2016 Individual Taxpayer Organizer Rental Property

(See next page for Organizer) Michael Nielson Tax Preparation

2016 Individual Taxpayer Organizer

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Name of Taxpayer					SS#				
First	M.I.	Last	Email						
Occupation		Date of birth	1		Are you new to our firm? Yes No				
Address		City	State Zip			Zip			
County		Home phone			Work or c	ell			
Name of Spouse					SS#				
First	M.I.	Last	Email						
Occupation		Date of birth	1		Are you n	ew to our	firm?	Yes	No
(Enter information below only if different fro	m Taxpayer)								
Address		City			State		Zip		
County		Home phone			Work or c	ell	1		
If you moved during 2016, enter your pr	evious address	6.			Date of m	ove			
Were you divorced or separated during the Have you received any notice from the I Same-sex married couples are required to the married couple lives. Individuals will federal tax purposes.	RS or state revo o file as Marrie	enue department with ed Filing Jointly or Ma	arried Filing Sej	n? Y	es No y for federa	al returns,	regardle		
Names of dependent children <i>Child's full name</i>	Social Security	/#	Date of birth		hs lived in in 2016	Relations taxpayer	ship to	Coll stud	ege lent?
Did any of the children have income abo Is it anticipated that a different taxpayer			-		children h for tax year		bility? Yes N	Yes	No
Other dependents or people who lived	with you								
Name	Social Security	/ #	Date of birth	Relati	onship	Income			
If you are due a refund, would you like i	t directly depo	sited into your bank	account? Name	 of bank					
Checking Savings Routing transi		jour suite	Account						
Ask your tax preparer for information ab		g a refund into an IRA	A account or spl	itting t	he deposit	into more	than one	e acco	unt.

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

iou	refers	to bo	th taxpayer and spo	use—enter	If unsure about a question.						
	Yes	No	Are either you or y	our spouse le	egally blind?						
	Yes	No	Did you pay or rec	Did you pay or receive alimony in 2016? Paid/Received \$ Recipient's SS#							
	Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year?								
	Yes	No	Did you purchase l	Did you purchase health insurance through a public exchange?							
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?								
axes	Yes	No	Have you paid alte	Have you paid alternative minimum tax (AMT) in previous years?							
F & L	Yes	No	Did you pay anyor	Did you pay anyone for domestic services in your home?							
LIFESTYLE & IAXES	Yes	No	Did you purchase a	Did you purchase a new energy-efficient car, truck, or van?							
	Yes	No	Are you involved i	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?							
	Yes	No	Are you a member	of the milita	ry?						
	Yes	No	Were you a citizen	of or lived in	a foreign country?						
	Yes	No	Do you own or hav	re financial ir	nterest in a foreign bank or financ	ial account?					
	Yes	No	Would you like to a Designee's name	allow your ta	x preparer or another person to d <i>Phone number</i>	iscuss your return w	vith the IRS? PIN (any five	digits)			
	Yes	No	Were any children	born or adop	ted in 2016? (Provide statement for	other expenses.)					
	Yes	No	Were any children	Year in	Paid by you: <i>Tuition</i> \$	Student loan int	erest \$	Books \$			
>			attending college?	college	Paid by student: Tuition \$	Student loan int	erest \$	Books \$			
CHILDREN & EDUCATION	Yes	No	Did you pay any tu	uition for a pi	rivate school for a dependent or ta	ake classes yourself?					
EDUC			Student				Amount paid S	5			
EN Ø			Name and address of	school							
	Yes	No	Did you pay for ch	ild or depend	lent care so you could work or go	to school? (add state	ment if needed)				
5			Name of provider				EIN or SS #				
			Address				Amount paid S	5			
	Yes	No	Do you have any cl	hildren who	earned more than \$2,100 of invest	tment income?					
	Yes	No	Did you, or will yo	u, contribute	any money to an IRA for 2016?						
SINIS	Yes	No	Did you roll over a	ny amounts i	from a retirement account in 2016	?					
INVESTMENTS	Yes	No	Did you sell or trar	nsfer any stoc	k or sell rental or investment pro	perty?					
	Yes	No	Did you have any i	nvestments l	pecome worthless or were you a v	victim of investment	theft in 2016?				
	Yes	No	Were you granted,	or did you e	kercise, any employee stock optio	ns during 2016?					
SNC	Yes	No	Did you pay any in	iterest on a lo	oan for a boat or RV that has living	g quarters? If yes, pr	ovide details.				
	Yes	No	Did you pay sales t	axes on a ma	ijor purchase in 2016, such as a ve	hicle, boat, or home	?				
DED	Yes	No	Did you have any u	uninsured los	ss to your property in 2016?						
SS	Yes	No	Did you work from	a home offic	ce or use your car for business?						
BUSINESS	Yes	No	Did you receive an	y income from	m an installment sale?						
BL	Yes	No	Do you own a busi	ness or an in	terest in a partnership, corporatio	on, LLC, farming acti	vities, or other v	venture?			
	Yes	No	Did you purchase o	or sell a main	home during the year? If yes, pro	vide closing stateme	nt.				
	Yes	No	If you sold a home,	did you clair	m the First-Time Homebuyer Cree	lit when it was purcl	nased? If yes, pr	ovide details.			
ME	Yes	No	Did you refinance a	a mortgage o	r take a home equity loan? (Provi	de closing statement	.)				
10		NIa	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?								
HOME	Yes	No	,	00	proceeds for purposes outer that		<i>,</i>				
IOH	Yes Yes	No			efficient improvements to your he	ome? If yes, provide					

States of residence during 2016 and dates

School district

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

	e "T" for taxpayer, "S" for spouse, "J" for jo	oint			Pro	vide additional statemen	ts if more room is needed	
Forms	W-2—Wage and Tax Statement							
T/S	Employer name			T/S	Employ	Employer name		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-INT—Interest Income							
T/S/J	/J Name of issuer			T/S/J	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-DIV—Dividends and Distributions				÷			
T/S/J	S/J Name of issuer			T/S/J	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-R—Distributions From Pensions, An	nuities, Reti	irement	or Profit	-Sharing l	Plans, IRAs, Insurance Co	ontracts, Etc.	
T/S	Name of issuer			T/S	Name of	Name of issuer		
	1)				4)	4)		
	2)				5)			
	3)				6)			
If the d	istribution is before age 59½, give a reason	to determin	e if an e	exception	to penalty	/ applies.		
Tax-Exe	empt Interest (such as municipal bonds—	include state	ement)					
Payer		\$		Payer			\$	
Other I	ncome	1		-				
State ta	x refund		\$			Unreported tips	\$	
Alimor	IV		\$			Other	\$	
Unemp	loyment compensation		\$				\$	
	Security (taxpayer)—provide SSA-1099 or	RRB-1099	\$				\$	
	Security (spouse)—provide SSA-1099 or RI		\$				\$	
	s income (see Sole Proprietorship Tax Organ		1			Stock sales	See "Sales and Exchanges	
	income (see <i>Rental Property Tax Organizer</i>)					Sale of other property	Worksheet" below.	
	s and Exchanges Works	heet						
	information about sales of stock, real esta							

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sell date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$6,300 Single, \$12,600 MFJ, \$9,300 HOH, or \$6,300 MFS to be a tax benefit.

Medical Expenses. Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit—include cost for dependents—do not			Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. New rules require that						
include any ex	include any expenses that were reimbursed by insurance.			the taxpayer retain documentation for all cash contributions.					
Dentists	\$	Hospitals	\$		Cash	\$			
Doctors	\$	Insurance	\$		Noncash contribut				
Equipment	\$	Prescriptions	\$		items must be in go			\$	
Eyeglasses	\$	Other	\$		Did you transfer fu		directly to a	<i>.</i>	
Medical miles	:	@ 19¢			charity? Yes Charitable mileage	No		\$	
Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.			Casualty and The						
State withhold			1	ed on W-2			cted damage or loss		
-	d taxes—paid in 2	016	\$		theft, provide detai	· ·	-	1	
Real estate tax	residence		\$		Miscellaneous Itemized Deductions. The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other				
Real estate tax—other			\$		job-related expenses, provide information on a separate sheet.				
Personal property taxes			\$		Were any expenses reimbursed by your employer? Yes No				
Property tax refund — received in 2016			\$()	Dues	\$	Supplies	\$	
Foreign tax pa	id		\$		Investment	\$	Tax prep fees	\$	
Other			\$		expenses				
Other			\$		Job education	\$	Tools	\$	
Balance paid i	n 2016 from prior y	year returns (do not			Job seeking	\$	Uniforms	\$	
include interes	st or penalties)		\$		Legal fees	\$	Union dues	\$	
		ax paid during 2016?	Yes	No	Licenses	\$	Other	\$	
		oat, or home in 2016? e vaid \$Dat	Yes	No	Safety equipment	\$	Other	\$	
Sales tax paid S		•			Subscriptions	\$	Other	\$	
or rental-use p	Interest Paid. Do not include interest paid for full or partial or rental-use property, including business use of the home. Pr Forms 1098 or lender information and ID numbers.				Other Miscellane subject to a 2% of in	ous Deductions	. The following ded	uctions are not	
Main home	\$	Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$		Impairment-	\$	Loss from box 2,	\$	
Points	\$	Investment interest	\$		related expenses		K-1, Form 1065B	T	
Did you pay a	mortgage insuran	ce premium when you	ı purcha	sed your h	ome? Amount \$	Date			

Other Deductions or Questions

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
• Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.

• Legal expenses are deductible only if related to producing or collecting taxable income.

• Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. \$ Health savings account deduction (HSA). \$ \$ Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2016 may be made in 2017. Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for \$ employer coverage. \$ Penalty on early withdrawal of savings. IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2016 may be made in 2017. \$ Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. \$ \$ Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. Moving expenses. Job-related move and at least 50 mile increase in commuting distance. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer

Estimated	Tax Pay	ments —	Tax	Year 2016
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				1
Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2015 refund?		\$		\$
Total		\$		\$

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2016.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Spouse

Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Rental Property Tax Organizer

Rental Income and Expenses

Indicate type of rental as "residential" or "nonresidential."

Indicate type of rental as "residentia	Property A	Property B	Property C		
	Type and location of property:	Type and location of property:	Type and location of property:		
	Any personal use? Yes No	Any personal use? Yes No	Any personal use? Yes No		
Date placed in service					
Rents received	\$	\$	\$		
Expenses					
Advertising	\$	\$	\$		
Cleaning and maintenance	\$	\$	\$		
Commissions	\$	\$	\$		
Insurance	\$	\$	\$		
Legal and professional fees	\$	\$	\$		
Management fees	\$	\$	\$		
Mortgage interest paid to banks	\$	\$	\$		
Other interest	\$	\$	\$		
Repairs	\$	\$	\$		
Supplies	\$	\$	\$		
Taxes	\$	\$	\$		
Utilities	\$	\$	\$		
Other (list)	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2016.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	