Moshe Klein \& Associates Ltd.
Tax year 2016
Tax Organizer and Questionnaire - Individuals and Families

Welcome to Moshe Klein \& Associates. It is our pleasure to provide you with tax preparation services. Please read and complete this form carefully. You are responsible for the information on your tax return, so be sure to provide complete and accurate information. All information is strictly confidential. If you have any questions, please feel free to ask them at any time.

## In order for us to complete your tax return, you will need:

- Last year's tax return, if not filed by Moshe Klein \& Associates.
- Social security cards or ITIN letters for you and all persons on your tax return, if not already on file.
- Photo ID (such as a valid driver's license or other government-issued ID) for you and your spouse, if applicable.
- All tax information and forms you received from employers, banks, etc, such as Forms W-2, 1099, 1098. (See page 2)
- Receipts or other records for all tax-related expenses. (See checklist on Page 2)
- A voided check with bank routing number and account number for direct deposit of your refund.


## Part I. Your Personal Information

| 1. Your First Name | M. I. | Last Name | Are you a U.S. Citizen? |  |
| :--- | :--- | :--- | :--- | :--- |
| 2. Your Spouse's First Name | M. I. | Last Name | Is your spouse a U.S. <br> Citizen? |  |
| 3. Mailing Address | Apt \# | City | State | Zip Code |

## 4. Contact Information

 Phone:> Cell Phone:

Email:

| 5. Your Date of Birth | 6. Your Job Title | Are you 7. Legally Blind? <br> 8. Totally and Permanently Disabled? $\square$ Yes $\square$ No |
| :--- | :--- | :--- |
| 9. Your Spouse's Date of Birth | 10. Your Spouse's Job Title | Is Your Spouse 11. Legally Blind? $\quad \square$ Yes $\square$ No <br> 12. Totally and Permanently Disabled? Yes $\square$ No |

13. Can anyone claim you or your spouse as a dependent on their tax return?

## Part II. Marital Status and Household Information

1. As of December 31, 2016, were you:
$\square$ Single In a Civil Union
$\square$ Married. Did you live with your spouse during any part of the last six months of 2016? $\quad$ Yes $\square$ No
$\square$ Divorced or Legally Separated. Date of final decree or separate maintenance agreement: $\qquad$
$\square$ Widowed. Year of spouse's death:
2. List everyone who lived in your home in 2016 (other than you and your spouse). Also list anyone who lived outside of your home who you supported in 2016. If additional space is needed, please check here and list them on page 3.

| Name (first, last) <br> Do not enter your name or spouse's name below. <br> (a) | Date of Birth (mm/dd/yy) (b) | Relationship to you (e.g. daughter, son, mother, sister, none) <br> (c) | Number of months lived in your home in 2016 <br> (d) | US Citizen or resident of US, Canada or Mexico in 2016 (yes/no) <br> (e) | Marital status as of 12/31/16 (S/M) (f) | Full-time student in 2016 (yes/no) (g) | Received less than \$3800 income in 2016 (yes/no) <br> (h) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Part III. Income - In 2016, did you or your spouse receive:

Yes No Unsure
(

## Part IV. Expenses - In 2016, did you or your spouse pay:

## Yes No Unsure

| $\square \square \square$ | 1. Alimony? If yes, do you have the recipient's SSN? |
| :---: | :---: |
| $\square \square \square$ | 2. Contributions to a retirement account? |
| $\square \square \square$ | 3. Educational expenses for yourself, spouse or dependents, such as tuition, fees, books, etc.? (Form 1098-T) |
| $\square \square \square$ | 4. Unreimbursed employee business expenses (such as uniforms or mileage)? |
| $\square \square \square$ | 5. Medical expenses (including health insurance premiums)? |
| $\square \square \square$ | 6. Home mortgage interest? (Form 1098) |
| $\square \square \square$ | 7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098) |
| $\square \square \square$ | 8. Charitable contributions? (Record of contributions or receipts) |
| $\square \square \square$ | 9. Child or dependent care expenses such as day care? (Record of payments or receipts) |
| $\square \square \square$ | 10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc? |

## Part V. Life Events - In 2016, did you or your spouse:

Yes No Unsure

1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099A)
3. Buy, sell or have a foreclosure on your home? (Form 1099-A)
4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? $\qquad$
5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc)

6 Live in an area that was affected by a natural disaster? If yes, where? $\qquad$
7 Receive the First Time Homebuyer's Credit in 2008?
8 Pay any student loan interest? (Form 1098-E)
9. Make estimated tax payments or apply last year's refund to your 2016 tax? If so, how much?
10. Attend school? (Form 1098-T)
11. Adopt a child?
12. File a 2015 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?
13. Become a victim of identity theft?

Presidential Election Campaign Fund: (If you check this box, your tax or refund will not change.) Check here if you, or your spouse if filing jointly, want $\$ 3$ to go to this fund. $\square$ You $\quad \square$ Your spouse

## Part VI. Health Care Information - In 2016, did you, your spouse, or dependent(s)

Yes No Unsure

1. Have health care coverage?
2. Receive one or more of these forms? (Check the box) $\square$ Form 1095-B $\square$ Form 1095-C
3. Have coverage through the Marketplace (Exchange)? [Provide From 1095-A]

3A. If yes, were advance credit payments made to help you pay your health care premiums?
3B. If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
4. Have an exemption granted by the Marketplace?

## Part VII. Your Refund or Balance Due

If you are due a refund, would you like a direct deposit? $\quad$ Yes $\square$ No
If you are due a refund, would you like to purchase U.S. Savings Bonds? $\square$ Yes $\square$ No
If you are due a refund, would you like to split your refund between multiple accounts? $\square$ Yes $\square$ No
If you have a balance due, would you like to make a payment directly from your bank account? $\quad \square$ Yes $\quad \square$ No

## Part VIII. Additional Information

Please describe any other circumstances which may affect your tax return:

Signature $\qquad$

Date $\qquad$

