

# TAX ORGANIZER

Dear Tax 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 as much as \$35 for each \$100 in deductible expenses you find in your 2017 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

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.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- 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
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

JEREMY A. JOHNSON, CPA P.C.  
4388 W. VICKERY BLVD, STE 206  
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(682) 224-3243  
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4388 W. VICKERY BLVD, STE 206  
FORT WORTH, TX 76107

January 4, 2018

Dear Tax Client,

Thank you for choosing our firm to prepare your income tax returns for tax year 2017. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2017 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2017, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2017 tax return. We appreciate your business.

Sincerely,

JEREMY A. JOHNSON, CPA P.C.

Accepted by:

\_\_\_\_\_  
Taxpayer and Spouse (if applicable)

Date \_\_\_\_\_





- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2017?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2017?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase 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**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

**Yes**    **No**    **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you refinance a mortgage or take out a home equity loan during 2017?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes**    **No**    **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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**

- |                          |                          |  |   |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Do you want to e-file your return?  |
|                          |                          | 2  | If you are due a refund, how do you want to receive it?                             |
|                          | <input type="checkbox"/> | Check sent to you in the mail                      | <input type="checkbox"/> Other quick refund via a bank product                      |
|                          | <input type="checkbox"/> | Apply to next year's estimates                     | <input type="checkbox"/>  |
|                          | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

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

- |                          |                          |  |  |  |
|--------------------------|--------------------------|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Paper check sent with my return                    | <input type="checkbox"/> Credit card               | <input type="checkbox"/> Installment Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account: <input type="checkbox"/> Checking | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____	Phone Number _____	Personal identification Number (5 digit PIN) _____
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Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
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<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	_____	44	
45	_____	45	
46	_____	46	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

47 Lender \_\_\_\_\_ 47

48 Lender \_\_\_\_\_ 48

49 Lender \_\_\_\_\_ 49

50 Lender \_\_\_\_\_ 50

**Home Mortgage Interest Not Reported on Form 1098**

51 Name: \_\_\_\_\_ 51

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

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52 Mortgage insurance premiums paid on 2017 acquisition indebtedness for principal residence . . . . . 52

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**Refinancing Points**

53 Description . . . . . 53

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2017 . . . . .


54 Description . . . . . 54

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2017 . . . . .


55 Description . . . . . 55

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2017 . . . . .


56 Description . . . . . 56

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2017 . . . . .


57 Investment interest paid . . . . . 57

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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2016 and paid in 2017 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2017
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2017
1	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
2	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
3	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
4	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
5	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			