

Hope's Tax Service - 2017 TAX ORGANIZER

PERSONAL DATA

Taxpayer's Name _____

Spouse's Name _____

Address _____

Work Phone # _____ Home Phone # _____ Cell # _____

E-mail Address: _____

<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Occupation</u>
You _____	_____	_____
Spouse _____	_____	_____

DEPENDENT CHILDREN & OTHER DEPENDENTS DATA

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME

Wages Earned

Taxpayer Employer Name _____	Spouse Employer Name _____
Taxpayer Employer Name _____	Spouse Employer Name _____
Taxpayer Employer Name _____	Spouse Employer Name _____

Health Insurance
Health insurance company? _____
of months covered? _____
Which family members were covered? _____

Interest/Dividend Income Received

<u>Payor</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Any other income? _____

Rental property? _____

Sale of stocks or bonds? _____

Self-employment? _____

Please provide income and expenses. Expenses can include all receipts, mileage, home office deduction for self-employment business.

Is your direct deposit the same as last year? _____

DIRECT DEPOSIT OF REFUND

Routing Number _____
Acct Number _____
Bank Name _____
Checking or Savings _____

MEDICAL EXPENSES (exp must exceed 10% of your adj gross income)	
Prescription Medicines	\$
Medical Insurance Prem.	\$
Long-Term Care Ins. Prem's	\$
Doctors/Dentists/Eye Exams	\$
Hospital	\$
Nursing Home	\$
Glasses/Contact Lenses	\$
Hearing Aids/Batteries	\$
Medical Supplies/Equipment	\$
Medical Travel (# of Miles)	\$
Parking/Lodging	\$
Medical Reimbursements	\$
Other Medical	\$

INTEREST EXPENSES		
Home Mtg (1st home)		\$
Home Mtg (2nd Mtg or 2nd home)		\$
Points Paid (New home or refinance)		\$

CHARITABLE CONTRIBUTIONS			
Check	\$	Cash	\$
Payroll deduction	\$	Other	\$

CHARITABLE NON-CASH CONTRIBUTIONS			
	Date donated	Cash Value	FMV
Goodwill		\$	\$
Salvation Army		\$	\$
Other		\$	\$

TAXES PAID	
Fed. Tax pd w/ 2016 return	\$
IA Tax pd w/ 2016 return	\$
NE Tax pd w/ 2016 return	\$
Real Estate Tax-Home	\$
Auto Registration Tax	\$

EDUCATION COSTS	
Student Name	Tuition/Fees Pd.
	\$
	\$
College Savings Plan?	\$

CHILD CARE EXPENSES		
Amount	Name & Address of Provider	SSN/EIN

EMPLOYEE BUSINESS EXPENSES (expenses must exceed 2.5% of your Adjusted Gross Income)					
Vehicle	\$	Prof Dues	\$	Publications	\$
Education	\$	Safety Equip	\$	Supplies	\$
Meals	\$	Travel/Lodging	\$	Uniforms/Upkeep	\$

OTHER DEDUCTIONS			
Alimony Pd	\$	Income Tax Prep	\$
IRA Contributions	\$	Gambling Losses (up to amount of claimable winnings)	\$
Roth IRA Contributions	\$	Safe Deposit Box	\$
		Type of Energy improvement ?	
		Previous Energy improvement?	

Additional Law Enforcement Deductions Checklist:

UNIFORMS
Uniforms
Badges, Emblems, Insignia
Belts
Clothing
Dry Cleaning

PROFESSIONAL
Licenses, Permits
Union Dues
Association Dues
Professional Dues
Range Dues
Subscriptions
Seminars
Books, Manuals, Classes
Supplies

EQUIPMENT/SUPPLIES
Ammunition/Pouch
Camera, Film, Etc
Flashlight, Bulb, Batteries
Equipment Repairs
Safety Equipment
Guns
Mace
Maps
Whistle
Baton
Pager, Beeper
Cell Phone

TRAVEL
days on Road Patrol
of days in Court
RT Mileage To/From Court
Part-time Jobs
RT Mileage To/From PT Jobs