

This organizer is provided to assist you with gathering your tax information. The only page we require you to complete is page 3.

NEW CLIENTS PLEASE COMPLETE:

Your Name _____	Occupation _____
Social Security Number _____	Date of Birth _____
Spouse's Name _____	Occupation _____
Social Security Number _____	Date of Birth _____
Address _____	Home phone _____
_____	Office phone _____
E-Mail _____	Cell phone _____

EXISTING CLIENTS, PLEASE TELL US NEW ADDRESS IF YOU MOVED.

* * * * *

Please list dependent children. Include any children over 19 who were full time students during 2016.

<u>Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you furnish more than half the support of someone, other than your children, who had less than \$4,050.00 gross income during 2016? _____

Do you wish to have \$3.00 of your taxes transferred to the presidential election fund? ____
Does your spouse? ____ A "yes" answer will not change your tax payment or refund.

**Kerry Molloy
Certified Public Accountant**

DOCUMENTS WE REQUIRE

If they apply to you, please provide the following documents for accurate preparation of your return. .

- W-2 (wages)
- 1099-R (retirement income)
- 1099-INT (interest income)
- 1099-DIV (dividend income)
- 1099-B (proceeds from stock sales) **If you have stock sales, we need the cost basis for each item sold.**
- 1099-Misc (miscellaneous income from self employment, or rental income etc.)
- 1099-G (unemployment income)
- 1099-C (cancellation of debt)
- 1099-LTC (long term care)
- 1099-SSA (social security income)
- 1095-A (Health Insurance Marketplace Statement)
- Schedule K-1
- 1098 (Mortgage interest)
- 1098-T (Tuition Payments)
- 1098-E (Student Loan Interest)
- 2439 (Undistributed Long Term Gains)
- Year End Brokerage Statements **If you have stock sales, we need the cost basis for each item sold.**
- Form HUD-1 for real estate sales/purchases
- All other tax documents received

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*****REQUIRED SECTION*****

WE NEED THE FOLLOWING INFORMATION AS IT PERTAINS TO YOUR HEALTH INSURANCE.

If you received health insurance through the MARKET PLACE, include the 1095A that you received with your tax information. If you are exempt, we will need an ECN number.

If you were not exempt, and you did not receive insurance through the MARKET PLACE, provide:

Healthcare provider _____

Policy Holder _____

Policy Number _____

List Individuals Covered, and the months they were covered for:

NAME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

If you or anyone on your return was not covered for the full 12 months or didn't have any insurance, explain why

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INCOME

Did you or your spouse receive income from the following sources? Please attach statements.

	Taxpayer	Spouse
Wages, Salaries, Tips	_____	_____
Interest, Dividends	_____	_____
Social Security Benefits	_____	_____
Unemployment Insurance	_____	_____
Nontaxable interest	_____	_____
State Tax Refund	_____	_____
Alimony	_____	_____
Executors, Directors Fees	_____	_____
Prizes, Lotteries	_____	_____
Rental of Real Estate	_____	_____
Pension and Annuity Income	_____	_____
Partnerships	_____	_____
Estates, Trusts	_____	_____
Small Business Corporations	_____	_____
Freelance Work	_____	_____

Did you or your spouse receive income from any sources not listed above? _____

During 2016, did you or your spouse have any interest in (or signature over) a bank or brokerage account in a foreign country? _____

During 2016 did you and/or your spouse:

- Sell real estate? Yes _____ No _____
- Sell stocks or bonds? Yes _____ No _____
- Sell any other properties? Yes _____ No _____
- Change your marital status? Yes _____ No _____
- Have a child? Yes _____ No _____
- Change your address? Yes _____ No _____

Were there any other changes that you think we should be aware of? _____

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DEDUCTIONS

Please provide the amounts paid in 2016 for the following deductible expenses:

- State and City Income Taxes _____
- Real Estate Taxes _____
- Mortgage Interest _____
- Home Equity Loan Interest _____
- Interest on Loans for Investments _____
- Alimony _____
- Cash Charitable Contributions _____
- Non-Cash Charitable Contributions _____
- Non-Reimbursed Employee Business Expenses _____
- Moving Expenses _____
- Union Dues _____
- Safe Deposit Box _____
- Professional Dues _____
- Uniforms and Special Tools _____
- Safety Equipment _____
- Tax Preparation Fees _____
- Business Publication Fees _____
- Small Tools _____
- Child Care Expenses _____

When compiling your medical expenses, please give us totals for each category listed below. We do not need the individual receipts, just the totals for each category:

- Prescriptions _____
 - Health Insurance Premiums _____
 - Long Term Care Insurance _____
 - Mileage traveled for medical needs _____
 - All other medical and dental costs including co-pays, lab fees, etc. _____
- You must keep your medical receipts in case the IRS requires proof for the deduction.

For cash contributions, we need the grand total of all cash contributions. You do not need to provide all receipts for cash contributions. However, you must keep back up in the event of IRS inquiry.

For non cash contributions, we must have receipts. We also need a description of the contributed item, the date of the donation, the purchase date, the original cost, and the current fair market value. *We cannot determine the value of the donation. It is your responsibility to give us an amount.*

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How much did you pay in 2016 for tuition? _____
For student loan interest? _____

Did you have any expenditure in 2016 that you think may be deductible that are not mentioned above? _____

If you have suffered a casualty loss in 2016 for which the amount lost exceeds 10% of your income please provide detail. _____

Did you make any payments to an IRA or Keogh for 2016? (You have until April 15, 2016 to make this payment.) _____

Are either you or your spouse eligible for any other pension plan? (i.e. through employers) _____

Did you make any estimated tax payments this year? _____

Federal: Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____

State: Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____

Did you receive a family tax relief credit? _____
Did you receive a property tax freeze credit? _____ if yes, enter amount _____

Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? _____

Did you purchase property or service which was delivered to you in your resident state without payment of sales tax to the seller such as through the internet, by catalog, from TV Shopping channel, etc? ____ If yes, provide detail.

Is there anything not listed that you think we should be aware of? _____

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SELF-EMPLOYMENT

If you had self-employment income in 2016, please complete the following:

Principal business or profession _____

Business name _____

Business address _____

Was this business in operation at the end of 2016? _____

How many months was this business in operation during 2016? _____

Total income from business _____

Total expenses for each of the following:

Advertising _____ Commissions & Fees _____

Insurance _____ Legal & Professional _____

Office Expense _____ Rental of Machinery _____

Repairs & Maintenance _____ Supplies _____

Licenses & Taxes _____ Travel _____

Meals & Entertainment _____ Utilities _____

Cost of Purchases for Resale _____ Ending Inventory _____

Other Expenses _____

Did you use your home for self-employment purposes? _____

If yes, what is the total square footage of your home? _____

What is the amount of square footage used for business? _____

What are your expenses for your home? Rent _____ Repairs _____

(Mortgage and real estate taxes will be handled separately.)

Did you use your vehicle for self-employment purposes? _____

If yes, please state: Year _____ Make _____ Model _____

Date Purchased _____ Date placed in service _____ Cost _____

Total mileage used in 2016 _____ Number of miles for business use _____

Number of miles for personal use _____ Number of miles for commuting _____

Registration fee _____ Parking, tolls and local transportation _____

Vehicle rentals _____

Interest _____

Is vehicle available on off-duty hours? _____

Is another vehicle available for personal use? _____

Did you purchase any other assets in 2016 for use in the business? _____

For each one, list: Description _____

Date placed in service _____

Cost _____

Percentage of business use _____

What were your health insurance expenses for 2016? _____

Thank you for the opportunity to be of service.

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