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**2017**  
**CLIENT ORGANIZER**

<b>Name of Taxpayer</b>				SS# - -	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		
Occupation	Date of birth / /		Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City		State	Zip	
County	Home phone ( )		Work or cell ( )		
<b>Name of Spouse</b>				SS# - -	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		
Occupation	Date of birth / /		Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(Enter information below only if different from Taxpayer)</i>					
Address	City		State	Zip	
County	Home phone ( )		Work or cell ( )		
If you moved during 2017, enter your previous address.				Date of move / /	

Filing status:  Single  Married Filing Jointly  Married Filing Separately  Widow(er)  Head of Household  Unsure  
 Were you divorced or separated during the year?  Yes  No      Were there any deaths in the family?  Yes  No  
 Have you received any notice from the IRS or state revenue department within the past year?  Yes  No  
 Same-sex married couples are required to file as Married Filing Jointly or Married Filing Separately for federal returns, regardless of where the married couple lives. Same-sex married couples may also want to file amended returns for prior tax years.

Names of dependent children <i>Child's full name</i>	Social Security #	Date of birth	Months lived in home in 2017	Relationship to taxpayer	College student?
	- -				
	- -				
	- -				
	- -				

Did any of the children have income above \$1,000 for the year?  Yes  No      Do any of the children have a disability?  Yes  No  
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2017?  Yes  No

**Other dependents or people who lived with you**

Name	Social Security #	Date of birth	Relationship	Income
	- -			
	- -			

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*

Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

TAXPAYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Questions—All Taxpayers

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

LIFESTYLE & TAXES	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have health insurance for you, your spouse, and all dependents for the entire year?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through a public exchange?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are either you or your spouse legally blind?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in 2017? <i>Paid/Received</i> \$	<i>Recipient's SS#</i>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid alternative minimum tax (AMT) in previous years?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck, or van?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? <i>Designee's name</i> _____ <i>Phone number</i> ( ) _____ <i>PIN (any five digits)</i> _____				
CHILDREN & EDUCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted in 2017?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	<i>Year in college</i>	Paid by you: <i>Tuition</i> \$	<i>Student loan interest</i> \$	<i>Books</i> \$
				Paid by student: <i>Tuition</i> \$	<i>Student loan interest</i> \$	<i>Books</i> \$
		<i>Other expenses</i>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself?				
		<i>Student</i>			<i>Amount paid</i> \$	
		<i>Name and address of school</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could work or go to school?					
	<i>Name of provider</i>			<i>EIN or SS #</i>		
	<i>Address</i>			<i>Amount paid</i> \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$2,000 of investment income?					
INVESTMENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, or will you, contribute any money to an IRA for 2017?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account in 2017?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stock or sell rental or investment property?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any investments become worthless or were you a victim of investment theft in 2017?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employee stock options during 2017?				
DEDUCTIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a loan for a boat or RV that has living quarters?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales taxes on a major purchase in 2017, such as a vehicle, boat, or home?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property in 2017?				
BUSINESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office or use your car for business?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?				
HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a main home during the year? If yes, provide closing statement.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home?				

**State information**  Full-year resident  Part-year resident  Nonresident

States of residence during 2017 and dates

School district

Do you rent or own your home?  Rent  Own

# 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.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

## Forms W-2 — Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)

## Forms 1099-INT — Interest Income

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

## Forms 1099-DIV — Dividends and Distributions

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

## Forms 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

## Tax-Exempt Interest (such as municipal bonds — include statement)

Payer	\$	Payer	\$

## Other Income

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$		\$
Social Security (taxpayer) — provide SSA-1099 or RRB-1099	\$		\$
Social Security (spouse)— provide SSA-1099 or RRB-1099	\$		\$
Business income (see <i>Sole Proprietorship Tax Organizer</i> )		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see <i>Rental Property Tax Organizer</i> )		Sale of other property	

# Sales and Exchanges Worksheet

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).

## Estimated Tax Payments—Tax Year 2017

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2016 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, community 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 2017.

## 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 pre[aration of your return do not include auditing, review, or any other verification or assurance.

## Tax payer 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 return 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 fore 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.

<i>Taxpayer</i>	<i>Spouse</i>	<i>Date</i>
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## 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 payments. 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.

**Medical/Dental Expenses**

Medical insurance premiums (paid by you) . . . . .

Long Term Care insurance . . . . .

Prescription drugs . . . . .

Glasses, contacts . . . . .

Hearing aids, batteries . . . . .

Braces . . . . .

Medical equipment, supplies . . . . .

Nursing care . . . . .

Medical therapy . . . . .

Hospital . . . . .

Doctor/Dental/Orthodontist . . . . .

Mileage . . . . .

**Taxes Paid**

Real property tax (attach bills) . . . . .

Personal property tax . . . . .

Other: \_\_\_\_\_

**Interest Expense**

Mortgage interest paid (**attach 1098's**) . . . . .

Interest paid to individual for your home  
(attach amortization schedule) . . . . .

Paid to:

    Name \_\_\_\_\_

    Address \_\_\_\_\_

    Social Security No. \_\_\_\_\_

Investment interest . . . . .

**Casualty/Theft Loss**

For property damaged by storm, water, fire, accident, or stolen.

Location of property \_\_\_\_\_

\_\_\_\_\_

Description of property \_\_\_\_\_

\_\_\_\_\_

Amount of damage . . . . .

Insurance reimbursement . . . . .

Repair costs . . . . .

Federal grants received . . . . .

**Charitable Contributions** (receipts required)

Church . . . . .

United Way . . . . .

Scouts . . . . .

Telethons . . . . .

University, Public TV/Radio . . . . .

Heart, Lung, Cancer, etc. . . . .

Wildlife Fund., Humane society . . . . .

Salvation Army, Goodwill . . . . .

Other: \_\_\_\_\_

Non-Cash \_\_\_\_\_

    Address \_\_\_\_\_

    City/State/Zip \_\_\_\_\_

    Value of goods (attach list if more than one) \_\_\_\_\_

Volunteer mileage . . . . .

**Miscellaneous/Unreimbursed Expenses**

Dues - union, professional . . . . .

Books, subscriptions, supplies . . . . .

Licenses . . . . .

Tools, equipment, safety equipment . . . . .

Uniforms (including cleaning) . . . . .

Sales expense, gifts . . . . .

Tuition, Books (work related) . . . . .

Entertainment . . . . .

Tax preparation fee . . . . .

Safe deposit box . . . . .

IRA custodial fees . . . . .

Investment periodicals, advisory fees . . . . .

Job search expense . . . . .

Moving of household goods (job related) . . . . .

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Day Care Expense** (Form 2441)

Provider #1 \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_

Provider #2 \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_

Children cared for \_\_\_\_\_

\_\_\_\_\_

# Self Employment Information

Business Name

<b>Total Sales</b>			<b>Taxpayer</b>	<input type="checkbox"/> Spouse	<input type="checkbox"/>
<b>Expenses</b>					
Advertising		Repairs Expense			
Commissions/Fees		Supplies Expense			
Dues & Publications		Taxes			
Interest Expense		Travel Expense			
Insurance		Meals & Entertainment			
Legal & Professional Fees		Telephone			
Office Expense		Utilities			
Rent (office) Expense		Wages (gross W-2)			
Equipment Rental Expense		Postage			
Auto Expense		Bank Charges			
Auto Mileage		Tools & Equipment			
		Uniforms			
<b>Assets Purchased</b>			<b>Notes</b>		
Date	Amount	Asset			
<b>Cost of Goods Sold</b>					
Inventory at beginning of year			Material & Supplies		
Purchases			Other		
Cost of items for personal use			Other		
Cost of labor			Inventory at end of year		

## Rental Income

	Property #1	Property #2	Property #3	Property #4
Address				
City/ State				
<b>Rent Received</b>				
<b>Expenses</b>				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				