



**1040 SOLUTIONS**  
**1358 Mill Lake Cir Stone Mountain, GA 30088**  
**2017 Tax Client Organizer**

770-469-1068 Office

770-469-2708 Fax

Date \_\_\_\_\_

<u>Name (Self)</u>	<u>Your SS#</u>	<u>Your Date of Birth</u>	<u>Your Occupation</u>
<u>Name (Spouse)</u>	<u>Spouse SS#</u>	<u>Spouse Date of Birth</u>	<u>Spouse Occupation</u>
<u>Address</u>		<u>City/State/Zip/County</u>	
<u>Phone#</u>	<u>Best time to call</u>	<u>E-Mail</u>	

Filing Status:    Single    Head of Household    Married (J)    Married(S)    Widow

Did you live in-state all year?  If no, date moved in state during 2017 \_\_\_\_\_ Moving Expenses \_\_\_\_\_

Were there any births, marriages, divorces, or deaths in your family in 2017? \_\_\_\_\_

Did you itemize deductions last year and receive a state refund? \_\_\_\_\_

Did you pay interest on higher education loan, or qualified post-secondary education (1098-T)? \_\_\_\_\_

Did you register for the Health Care Act (Market Place) or have a Health Care Plan(Employer)in 2017 \_\_\_\_\_

**RECEIVE REFUND IN:**  
 DIRECT DEPOSIT    CHECK    MAIL OFF RETURN

**Children & Other Dependents**

Year of Birth, Name and SSN of Dependent must match Social Security Administrative Records.

<u>Name</u>	<u>SS#</u>	<u>D.O.B.</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Is any dependent permanently & totally disabled?
2. Can you be claimed as a dependent on anyone else's tax return?
3. Does anyone else live in your home?
4. Do you provide **over half** the cost of maintaining the home?
5. Do you have a dependent 19 years or older, if so, did they attend school full-time at least 5 months last year?

**Interest & Dividend Income**

From \_\_\_\_\_ Amt. \_\_\_\_\_ From \_\_\_\_\_ Amt. \_\_\_\_\_

**Other Income**

Did you have Pension/Retirement Plan Distribution? \_\_\_\_\_ Did you sell any stocks, bonds, etc. during the year? \_\_\_\_\_

List any other income not identified on enclosed statements: unemployment, social security, alimony, gambling, jury duty, etc.

# Interview Questions

Picture ID and Social Security Cards required for RAL. Social Security Cards of each dependent on tax return.  
**DROP-OFF INTERVIEW SHEET (STAPLE W-2s AND 1099s TO BACK OF FROM)**

Did you have a Child Care Provider? Yes or No For how many Children? \_\_\_\_\_ Amt. \$ \_\_\_\_\_  
(Circle One)

Childcare Provider \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Yes/No <input type="checkbox"/> Did you buy, sell, exchange, or refinance any real estate? Attach Escrow papers <input type="checkbox"/> Did you move or change job location during 2017? <input type="checkbox"/> Did you use your car on the job other than to and from work? <input type="checkbox"/> Did you contribute to an IRA, SEP, Keogh, or Simple plan? <input type="checkbox"/> Did you send prepayments to IRS/state for estimated Taxes for 2017?	Yes/No <input type="checkbox"/> Did you have a casualty or Loss? <input type="checkbox"/> Did you receive any disability income in 2017 <input type="checkbox"/> Did you receive the first time home buyer credit <input type="checkbox"/> Did you any stimulate payments in 2017?
--	--

ITEMIZED DEDUCTIONS	
<b>MEDICAL EXPENSE (NOT Reimbursed)</b>	<b>CASH CONTRIBUTION</b>
Health Insurance \$ _____	Donee Name _____ \$ _____
Drugs \$ _____	Donee Name _____ \$ _____
Doctors \$ _____	Donee Name _____ \$ _____
Travel \$ _____	<b>NON CASH CONTRIBUTION</b>
Others \$ _____	Donee Name _____ FMV \$ _____
<b>TAXES</b>	Address _____
Real Estate (Home) \$ _____	
Balance Paid Last Year State \$ _____	Donee Name _____ FMV \$ _____
Ad Valorem (Auto, Etc.) \$ _____	Address _____
<b>INTEREST EXPENSES</b>	<b>MISCELLANEOUS DEDUCTIONS</b>
Home Mortgage \$ _____ => (Name of Company _____)	Union & Professional Dues \$ _____
Home Equity Loan \$ _____	Tax Prep \$ _____
Points Reported to you \$ _____	Work Uniform \$ _____
=> Lender _____ Date _____ Month _____	Safety Deposit \$ _____
	Work Tools \$ _____
	Job seeking Expense \$ _____

**THANK YOU FOR YOUR EFFORT IN COMPLETING THIS ORGANIZER!**

I swear/affirm that the information I have provided in this questionnaire is correct and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### *We Resolve IRS Problems*

\_\_\_\_\_ Did you get a notice from the IRS or State? Attach Notice.

### **Tax Tips**

**YOU CAN TAKE A DEDUCTION FOR CHRISTMAS BUSINESS GIFTS.**

**IF YOU RETURN TICKETS TO A FUNDRAISER YOU CAN'T ATTEND YOU CAN WRITE OFF THE FULL COST OF TICKETS AS A CHARITABLE CONTRIBUTION.**

**IF YOU'RE A WORKER TAKING COLLEGE COURSES DIRECTLY RELATED TO YOUR CURRENT JOB, MANY OF THE COST OF THE EDUCATION CAN BE DEDUCTED.**

# Business Information

Do you have a business? Yes or No

If so is it Incorporated: Yes or No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EIN: \_\_\_\_\_

Gross income per year: \_\_\_\_\_

Is your company overseas if so, please complete information below:

1. Employer Name & address \_\_\_\_\_
2. Location of employment city and country \_\_\_\_\_
3. Time of deployment (dates overseas) \_\_\_\_\_
4. Location of residence while working overseas. \_\_\_\_\_
5. Do you have a business bank account? \_\_\_\_\_