



15800 Pines Blvd, Suite 203
Pembroke Pines, FL 33027
(954) 894-2003
www.MyCPA.net

INDIVIDUAL TAX ORGANIZER
FORM 1040

Enclosed is an income tax data organizer that we provide to tax clients to assist them in gathering the information necessary to prepare their individual income tax returns.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer.

Forms such as:

W-2 (Wages)	Schedules K-1
1099-R (Retirement)	(Forms 1065, 1120S, 1041)
1099-INT(Interest)	1099-C (cancellation of debt)
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	1098 – Mortgage Interest
1099-MISC (Rents, etc)	Other tax information statements
1099 (any other)	8886, Reportable transactions
1098-T (Education)	Form HUD-1 for Real Estate Sales/Purchases
1095-A (Health Insurance)	
1095-B (Health Insurance)	
1095-C (Health Insurance)	

Also enclosed is an engagement letter which explains the services we will provide to you. Please sign a copy of the engagement letter and return the signed copy in the enclosed envelope. Keep the other copy for your records.

The filing deadline for your income tax return is 04/15/17. In order to meet this filing deadline your completed tax organizer needs to be received no later than 3/15/17. Any information received after that date may require that an extension of time be filed for this return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact us at (954) 894-2003 or via email at info@mycpa.net.

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years. Complete pages 1 - 4 and all applicable sections.

Taxpayer's Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

Telephone Number (Taxpayer)
 Cell/Home _____
 Email _____

Telephone Number (Spouse)
 Cell/Home _____
 Email _____

Taxpayer Date of Birth _____
 Spouse Date of Birth _____

Blind? Yes _____ No _____
 Blind? Yes _____ No _____

Dependent Children Who Lived With You:

Full Name	SSN	Relationship	Birth Date

Other Dependents:

Full Name	SSN	Relationship	Birth Date	# Months Resided in Your Home	% Support Furnished By You

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes _____ No _____

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes _____ No _____

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for who services were rendered.

List individuals or organizations to who expenses were paid during the year (services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes).

Name and Address	ID#	Amount	If Under 18

If payments of \$1,800 or more during the tax year were made to an individual, were the services performed in your home? Yes _____ No _____

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any post-secondary educational expenses this year? Yes _____ No _____

If yes complete the following and provide Form 1098-T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? Yes _____ No _____

If yes, how much? \$_____ Submit 1099-Q