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No		**Business and Rental Property Income & Deductions**
☐	☐	1	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	2	Did you start or acquire a new business?
☐	☐	3	Did you sell any part of an existing business, or sell business assets?
☐	☐	4	Did you cease operating any business or rental property?
☐	☐	5	Did you remove any of your business assets for personal use?
☐	☐	6	Did you use part of your home for business purposes?
☐	☐	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?
☐	☐	8	Do you pay for any health or long term care insurance through your business?
☐	☐	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	10	Did you purchase any furniture or equipment for your business?
☐	☐	11	Did you make any improvements to your rental properties? Provide date, description, and cost of any improvements.

Yes	No		**Other Deductions**
☐	☐	1	Did you use your car on the job (other than to and from work)?
☐	☐	2	Did you work out of town for part of the year?
☐	☐	3	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	4	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	5	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017?
☐	☐	6	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017?
☐	☐	7	Did you contribute less than an entire interest in any property to charity?
☐	☐	8	Did you refinance a mortgage or take out a home equity loan during 2017?
☐	☐	9	Did you incur moving expenses during the year due to a change of employment?
☐	☐	10	Did you or your spouse pay any educational expenses for yourselves?
☐	☐	11	Did you pay any student loan interest?
☐	☐	12	Did you make any federal or state estimated payments?
☐	☐	13	Did you have a certain trade or business from which you figured your domestic production activities deduction?
☐	☐	14	Did you pay alimony?
☐	☐	15	Did you donate non-cash donations? If over $500, provide the charity's name & address, date of donation, & value of items.
☐	☐	16	Did you donate a vehicle?

Yes	No		**Miscellaneous**
☐	☐	1	Did you make gifts of more than $14,000 to any one person?
☐	☐	2	Did you engage the service of any household employees?
☐	☐	3	Did your bank account information change within the last twelve months?
☐	☐	4	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	5	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?
☐	☐	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes	No		**Return preparation and filing**
☐	☐	1	Do you want to e-file your return?
		2	If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail　☐ Other quick refund via a bank product

☐ Apply to next year's estimates　☐

☐ Direct deposit (please provide voided blank check)　Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐ Paper check sent with my return　☐ Credit card　☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)　Type of account: ☐ Checking ☐ Savings

☐

☐	☐	3	Do you want to allow your tax preparer to discuss this year’s return with the IRS? If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name JERRY MCCARTHY　Phone Number 937-748-4765　Personal identification Number (5 digit PIN) 20871

Name ______________________ SSN ______________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						