Energy-Efficient Home Improvements	
Did you purchase and install any of the following	$
; High efficiency Water Heater	$
High efficiency heating and air conditioning	$
New exterior doors and storm doors	$
New exterior windows	$
Insulation in outside walls or ceiling	$

OHIO DRIVERS LICENSE INFORMATION

This year we need information from your drivers licensse in order to file the tax return elecronically. 2016 is the first year this information is required.

Questions and notes:

Tax Organizer - 2017 Tax Year

last name:

Rental Income & Expense	Amounts
GROSS RENTAL INCOME	$
ROYALTIES	$
Advertising	$
Cleaning	$
Maintenance	$
Commissions	$
Insurance	$
Legal & Professional	$
Management Fees	$
1st Mortgage - Interest paid (provide 1098)	$
Equity/LOC - Interest paid (provide 1098)	$
Other Interest	$
Repairs	$
Supplies	$
Real Estate Taxes	$
Taxes Other	$
Utilities: Electric	$
Utilities: Gas	$
Utilities: Water	$
Painting & Decorating	$
Association/ Condo Dues	$
Grounds Maintenance (Mow/Snow)	$
Pest Control	$
Small Tools	$
Security	$
Travel	$
Other:	$
Other:	$
Other:	$
Other:	$
Other:	$

Notes:

Required Information	
What is the full address of this property?	
Address_____________________________________	
Apt #____________	
City____________________**State**_______**Zip**_________	
Number of days property used for personal use:	days
Number of days this property was rented:	days
The year you began renting this property:	
Do you pay any contractors $600 or more?	
Did you file 1099s for those individuals?	
Did you sell this property in 2016?	
(please use "Sale of Property" worksheet)	
Do you use your vehicle for this business? Explain:	
(Please use the "Vehicle Use" worksheet)	
Other questions or comments relating to this rental:	
Date when property began being rented:	
Date when property was ready to rent:	
Purchase price of property:	$
Closing cost paid at purchase of property:	$
Value of property when converted to rental:	$
Capital improvements made prior to conversion:	$
Capital Improvements this year: Carpet/Flooring	$
Date purchased:	
Capital Improvements this year: Roof	$
Date purchased:	
Capital Improvements this year:	$
Date purchased:	
Capital Improvements this year:	$
Date purchased:	
Capital Improvements this year:	$
Date purchased:	
Refinancing Costs current year:	$
Date	

Vehicle use: BUSINESS - RENTAL - EMPLOYEE	1st Vehicle	2nd Vehicle
Make & Model of vehicle		
Cost (including sales tax)	$	$
Date you began using it for business		
Business Miles (requires log to substantiate)		
Commuting Miles		
Personal Miles		
Total Miles for the year		
Gas & Oil Expense	$	$
Registration - Licenses - Other Fees	$	$
Repairs & Maintenance	$	$
Auto Insurance	$	$
Lease cost for vehcle	$	$
Interest paid on vehicle loan	$	$
Other:	$	$

Business Use of Home: BUSINESS - EMPLOYEE	
Square foot of area used exclusively for business	
Total square foot of area in the home	
Date you began using home for business	
Value of the property or purchase price (whichever is lower)	$
Homeowners insurance	$
Repairs & Maintenance	$
Utilities: Gas	$
Utilities: Electric	$
Security system	$
Rent	$
Other:	$
Other:	$

Employee Business Expense Not Reimbursed by Employer	Taxpayer	Spouse
Parking fees, tolls and local transportation (bus/cab/train/etc)	$	$
Overnight lodging away from home (no meals)	$	$
Airline tickets/rental cars/fuel away from home	$	$
Other business costs (supplies/postage/software/etc)	$	$
Educational Expense - required for job	$	$
Telephone used for employer's business	$	$
Professional organizations or union dues/subscriptions	$	$
Safety & Protective Clothing	$	$
Tools/Equipment/Uniforms	$	$
Meals and entertainment	$	$
DOT meals	$	$
Amount reimbursed by an employer	$	$
Vehicle useage (see Vehicle Use spreadsheet)	$	$

Business Income & Expense	Amounts	Required Information	
GROSS BUSINESS INCOME (provide 1099)	$	What is the full address of this property?	
Cost of Goods Purchased less personal use	$	Address______________________________	
Materials & Supplies	$	Apt #__________	
Refunds	$	City________________State______Zip________	
INVENTORY-START of Year (Cost of Goods)	$	What is the nature of your business?	
INVENTORY- END of Year (Cost of Goods)	$		
Advertising	$		
Commissions	$	Do you operate the business alone?	
Contract Labor (send 1099) see below	$	Date you started this business?	
Employee Benefits	$	Do you pay any contractors $600 or more?	
Insurance (other than Health)	$	Did you file 1099s for those individuals?	
Mortgage Interest	$	What is the total health care premiums paid?	$
Other Interest	$	Do you wish to contribute to a retirement plan?	
Legal & Professional	$	Amount:	$
Office Expense	$	Do you use your home for this business?	
Office Rent	$	*(Please use the "Business Use of Home" worksheet)*	
Equipment Rent/Lease	$	Do you use your vehicle for this business?	
Repairs & Maintenance	$	Explain:	
Supplies not included above	$	*(Please use the "Vehicle Use" worksheet)*	
Taxes: Define type ________________	$	Other questions or comments relating to this business:	
Other taxes & Licenses Define____________	$		
Travel-Air/Hotel/Auto/Taxi (NO meals)	$		
Meals & Entertainment	$		
Utilities	$		
Wages & Salaries	$	**Equipment Item purchased:**	
OTHER: Parking	$	Date purchased:	
OTHER: Bank Service Charges	$	Is the Item new or used?	
OTHER: Communications (cell ph, pager, etc)	$	Purchase price plus sales tax:	$
OTHER: Dues & Publications	$	**Equipment Item purchased:**	
OTHER: Postage, Freight & Shipping	$	Date purchased:	
OTHER: Printing & Duplicating	$	Is the Item new or used?	
OTHER: Small Tools	$	Purchase price plus sales tax:	$
OTHER: Telephone/Cell phone	$	**Equipment Item purchased:**	
OTHER: Uniforms	$	Date purchased:	
OTHER: Internet	$	Is the Item new or used?	
OTHER:	$	Purchase price plus sales tax:	$

You must file a 1099 for any contractor you pay $600 or more.
Before paying any contractor, you should require a W-9
be filled out and you should keep it in your files.
Form W-9 is available at www.irs.gov

Tax Organizer - 2017 Tax Year

last name:

Items that DECREASE income	TAXPAYER	SPOUSE
Educator's expenses	$	$
Certain expenses for reservists, performing artists, etc	$	$
Health Savings Account (HSA) contributions (provide 5498-SA)	$	$
Health Savings Account (HSA) Distributions (provide 1099-SA)	$	$
Contributions to Self-Employed SEP, Simple,other	$	$
Self Employed health insurance premiums	$	$
Penalty on early withdrawal of savings	$	$
Alimony Paid - provide Social Security# of Payee	$	$
Contributions to IRA or ROTH for 2017	$	$
Student Loan INTEREST (provide 1098E)	$	$
Tuition - post secondary education (college and vocational schools)**(provide 1098T)**	$	$
Books - Supplies - Laptop for post secondary education	$	$

Moving Expenses (if you have moved farther than 50 miles)

Number of miles from your OLD home to your NEW workplace	
Number of miles from your OLD home to your OLD workplace	
Number of miles from your OLD home to your NEW home	
Amount paid for storeage and transportation of household and personal effects. (include rental truck and fuel for truck)	$
Amount paid for travel and lodging during the the move - sorry no meals cost	$
Amount of moving expenses reimbursed by an employer	$
Was the move related to the military?	

Sale of you Primary Residence or Investment Property **(PROVIDE HUD SETTLEMENT PAGES)**

Date you purchased property	
Date you sold property	
Purchasse price of sold property	$
Selling price of sold property	$
Cost of Capital Improvements to sold property	$
Cost of preparing property for sale	$
Closing cost for the property sold	$
Property tax paid at closing	$
Other tax assessments for improvements	$
Other :	$
Other:	$
Was the property co-owned (if yes please list who)	
Is the property subject to "First Time Homebuyer Credit"	
If YES - provide documentation on when the credit was taken and any that was paid back	
Was the property depreciated for tax purposes? (provide the depreciation schedule)	

Any other information:

Tax Organizer - 2017 Tax Year

last name:

Itemized Deductions	TAXPAYER	SPOUSE
Health insurance premiums paid	$	$
Long-Term Care Premium Payments	$	$
Dental premiums and out of pocket costs	$	$
Vision premiums and out of pocket	$	$
Medical Doctor payments - including co-pays	$	$
Hospital/Clinics/Lab Payments - including co-pays	$	$
Therapeutic Equipment/Hearing Aids/Ambulatory Aids	$	$
Prescription payments - including co-pays	$	$
Medical Lodging	$	$
Other:	$	$
Medical Miles Driven	miles	miles
State Taxes paid (do not include amount from W2)	$	$
Local Taxes paid (do not include amount from W2)	$	$
Real estate taxes paid - 1st home	$	$
Real estate taxes paid - 2nd home	$	$
Auto Purchase Sales Tax Paid	$	$
1st Mortgage - Interest paid (provide 1098)	$	$
Equity/LOC Mortgage - Interest paid (provide 1098)	$	$
Second/Vacation/Timeshare Home Mortgage Interest (provide 1098)	$	$
RV/Live-Aboard Boat Interest paid (provide 1098)	$	$
Mortgage Insurance Premiums (provide 1098)	$	$
Points not reported on Form 1098	$	$
Investment Interest Paid	$	$
*Gifts to Charity-CASH (receipts required)	$	$
*Gifts to Charity-CHECKS (retain cancelled check)	$	$
Charitable Activities Miles driven	miles	miles
Casualty & Theft loss	$	$
Investment Expenses	$	$
Tax Preparation Fees	$	$
Safe Deposit Box Rental	$	$
Gambling Losses (amounts paid out up to gambling winnings)	$	$
Job Hunt costs	$	$
Adoption Costs - Let's talk about this in detail	$	$

Gifts to Charity - Other than cash or checks (retain donation receipts)

Name & Address of Donee	Date Contributed	Thrift Price	Original Cost
	/ /	$	$
	/ /	$	$
	/ /	$	$
	/ /	$	$
	/ /	$	$
	/ /	$	$

Tax Organizer - 2017 Tax Year

last name:

Income Items	TAXPAYER	SPOUSE
W-2 Employer Name:	Please	Please
W-2 Employer Name:	provide	provide
W-2 Employer Name:	W-2's	W-2's
W-2 Employer Name:	original	original
W-2 Employer Name:	or copy	or copy
Pension - IRA -Annuity payments from:	Please provide	Please provide
Pension - IRA -Annuity payments from:	provide	provide
Pension - IRA -Annuity payments from:	1099-R	1099-R
Pension - IRA -Annuity payments from:	original	original
Pension - IRA -Annuity payments from:	or copy	or copy
Social Security	Please provide	Please provide
Social Security	SSA form	SSA form
Interest/Dividend Income from:	Please provide	Please provide
Interest/Dividend Income from:	1099-INT/DIV	1099-INT/DIV
Stock/Mutual Fund Sales	1099-B	1099-B
Stock/Mutual Fund Sales		

Other Income Items - PROVIDE 1099 AND K-1 FORMS	TAXPAYER	SPOUSE
Refunds -State (provide 1099-GOV)	$	$
Refunds -City (provide 1099-GOV)	$	$
Alimony RECEIVED	$	$
Child Care Income	$	$
Gambling Winnings (provide 1099s)	$	$
Jury Duty	$	$
Lump Sum Distributions	$	$
Tip unreported elsewhere	$	$
Unemployment (provide 1099-GOV)	$	$
Prizes and Awards (provide 1099)	$	$
Rollover Pension/IRA(provide 1099's)	$	$
Scholarships not reported on W-2	$	$
Forgiveness of Debt (provide 1099-C)	$	$
S-Corp (provide K-1's)	$	$
Partnerships (provide K-1's)	$	$
Estate & Trust (provide K-1's)	$	$
Other:	$	$
Other:	$	$

Estimated Tax Payments (not including W-2s)	Federal	Name of State:	Name of City:
Date Paid			
1st quarter	$	$	$
2nd quarter	$	$	$
3rd quarter	$	$	$
4th quarter	$	$	$

HEALTH INSURANCE COVERAGE:

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE

The IRS requires that you report certain information related to your health care coverage on your 2017 tax return. Please read the following statements carefully. More than one might apply to your "tax family".

☐ **1.** If you had health care coverage with a government Marketplace (Exchange) during 2017. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.

☐ **2.** If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.

☐ **3.** If a dependent filed a return for 2016. Provide a copy of the return.

4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.

☐ **5.** If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

OHIO DRIVERS LICENSE INFORMATION

This year we need information from your drivers licensse in order to file the tax return elecronically. This is the first year that this information is required.

Please check (X) ***ONLY APPLICABLE BOXES***

Please include all necessary details and documentation

E-FILE - We will E-file unless you specifically request us not to.
DIRECT DEPOSIT - Please provide CURRENT BANK ACCOUNT INFORMATION
Both E-FILE and DIRECT DEPOSIT are provided to you for FREE

Individual Information

☐ **ALIMONY** -RECEIVE or PAY(circle one) alimony? amount $_______(not including child support)
☐ **CHILD SUPPORT** -RECEIVE or PAY(circle one) child support?
☐ **DEPENDENT of ANOTHER** -could you or your dependents be claimed as a dependent by another?
☐ **DEPENDENTS CHANGES** - any changes in dependents from the prior year? explain:______________
☐ **DEPENDENT unCLAIMED** - financially supporting someone not currently claimed as your dependent? (parent, etc)
☐ **DEPENDENT CHILDREN** -any children under age 24?

Tax Organizer - 2017 Tax Year

last name: ____________________

- [ ] **EXECUTOR** -receive executor fees? amount $________________
- [ ] **BARTER TRANSACTION** - did you engage in bartering during 2016? Provide detail.
- [ ] **GAMBLING** -gambling income OR losses? (please bring W2G and proof of losses)
- [ ] **JURY DUTY** -receive jury duty fees? amount $________________
- [ ] **PENSION/PROFIT SHARING** -receive any lump-sum payment from pension or profit sharing plan?
- [ ] **REAL ESTATE SOLD** -income this year from property sold this year OR prior to this year? (provide details)
- [ ] **RETIREMENT ACCTS** -rollovers or withdrawals from retirement acct? SEP - IRA - ROTH - PENSION (circle one)
- [ ] **SOCIAL SECURITY** -qualify for any Social Security benefits such as retirement, death, disability or Medicare?
- [ ] **STOCK OPTIONS** -exercise but not sell stock options at the same time?
- [ ] **STOCKS SALE** -sale of any stock during the year? (send original purchase date, cost, and sale price(1099B))
- [ ] **STOCKS misc** -participate in puts, calls or "short the box" stock transactions? explain______________
- [ ] **UNEMPLOYMENT** -receive any unemployment income? (provide 1099G)

Miscellaneous

- [ ] **CHANGES** -expect significant changes in income, expenses or dependents for the coming year?
- [ ] **GIFTS** -gave gifts of more than $14,000 to any individual? explain: ______________________
- [ ] **HOUSEHOLD EMPLOYEES** -have a household employee? explain_______________
- [ ] **LICENSE PLATE** -Ohio *specialty* plate in which a portion of cost is a donation? cause______amt $_____
- [ ] **POLITICAL CONTRIBUTIONS** -donations made to State campaigns? name____________ amt $_____
- [ ] **RETIREMENT/Pension** -changes or new retirement account or pension plan this year?
- [ ] **SALES TAX** -Out of state purchases by catalogue or internet which you did NOT pay sales tax? amt $_______
- [ ] **STOCK OPTIONS** -have stock options?
- [ ] **TAX CORRESPONDENCE** -receive letters from federal, state, or local tax authorities? (please provide copy)
- [ ] **TRADE** -engaged in any bartering transactions? explain________________

Business and Self Employed Individuals

- [ ] **CHANGES OWNERSHIP**-start or dispose of a business during the year?
- [ ] **CHANGES INTEREST** -dispose of, acquire new or additional interest in a partnership or S corporation?
- [ ] **HEALTH INSURANCE PREMIUMS** -paid(non W2) health insurance costs for yourself & family? amount $______
- [ ] **HOME OFFICE** -designated home office, which is the ONLY office work space available to my business
- [ ] **MANUFACTURING** -own or invest in a business that would be considered manufacturing?
- [ ] **RENTAL** -own properties which I receive rental income
- [ ] **SELF EMPLOYMENT or OTHER INCOME** -receive income from sources other than W2 (provide 1099 and/or list)

OHIO Sales Tax: If you buy items on EBAY, AMAZON or any other On-Line website that do not add Ohio sales tax onto the price, you are required to declare the amount of those purchases onto your Ohio tax return and pay the required Sales Tax.
If you buy on-line, please add those purchases and enter the total here $________________________

- [ ] **MARRIAGE/DIVORCE** -marital status change during the year? explain:_____ _______________
- [ ] **MILITARY** -you or your spouse a member of the military or military reserves?
- [ ] **RESIDENCE** -move during the year? Date of move____/____/_____ (note new address on front of form)
- [ ] **WILL** -your will and power of attorney for health care and financial decisions is updated and current?

Deductions and Credits

- [ ] **ADOPTION** -started, in process, or completed adoption? (provide detailed expense list)
- [ ] **AUTO USAGE** -use your car for work for business other than commuting? (provide mileage log)
- [ ] **CHARITABLE CONTRIBUTIONS** -donations by ***cash and check?*** (donee receipt required to substantiate)
- [ ] **CHARITABLE CONTRIBUTIONS** -donations of ***items***? (donee receipt and itemization list required)
- [ ] **CHILDCARE** -pay for child care, babysitting, daycare? (note all required info on front of form)
- [ ] **EDUCATION** EXP -you or dependents taking College or University level courses? Dependent_______Cost $_____
- [ ] **EDUCATION SAVINGS** -contribute to a Coverdell Education Savings Account or OH529 Plan this year?
- [ ] **EMPLOYEE EXPENSES** -*UN*reimbursed employee expenses or an allowance?
- [ ] **EMPLOYMENT SEARCH** -incur any job-seeking expenses? amount $__________
- [ ] **LOSS or CASUALTY** -incur unreimbursed casualty or theft loss?
- [ ] **MEDICAL HEALTH INSURANCE** -pay your own Health Insurance Premiums
- [ ] **MEDICAL HSA/MSA** -Health Savings Acct or Medical Savings Acct? (provide1099 statements)
- [ ] **MEDICAL** -total out of pocket medical expenses? (provide summarized list)
- [ ] **MOVE** -change of residency more than 50 miles for employment? moving expenses $_______________
- [ ] **REAL ESTATE TX**-pay real estate taxes for a home?
- [ ] **REAL ESTATE** -sell, exchange, or purchase any real estate during the year? (provide closing statement)
- [ ] **REAL ESTATE** -take out a home equity loan, line of credit or refinance any property? (provide closing statement)
- [ ] **RETIREMENT ACCTS** -contributions made to retirement acct? SEP - IRA - ROTH - PENSION (circle one)
- [ ] **SALES TX** -purchase of car, truck, motorcycle, boat, motor home, mfr home, or plane? Sales tax $_____
- [ ] **STUDENT LOAN INTEREST** -pay any student loan interest this year? amount $______ (provide 1098E)

Income

FOREIGN ACCOUNT:

- [ ] Did you hold an interest in or signature over a bank or brokerage account in a foreign country?
- [ ] Did you have an interest in/signature power over a bank or brokerage accnt in a foreign country?
- [ ] You earned interest or dividends, or you are an authorized signature holder on a foreign bank accnt?
- [ ] **You** carried $10,000 or more in a foreign bank account for at least one day during year?
- [ ] **BONDS** -cashed in U.S. Savings bonds?
- [ ] **DAMAGE AWARD** -receive a damage award for personal injury or sickness?
- [ ] **DISABILITY** -receive any disability income?
- [ ] **EDUCATIONAL BENEFITS** -employer provided educational assistance or educational benefits?
- [ ] **EDUCATION SAVINGS WITHDRAW**-distribution from a 529 plan? (provide 1099Q)

Tax Organizer - 2017 Tax Year - LAST NAME:

Personal Data

Taxpayer Name	Spouse Name
SSN	SSN
Date of Birth	Date of Birth
Occupation	Occupation
Work Phone	Work Phone
Home phone	Home phone
Cell Phone	Cell Phone
E-mail	E-mail

Address	Apt#	School District
City	State	Zip

Dependents

First name/MI	Last name	Suffix	
SSN	Relationship		
Date of Birth	Number of months lived with you		
Child care expense incurred and paid in 2017 - **children under 13 years old.**			$
Tuition/Books/Supplies/Laptop cost for post secondary education (college) **(provide 1098-T from institution)**			$
Does the dependent have income over $900? **(provide w2 if over)**			$
Amount contributed for this dependent for qualified education plan **(Ohio approved 529 - College Advantage Fund)**			$
First name/MI	Last name	Suffix	
SSN	Relationship		
Date of Birth	Number of months lived with you		
Child care expense incurred and paid in 2017 - **children under 13 years old.**			$
Tuition/Books/Supplies/Laptop cost for post secondary education (college) **(provide 1098-T from institution)**			$
Does the dependent have income over $900? **(provide w2 if over)**			$
Amount contributed for this dependent for qualified education plan **(Ohio approved 529 - College Advantage Fund)**			$
First name/MI	Last name	Suffix	
SSN	Relationship		
Date of Birth	Number of months lived with you		
Child care expense incurred and paid in 2017 - **children under 13 years old.**			$
Tuition/Books/Supplies/Laptop cost for post secondary education (college) **(provide 1098-T from institution)**			$
Does the dependent have income over $900? **(provide w2 if over)**			$
Amount contributed for this dependent for qualified education plan **(Ohio approved 529 - College Advantage Fund)**			$
First name/MI	Last name	Suffix	
SSN	Relationship		
Date of Birth	Number of months lived with you		
Child care expense incurred and paid in 2017 - **children under 13 years old.**			$
Tuition/Books/Supplies/Laptop cost for post secondary education (college) **(provide 1098-T from institution)**			$
Does the dependent have income over $900? **(provide w2 if over)**			$
Amount contributed for this dependent for qualified education plan **(Ohio approved 529 - College Advantage Fund)**			$

Day Care Provider	Address	Federal EIN	Amount Paid