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PERSONAL INCOME TAX ORGANIZER - TAX YEAR 2016

Please fill out this organizer as completely as possible as it is designed to help you find all of the deductions you are entitled to on your tax return.

GENERAL INFORMATION

Name _____ Social Security # _____
 Address _____
 City, State, Zip _____ County or City _____
 Date of Birth _____ Occupation _____
 Phone Numbers Work _____ Home _____
 Cell _____ E-mail _____

Spouse's Name _____ Social Security # _____
 Address _____
 City, State, Zip _____
 Date of Birth _____ Occupation _____
 Phone Numbers Work _____ Home _____
 Cell _____ E-mail _____

FILING STATUS (check one)

Single Married Filing Jointly Surviving Widow(er) with dependent child
 Unmarried Head of Household Married Filing Separately (If MFS) List Spouse's Name & SSN
 Name _____ SSN _____

DEPENDENTS (for tax purposes)

Children (all children must have a SSN; please indicate "B" for boy or "G" for girl)

Name & Relationship	Social Security #	(DOB) Date of Birth	Live With You? Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFORDABLE CARE ACT (ACA or OBAMACARE) You must fill out this section!

For 2016, please indicate (x) the health insurance for you and everyone on your 2016 tax return.

No health insurance Covered by employer plan Medicare Purchased health insurance from an insurance company or broker Purchased insurance through the Gov't. Marketplace (**Attach Form 1095A**)

If you had health insurance during 2016, did you have it for all 12 months? Yes No

If No, please list the months you had coverage _____

INCOME

Number of attached W-2 forms for Taxpayer _____ Spouse _____

INTEREST RECEIVED (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVIDENDS RECEIVED (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SALE OF STOCKS OR OTHER PROPERTY (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Description	*Date Purchased	*Cost	Date Sold	Sale Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*We need this information for each stock you sold. Please use an additional sheet if necessary.

RENTAL INCOME AND EXPENSES *

Rents Received _____ Property Address _____

Expenses

Real Estate Taxes _____	Mortgage Interest _____	Utilities _____
Supplies _____	Repairs _____	Insurance _____
Auto Mileage _____	Other (describe) _____	
Improvements (describe) _____		

Include your closing statement (HUD 1) if you purchased or re-financed the property during 2016.

*Please attach an additional sheet for each additional rental property.

SOCIAL SECURITY AND PENSIONS

Please attach forms SSA 1099 for Social Security and forms 1099 R for pension or retirement benefits.

INSTALLMENT SALE INCOME

Payer (name, address and social security number required)

Interest Received _____ Principal Received _____

OTHER INCOME (any 1099's received, cancelled debt income, misc. income with no 1099s, etc.)

Please list any other income received or any questions you have about income items.

DEDUCTIONS AND CREDIT ITEMS

ESTIMATED TAXES PAID FOR TAX YEAR 2016 (not balance due from 2015)

		Federal	State
Overpayment Applied from Prior Year		_____	_____
	Date Paid	Amount Paid	Amount Paid
1 st Qtr.	_____	_____	_____
2 nd Qtr.	_____	_____	_____
3 rd Qtr.	_____	_____	_____
4 th Qtr.	_____	_____	_____

IRA OR SEP CONTRIBUTIONS

Taxpayer	Amount _____	Date _____	Type _____
Spouse	Amount _____	Date _____	Type _____

MEDICAL EXPENSES (Please only list amounts for which you were not reimbursed)

Insurance premiums _____	Prescriptions _____	Eyeglasses _____
Doctors _____	Dentists _____	Hospitals _____
Medical mileage _____	Long Term Care Premiums _____	Other _____

TAXES PAID

Real Estate taxes _____	Personal Property taxes _____
State tax paid for last year's return _____	
Other taxes paid _____	

INTEREST EXPENSE

Home mortgage – interest paid to Financial Institutions _____	Points paid _____
Home mortgage – interest paid to Individual _____	Recipient's SSN _____
Investment interest _____	

CONTRIBUTIONS

Cash and check (for which you have receipts) _____
Description of donated property for which you have receipts _____

Donated to what organization? _____ Address _____
Original Cost of Donated Property _____
Charitable Activity Mileage _____
Other _____

EDUCATION, TUITION (HOPE & LIFETIME LEARNING) & STUDENT LOAN INTEREST

Expenses for qualified higher education (tuition & enrollment fees) _____ (attach Form 1098-T)
Student's name _____
What year of Higher Education? (please circle) 1 2 3 4 5+
Student loan interest paid during 2016 _____ (attach 1098-E Statement)

JOB RELATED AUTOMOBILE EXPENSES

Total miles driven _____ Business miles driven _____
Actual operating costs (gas, repairs, oil, tires, etc.) _____
Reimbursements you received from your employer _____

MISCELLANEOUS DEDUCTIONS

Job seeking expenses _____
Tax preparation fees _____ Other/Misc. _____

CHILD CARE EXPENSES

Name of provider	Address	Fed. ID#	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

OTHER

Are you a teacher? _____ (Y or N) If yes, you may qualify for a \$250 credit for classroom expenses.
Do you want your taxes filed electronically (no extra charge) ? _____ (Yes or No)
If you file electronically and have a refund, would you like to have the IRS deposit your refund directly into your checking or savings account? If so, please enter your account number and routing number (or attach a voided check) _____
Routing Number Account Number

ADDITIONAL INFORMATION, QUESTIONS OR NOTES FOR PREPARER

*****Please remember to enclose W-2s, 1099's, mortgage interest statements, etc.*****

Thank you for your business. We look forward to working with you.

Please visit our website at www.StaffordTaxAdvisors.com