

# Moshe Klein & Associates Ltd. Tax year 2017 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:

Part I. Your Personal Information

- 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.
- <u>All</u> 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.

1. Your First Name		M. I.	Last N	ame		Are	Are you a U.S. Citizen?			
2. Your Spouse's First Name			Last Name				Is your spouse a U.S. Citizen?			
3. Mailing Address		Apt #		City		State	Zip Code			
4. Contact Information			•			•	•			
Phone:	Cell Phor	ne:			Email:					
5. Your Date of Birth	6. \	6. Your Job Title			Are you 7. Legally Blind?			Yes	No	
					•	• .	ently Disabled? Yes No			
9. Your Spouse's Date of Birth	10.	Your S	Spouse's	s Job Title		use 11. Legall		Yes	No	
		12. Totally and Peri			•	•	Yes	No		
13. Can anyone claim you or	your spou	ise as	a depen	dent on the			•			
Part II. Marital Status and H	<u> </u>									
1. As of December 31, 2017, we Single In a Civil Ur Married. Did you live with Divorced or Legally Sepa Widowed. Year of spouse	nion n your spou rated. Date	of final	decree of				es No			
2. List everyone who lived in yo your home who you supported i							ne who lived st them on pa		e of	
Name (first, last) Do not enter your name or spouse's name below.  (a)	Date of Birth (mm/dd/yy) (b)	(e.g. o	ionship to yo daughter, so er, sister, noo (c)	n, month	resident of Canada Mexico in 2	US, status as of 12/31/16 (S/M)		than sincon 20 (yes	yed less \$3800 me in 017 s/no) h)	
·									·	

#### Part III. Income – In 2017, did you or your spouse receive:

Yes No Unsure

- 1. Wages or salary? (Form W-2) If yes, how many jobs did you have in 2017? \_\_\_\_\_
- 2. Tip income?
- 3. Scholarships? (Forms W-2, 1098-T)
- 4. Interest/dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
- 5. Refund of state/local income taxes? (Form 1099-G)
- 6. Alimony income?
- 7. Self-employment income? (Form 1099-MISC)
- 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
- 9. Income (or loss) from the sale of stocks, bonds, or real estate (including your home)? (Forms 1099- S, 1099-B)
- 10. Disability income (such as payments from insurance, or workers' compensation)? (Forms 1099-R, W-2)
- 11. Distributions from pensions, annuities and/or IRAs? (Form 1099-R)
- 12. Unemployment compensation? (Form 1099-G)
- 13. Social Security or Railroad Retirement benefits? (Forms SSA-1099, RRB-1099)
- 14. Income (or loss) from rental property? (Record of income)
- 15. Other income: (gambling, lottery, prizes, awards, raffles, jury duty, etc)? (Forms W-2G, 1099-MISC) Specify:

## Part IV. Expenses – In 2017, did you or your spouse pay:

Yes No Unsure

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

### Part V. Life Events – In 2017, 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?
- 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?
- 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 2017 tax? If so, how much? \_\_\_\_\_
- 10. Attend school? (Form 1098-T)
- 11. Adopt a child?
- 12. File a 2016 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. You Your spouse



Yes No Unsure		
Have health care coverage?		
2. Receive one or more of these forms? (Check the box) Form 1095-B 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?	Yes	No
If you are due a refund, would you like to purchase U.S. Savings Bonds?	Yes	No
If you are due a refund, would you like to split your refund between multiple accounts?	Yes	No
If you have a balance due, would you like to make a payment directly from your bank account?	Yes	No
Part VIII. Additional Information		
Please describe any other circumstances which may affect your tax return:		
Signature		
Date		

Part VI. Health Care Information – In 2017, did you, your spouse, or dependent(s)

