



SIMONIC, SIMONIC, RATNECHT & ASSOCIATES, INC.  
 Certified Public Accountants  
 e-mail: [simonic@simonic.net](mailto:simonic@simonic.net)  
[www.simonic.net](http://www.simonic.net)

8750 Perimeter Park Boulevard  
 Jacksonville, FL 32216-6347  
 (904)928-1040/Fax (904)928-0939

**Personal Organizer**

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members  
 AICPA & FICPA

Partners  
 Nicholas T. Simonic  
 Sean M. Simonic  
 Joanne F. Ratnecht

**TAX YEAR ENDED 2016**

**TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)**

(T) Taxpayer's Full Name \_\_\_\_\_  
 (S) Spouse's Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Same address as last year: Yes \_\_\_\_\_ No \_\_\_\_\_  
 T Social Security # \_\_\_\_\_ S Social Security # \_\_\_\_\_  
 T Date of Birth \_\_\_\_\_ S Date of Birth \_\_\_\_\_  
 T Occupation \_\_\_\_\_ S Occupation \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Fax #(s) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

**DEPENDENTS**

Name	Birth Date	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)**

**DO NOT INCLUDE WITHHOLDING FROM SALARIES**

	IRS:	State:	Date paid	IRS:	State:
1st Qtr pymt:	_____	_____	_____	_____	_____
2nd Qtr pymt	_____	_____	_____	_____	_____
3rd Qtr pymt	_____	_____	_____	_____	_____
4th Qtr pymt	_____	_____	_____	_____	_____
Amt paid w/ extension	_____	_____	_____	_____	_____

**WAGES FROM W-2'S**

(Please enclose all copies of W-2 Forms received.)

**PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS**

(Please enclose all 1099 Forms received.)

**UNEMPLOYMENT & SOCIAL SECURITY INCOME**

(Please enclose government forms received.)

**CAPITAL GAIN(S)/LOSS(ES)**

(Please enclose 1099B Forms received and purchase details.)

**OTHER INCOME**

T/S/J	Sources	
_____	Prizes and awards	\$ _____
_____	Royalties	\$ _____
_____	Honorariums	\$ _____
_____	Alimony received (No Child Support)	\$ _____
_____	Other: Please Itemize	\$ _____
	Do you have any expenses to offset other income	Yes _____ No _____

If yes, please request a business checklist or download a copy from our website  
 Please visit our website at [www.simonic.net](http://www.simonic.net)

Name:

Tax Year: 2016

ADJUSTMENTS

Table with columns: T/S/J, Source, and Amount. Rows include ROTH IRA Contributions, Regular IRA Contributions, Educator Expense, Medical Savings Accounts, Moving Expense, Alimony Paid to, and Recipient's Social Security #.

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Table with 2 columns: Description and Amount. Rows include Medical Insurance Premium, Prescriptions and eyeglasses, Doctors and hospitals, Auto mileage for medical purposes, and Other (please explain).

TAXES

Table with 2 columns: Description and Amount. Rows include Sales Tax, Real Estate, and Other taxes (please explain).

INTEREST

Table with 2 columns: Description and Amount. Rows include Personal home interest - principal home, Equity Line Interest or Second Mortgage, Personal home interest - 2nd home, and Personal investment interest.

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS

Table with 2 columns: Description and Amount. Rows include By cash or check: Church(es), Charities, Non-cash - volunteer travel expenses, Non-cash - supplies for church or charity, Non-cash mileage for volunteer work, and Non-cash - fair market value of clothing, furniture, real estate, etc.

Note: If over \$500, supply detailed list with name and address of donee organization for each date of contribution, and Form 1098C for vehicle contribution.

MISCELLANEOUS ITEMIZED DEDUCTIONS

Table with 2 columns: Description and Amount. Rows include Tax preparation expense, Accounting/tax books, Employee business expenses (Equipment, Office supplies, Seminar, Subscriptions, Telephone, Union dues, Uniforms, Small tools, Other employee expenses), and Travel and Entertainment (Meals and Entertainment, Business Mileage, Travel Expenses).

Do you have an office in the home for an out of town employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Note: We may require additional information for Business Vehicle

Name:

Tax Year: 2016

MISCELLANEOUS ITEMIZED DEDUCTIONS (Continued)

Investment Expenses

Publications \$ Safe deposit box \$
Broker Fees \$ Other Investment Expense \$

Job Hunting Expense

Meals \$ Auto travel (miles)
Lodging \$ Postage, typing \$
Airfare, auto rental \$ Other \$

EDUCATION CREDITS

Name of Student: (Provide Form 1098T)

Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate

Tuition and fees \$ Date paid

Student loan interest paid \$

Payee

Educational Expense Please separate expense by each student

Tuition and fees \$ Transportation \$

Books and supplies \$ Lodging \$

Auto travel (miles) \$ Meals \$

Courses taken:

CHILD CARE CREDIT

Table with 4 columns: Name of Dependent, Age, Relationship, Amount. Includes dollar signs and blank lines for data entry.

Information on Child Care Provider is required:

Provider's name:

Address:

Federal ID or Social Security #:

(Attach list of additional providers, if necessary.)

**HOME OFFICE INFORMATION**

**Name:** \_\_\_\_\_ **Tax Year: 2016**

**Please use a separate page for each business activity (i.e., one page for employee business expenses one separate page for self-employed business expenses).**

**Home Office Expenses** (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

Total square footage of home \_\_\_\_\_

Square footage of office and product area \_\_\_\_\_

Is office space used exclusively for business? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no stop here)

Is home office for convenience of employer? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no stop here)

Do you received any rents from your employer for your office in home? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Expense - Indirect** ( Please provide total amounts paid for the entire house)

Rent paid \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_

Utilities (gas, electric, etc.) \$ \_\_\_\_\_

Repairs and Upkeep \$ \_\_\_\_\_

**Building**

Building Improvements \$ \_\_\_\_\_

**Type of Expense - Direct**

R & M on Office Area \$ \_\_\_\_\_

Supplies for Office Area \$ \_\_\_\_\_

Furnishing for Office Area \$ \_\_\_\_\_

**Auto Expenses**

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use \_\_\_\_\_

**Auto Information**

	<u>Auto #1</u>	<u>Auto #2</u>
Year/make	_____	_____
Purchase price (If purchased in 2016 include copy of invoice)	\$ _____	\$ _____
Date of purchase	_____	_____
Odometer at purchase	_____	_____
Total miles for year **	_____	_____
Business miles	_____	_____
Commuting miles	_____	_____
Auto lease (if 1st year, enclose copy of lease)	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Garage rent	\$ _____	\$ _____
Gas, oil and lube	\$ _____	\$ _____
Insurance and auto club	\$ _____	\$ _____
Repairs, tires and batteries	\$ _____	\$ _____
Tolls and parking **	\$ _____	\$ _____
Washing and polishing	\$ _____	\$ _____
Interest on auto loan (do not include elsewhere) **	\$ _____	\$ _____

**\*\* NOTE: Complete this whether claiming mileage or actual expenses.**

## MINISTER'S INFORMATION

### GENERAL INFORMATION

	Yes	No
Are you ordained, licensed or equivalent	_____	_____
Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes)	_____	_____
Does your employer own and provide your parsonage?	_____	_____
If yes, what is its furnished rental value?		
Current fair market value	\$ _____	
If no, do you own your own home?	_____	_____
Date of purchase	_____	
Purchase price	\$ _____	
Parsonage allowance officially designated	\$ _____	
Is this amount included on the income line of W-2 or 1099?	_____	_____

**Fair rental value of furnished home per month ( For all housing over \$36,000, please provide written Real Estate Professional appraisal)**

#### Business Expenses

Have you been reimbursed for your professional expenses, including mileage?

If yes, how much? \$ \_\_\_\_\_

**Show the details of your unreimbursed expenses by completing below:**

#### Total Parsonage Expenses Paid by You for Year

##### Type of Expense

Rent paid \$ \_\_\_\_\_

Principal payments \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Repairs and upkeep \$ \_\_\_\_\_

Lawn Care Expenses \$ \_\_\_\_\_

Furniture/appliances \$ \_\_\_\_\_

Decorator items \$ \_\_\_\_\_

Misc. supplies/expenses \$ \_\_\_\_\_

Utilities (water, electric, gas, phone, etc.) \$ \_\_\_\_\_

##### Unreimbursed Professional Expenses

Religious materials (Ministers) \$ \_\_\_\_\_

Continuing Education \$ \_\_\_\_\_

Gifts to Congregation \$ \_\_\_\_\_

Office supplies \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Seminars and Dues \$ \_\_\_\_\_

Subscription \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

\*Business Long Distance \$ \_\_\_\_\_

\*Business Cell \$ \_\_\_\_\_

Vestments \$ \_\_\_\_\_

Ministry Meals \$ \_\_\_\_\_

Entertain # of People \$ \_\_\_\_\_

Travel Fares & Hotels & Other \$ \_\_\_\_\_

Other (give details)

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Equipment purchases (itemize) \$ \_\_\_\_\_

**RENTAL PROPERTY INFORMATION**

(Use separate sheet for each property.)

**Type and location of rental property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally ( Not including days spent working on the property) \_\_\_\_\_

Rent received, including sales tax, if applicable \$ \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

**If property was purchased or sold in 2016, please provide settlement statement**

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

**Expenses:**

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		_____

**Do you actively participate in this activity?**

- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 100 hrs
- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 500 hrs
- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 750 hrs

Name: \_\_\_\_\_

Tax Year: 2016

**PLEASE COMPLETE**

I have provided all income received from all sources for the current year. YES \_\_\_\_\_ NO \_\_\_\_\_

I have adequate records or sufficient written evidence to justify these deductions. YES \_\_\_\_\_ NO \_\_\_\_\_

Note that having substantiation for Travel, Meals and Entertainment is critical.

**FOREIGN ACCOUNTS**

Do you have a financial interest in, or signing power over, a bank, securities, assets including property or other financial accounts in a foreign country?

Yes

No

If Yes, did the balance exceed \$10,000 in 2016?

Yes

No

Please Provide:

- 1. Name & type of account \_\_\_\_\_
- 2. Maximum balance in 2016 \_\_\_\_\_
- 3. Name & address of financial institution \_\_\_\_\_
- 4. Account Number \_\_\_\_\_

Do you have an Offshore Trust?

Yes

No

**HEALTH INSURANCE**

1. Do you have full health insurance coverage for the entire year for all individuals named on your tax return?

Yes

No

2. Did you purchase your health insurance through the Health Insurance Marketplace?

Yes

No

**If yes, please provide Form 1095-A**

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Signed \_\_\_\_\_

Date \_\_\_\_\_