

Ofc Use Only

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ASCOT TAX

FILE NR: _____ 2016 TAX ORGANIZER

DATE IN: _____ TIME: _____ TAX RTN DEPOSIT FEE: \$_____ (REQUIRED)

INSTRUCTIONS: Fill out this organizer as completely as possible, even if you do not itemize on your Federal Return prior to your appointment. (Don't forget the check boxes (check the boxes if it applies to you)).

TIPS: Use your receipts, check book, and other documents such as payments to dentist, doctors, prescriptions, misc medical expenses, medical mileage, cash and non-cash donations (amount and to whom), etc., and post it to this organizer. Information required and not received by April 9th, 2015 will require that you be placed on an automatic extension, see below. **DO NOT WAIT FOR ALL OF YOUR YEAR END STATEMENTS PRIOR TO MAKING YOUR**

APPOINTMENT CALL (480)894.2944 TODAY !!!

You will be charged a fee of \$ 75.00 for appointment cancellations / changes not made at least 8 hrs preceding your appointment date & time.

NOTE: Taxpayers making an appointment after April 8th, 2017 will be placed on an automatic extension. If placed on an extension, tax returns will not be processed until after May 16th, 2017. A DEPOSIT WILL BE REQUIRED TO BE MADE WITH THE EXTENSION. Processing will be on a first in and first out basis. You are responsible for penalty and interest charged for late filing!!!! **ASCOT TAX CLOSED FROM 4-18-2017 > 5-16-2017 FOR VACATION.**

BASIC INFORMATION: D.O.B _____ D.O.B _____
Name: _____ Spouse: _____
Soc Sec # _____ Soc Sec # _____
Addr _____ City _____ State ____ Zip _____
Hm Nr: _____ Ofc: _____ Wife Ofc: _____ CP H/W: _____
Over Age 65 [] >>>> [] For Spouse
Blind [] >>>> [] For Spouse
Occupation _____ >>>> _____
Presidential Election \$3.00 [] >>>> [] For Spouse

Filing Status: [] Single [] Married Joint [] Married Separate
[] Head of Household [] Qualified Widow/er

Dependents: PLEASE BRING SOC SECURITY CARDS AND BIRTH CERTIFICATES FOR VERIFICATION:

First Name, MI, Last Name	Soc. Sec #	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check box if: Named dependents can be claimed on another persons tax return? []

DEPEND. SON / DAU OVER 18 YEARS OF AGE? [] _____(Initial, Explain)

IF ANY OF THE DEPENDENTS IS YOUR MOTHER / FATHER, ARE THEY RECEIVING SOCIAL SECURITY OR OTHER INCOME? [] _____ (Initial, and explain)

INCOME SECTION

Please attach all W-2's, W-2G, 1099 INT, 1099 MISC, 1099 DIV, 1099 G, 1099 B, Social Security 1099 SSA, any other document that you have received indicating income, (**this includes gambling, lottery winnings, unemployment compensation, baby sitting, etc.**).

SOURCE: TAXPAYER, DOC TYPE SOURCE: SPOUSE, DOC TYPE
1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

OTHER ARIZONA INCOME

V.A. Payments _____ R.R. Retirement. _____
Unemployment Comp... _____ U.S. Govt Interest _____
Mil/Fed/State Exclusion of
\$2500 of retirement _____ Other: _____
Withdraw monies from your IRA/KEOGH Account? [] _____ (Initial).
Receive Alimony [] Amt \$ _____ (Initial).
PRIOR YEAR STATE TAX REFUNDS RECEIVED IN 2016 _____

ADJUSTMENTS TO INCOME

Contributions to your IRA/KEOGH [] Amt. _____ (Initial).
Contributions to spouse IRA/KEOGH [] Amt. _____ (Initial).
Paid Alimony [] Amt. _____ Name of Receiver _____
Soc Sec # of Receiver _____
Early withdrawal of Certificate of Deposit Penalty? []
If self employed, cost of medical insurance. Amt \$ _____

INTEREST AND DIVIDEND INCOME RECEIVED

Received From: Amount Tax Exempt Amt.
\$ _____ Source: _____
_____ . _____
_____ . _____ Have a Foreign Account during 2016:
_____ . _____ [] If Yes, country: _____
_____ . _____ Were you grantor / transferor to a
_____ . _____ Foreign Acct. during 2015: []

STOCK / BOND TRADES

Check if you bought and or sold any stock, bonds, or mutual funds? [] If box is **checked**, attach buy, sell, and year end statements from your broker.

PARTNERSHIP / TRUST INCOME

Member of a Limited Partnership? [] Receive Trust Income []
If the answer is **yes**, attach copies of the Federal Form 1041 / 1065 K-1 for each Trust / Limited Partnership Venture. _____ (initial)

SUB CHAPTER S CORPORATIONS

Are you a member of a Sub Chapter S Corp? [] _____ (Initial)
If the answer is **yes**, attach copies of the Federal Form 1120S K-1 for each business venture.

OTHER GENERAL INFORMATION

COD / OID / SCH B/ SCH C/ SCH D/ SCH E / SCH F / FORM 4835 /

SMALL BUSINESS OWNER

Did you operate a small business during the tax year? [] If the answer is **yes**, complete this section. Explain or expand on attached sheet.

TYPE OF BUSINESS: _____ **SALES:\$** _____.

Advertising	\$_____	Travel	_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Rent	_____
Begin Inventory	_____	License	_____
Ending Inventory	_____	Postage/Shipping	_____
Purc. for resale	_____	Equip Purchased:	
Other _____	_____	Item / Date / Cost	
Other _____	_____		

TOT MILES: _____ BUS: _____ In Svc: _____ Model: _____

RENTAL PROPERTY

Do you receive income from RENTAL PROPERTY? [] If **yes**, please fill in the next section. **Provide additional sheets as required.**

Property 1 Location: _____

Placed in Svc: _____ Rents Received: \$ _____

Check if you or a family member stayed in the house / apt > 14 days? []

Check if you actively participate in the operation of the rental? []

Expenses:

Description	Amt.	Description	Amt
Advertising	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

Property 2 Location: _____

Placed in Svc: _____ Rents Received: \$ _____

Check if you or a family member stayed in the house / apt > 14 days? []

Check if you actively participate in the operation of the rental? []

Expenses:

Description	Amt.	Description	Amt
Advertising	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions	_____
Insurance	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs	_____	Supplies	_____
Taxes	_____	Utilities	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

MEDICAL EXPENSES

Prescription Drugs \$____.____ Medical Insurance ... \$____.____
Dental Insurance _____ Medical Dr. _____
Dentist _____ Optometrist _____
Hospital _____ X-Rays _____
Lab / Blood Fees _____ Medical Mileage _____
Medical Lodging _____ Glasses _____
Medical Insurance Reimbursement: _____
Other Medical Expense: _____, _____, _____, _____

TAX EXPENSES

Fed Estimated Taxes Pd \$____.____ AZ Estimated Taxes Pd. \$____.____
AZ Taxes Pd. 2015 _____ Property Taxes Pd. _____
Taxes on Un-developed Land _____ Auto License Plates _____
Other: _____ Other: _____

INTEREST EXPENSES PAID

Home Mortgage _____ Interest Pd. to Individual:
Home Equity Loan _____ Name: _____
Addr: _____
City/State/Zip: _____

CONTRIBUTIONS

Cash Donations: **(ATTACH RECEIPT IF SINGLE DONATION IS OVER \$ 250.00)**
_____.____ _____:_____
_____.____ _____:_____
_____.____ Charity Mileage: _____

Non-Cash Donations: **(PROVIDE RECEIPTS, NAME, ADDRESSES IF OVER \$500.00.)**
_____.____ _____:_____
_____.____ _____:_____

THEFT OR CASUALTY LOSS

Have a theft or casualty loss in 2016 that was not reimbursed to you by insurance? []. Explain in full detail on an additional sheet of paper. Basic information required: Amt of loss, insurance deductible, insurance reimbursement. Was a police report filed?

MISCELLANEOUS DEDUCTIONS

Union Dues _____ Professional Dues _____
2015 Tax Prep Fees _____ Safety Deposit Box _____
Sml Tools / Safety Equip _____ Uniform / Maint Expenses _____
Professional Supplies ... _____ Job Hunting Expenses ... _____
Gambling Losses _____ Other: _____
Other: _____ Other: _____

FORM 2106:

BUSINESS MILES DRIVEN: _____ TOTAL MILES DRIVEN: _____
TRAVEL _____ HOTELS _____ FOOD: _____
EXPENSES NOT PAID BY EMPLOYER: _____ Employer Reimbursement paid
EXPENSES NOT PAID BY EMPLOYER: _____ to you: _____

Check if you had any household employees? []

TAX CREDITS

Child Care: How many children
Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$
Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$

ELECT FILING INFO: [] RTN NR: ACCT NR:

ACCOUNTANT QUESTIONS: (Write on back Organizer)

TAX CHECK LIST

Check questions that apply. (DO NOT MARK QUESTIONS THAT DON'T APPLY).

- Contacted by the IRS/State of any change in prior year tax return? []
Are any of your claimed dependents not U.S. citizens? []
Receive Jury Duty Pay in 2016 [] Was check given to employer? []
Receive Tips/Gratuities? (Not reported on your W2) []
Receive any prizes/Awards/or Gambling Winnings? []
Did you give gifts of over \$14,000 (single) or \$28,000 (married)? []
Did you/spouse work in a foreign country? []
Did you/spouse use the barter system during tax year? []
Purch appliance, air conditioner, windows that are energy efficient? []
Receive insurance benefits from a claim filed in 2015? []
Have any worthless stocks or uncollected bad debts? []
Did you have Medical Insurance for You / Family?S []
Have interest from children savings account in their name? []
Buy/Sell a house in 2015/16? [] Divorced /separated in 2016? []
Receive a Home Buyers Tax Credit in 2015 or prior year? []
Receive a Form 1099C Cancellation of Debt document in 2016?[]
Move into or out of the State in 2016? []
Receive retirement / pension monies / Annuity / IRA Distributions? []
Sell any business assets during 2016? []
Receive any insurance monies during tax year? []
Receive any Jury Award (Law Suit) in 2016? []
Did you take any education courses during 2016? []
Have any Capital losses from prior years tax return? []
Work out of town during the tax year? [] Have a second job? []

DISCLAIMER: THIS QUESTIONNAIRE HAS BEEN SUBMITTED AND PROVIDED TO ASCOT TAX & ACCOUNTING TO BE USED IN THE PREPARATION OF INCOME TAX RETURNS FOR FEDERAL / STATE TAXING AGENCIES. IF THIS RETURN HAS GENERATED AN EARNED INCOME CREDIT (EIC) OR USES HEAD OF HOUSEHOLD (HOH) FILING STATUS, THIS FIRM HAS QUESTIONED THE TAX PAYER AND INFORMED HIM/HER OF CONSEQUENCES IF THEIR REQUEST FOR EIC OR HOH IS DENIED. A COPY OF THE TAX RETURN WILL BE GIVEN TO THE TAXPAYER FOR HIS / HER RECORDS. TAX PAYERS ARE ENCOURAGED TO MAINTAIN TAX INCOME AND EXPENSE RECORDS NECESSARY TO SUBSTANTIATE INCOME & EXPENSES TAKEN ON THE TAX RETURNS. Check if you have reported all income to the IRS [] / (Initial).

Signed: Taxpayer Spouse DATE: