

1040 | US | Client Information

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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist **OU** in gathering information necessary for the preparation of your 017 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....		<p align="center">Filing Status</p> <p>1 =Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 =Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2015 or 2016).....		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind			
Spouse	First name and initial.....		
	Last name		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	ZIP code.....		
	Region		
	Postal code.....		
	Country.....		

Please add, change or delete information for 2017.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<p>Daytime Phone</p> <p>1 =Work 2 =Home 3 =Mobile</p>
	Work phone.....		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number.....,.....		
	E-mail address.....		
Spouse Contact Information	Home phone		
	Work phone.....		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y).....		
	Theft protection PIN		
Spouse Authentication	Driver's license no.....		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y).....		
	Theft protection PIN		

1040

US

Wages, Pensions, Gambling Winnings

1.

Please enter all pertinent 2017 amounts & attach aiiW-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of aiiiRAs at 12/31/17	2016 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2016 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2017 Amount	TS	2016 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes No

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2018?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2018?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

HEALTH CARE COVERAGE

- Did you and your dependents have health-care coverage for the full year?
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?

1040

US | Miscellaneous Questions

0 0 Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

0 0 Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

0 0 Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

0 0 Did you buy or sell any stocks, bonds or other investment property in 2018?

0 0 Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2019?

0 0 Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

0 0 Did you purchase a home in 2018 and you were overseas on official extended duty?

0 0 Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

0 0 Did you have any debts cancelled or forgiven?

0 0 Does anyone owe you money which has become uncollectable

RETIREMENT PLANS

0 0 Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

0 0 Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

0 0 Did you transfer or rollover any amount from one retirement plan to another retirement plan?

0 0 Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2018?

EDUCATION

0 0 Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

11040 | US | Miscellaneous Questions

0 0 Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

0 0 Did you incur a loss because of damaged or stolen property?

0 0 Did you work out of town for part of the year?

0 0 Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

0 0 Did you make any estimated 2018 tax payments? If so, please attach copies.

0 0 Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of being refunded)?

0 0 If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)?

0 0 Do you expect your 2019 taxable income and withholdings to be different from 2018?

MISCELLANEOUS

0 0 Do you want to allocate \$3 to the Presidential Election Campaign Fund?

0 0 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

0 0 May the IRS discuss your tax return with your preparer?

0 0 Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

0 0 Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

0 0 Was your home rented out or used for business?

1040 | US | Miscellaneous Questions

- D** Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- D** Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- D** Did you incur moving expenses due to a change of employment?
- D** Did you engage the services of any household employees?
- D** Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- D** Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
- D** Did your bank account information change within the last twelve months?
- D** Do you have a plan for retirement?
- D** Do you have a will and estate plan?

IDAHO INQUIRIES

- D** Did you contribute to an Idaho Medical Savings account?
- O** Did you purchase any online or mail order items from an out of state vendor that you didn't pay sales tax on? If so how much \$ _____?
- O** Did you incur any expenses in donating or transplanting human organs?
- D** Do you wish to donate to the Idaho Non game Wildlife Conservation Fund (\$ _____), Children's Trust Fund (\$ _____) Special Olympics Idaho (\$ _____), Idaho Guard and Reserve Family Support Fund(\$ _____), Veterans Support Fund(\$ _____) Foodbank Fund(\$ _____), the American Red Cross of Greater Idaho Fund (\$ _____), or the Opportunity Scholarship Program(\$ _____)?
- O** Did you donate any technological equipment to an Idaho school?
- D** Do you wish to donate your Idaho Grocery Credit to the Cooperative Welfare Fund?
- D** Did you maintain a home for a family member age 65 or over?
- O** Are any of yo.ur dependents developmentally disabled?
- D** Have you checked for any unclaimed property held by a state agency? (See <https://www.yourmoney.idaho.gov>)

1040 | US | Miscellaneous Income

Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....	f-----	-----		
Medicare premiums paid (SSA-1099).....	f-----	-----		
1=treat Medicare premiums paid as SE health ins..	f-----	-----		
Tier 1 RR retirement benefits (RRB-1099, box 5) ...	f-----	-----		
1=lump-sum election for SS benefits	f-----	-----		
Alimony received.....	f-----	t-----		
Taxable scholarships and fellowships.....	f-----	-----		
Jury duty pay	f-----	-----		
Household employee income not on W-2	f-----	-----		
Excess minister's allowance	f-----	-----		
Alaska permanent fund dividends	f-----	-----		
Income from rental of personal property	f-----	-----		
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld	-----	-----	-----	-----
Local income tax withheld	-----	-----	-----	-----

1040 US Health Coverage Form

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months. Date married (if in current year)

COVERED INDIVIDUAL (#1)

Form for Covered Individual #1 with fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#2)

Form for Covered Individual #2 with fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#3)

Form for Covered Individual #3 with fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#4)

Form for Covered Individual #4 with fields for name, ID number, and monthly coverage for 2016.

1040 US Interest & Dividend Income

Please enter all pertinent 2017 amounts & attach aii1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2016 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2016 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (%or amt.)	Total Municipal Bonds	In-state Muni-bonds (%or amt.)		

11040 | US | Adjustments to Income

Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered	f	t		
2017 payments from 1/1118 to 4117/18				

ROTH IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	f	f		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	t	t		
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	f	t		
Plan contribution rate if not .25 (.xxxx)	t	t		
Individual 401k: SE elective deferrals (except Roth) (1=max.)	f	t		
Individual 401k: SE designated Roth contributions (1=max.)				

SIMPLE contributions:

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)	t	t		
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)	f	t		
Educator expenses (kindergarten thru grade 12)	t	t		
Jury duty pay given to employer	f	t		
Expenses from rental of personal property				

Other adjustments to income:

Alimony paid:	Taxpayer		
Recipient's first name			
Recipient's last name			
Recipient's SSN			
Amount paid	2016 amt:		2016 amt:

1040 US Itemized Deductions

Please enter all pertinent 2017 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2017 Amount	TS	2016 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2017 estimates are automatic.)

State income taxes - 1117 payment on 2016 state estimate.....			
State income taxes - paid with 2016 state return extension.....			
State income taxes - paid with 2016 state return			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/17 payment on 2016 city/local estimate			
City/local income taxes - paid with 2016 city/local extension.....			
City/local income taxes - paid with 2016 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2017 purchases.....			
Use taxes paid with 2016 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment.			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes.....			
Other taxes:			

1040 US Itemized Deductions (continued)

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098: 2017 Amount TS 2016 Amount

Home mortgage interest not reported on Form 1098:

Payee's name, SSN, street address, city, state, ZIP code, region, postal code, country

Amount paid

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Investment interest (interest on margin accounts) form fields

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns for organization name, date, and amount for churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket) and Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns for organization name, date, and amount for veterans' organizations, fraternal societies, etc.

Volunteer expenses (out-of-pocket) and Number of charitable miles

