

Personal Income Tax Organizer

Please complete and return to our office with ALL your tax envelopes. Be sure to OPEN the envelopes!

___ Attached a copy of the front and back of the **DRIVERS LICENCE OF EACH** person signing the return.


___ Complete the **PAYMENT** section

___ Tell us if you want a **PAPER COPY** or **PDF** copy of your return: ___ **PAPER** ___ **PDF**


We start work on your return once we have ALL the information. Our goal is a 7 to 10 day turn-around. Once you have completed the Organizer, you can:

- (1) Drop off at our office: Monday through Thursday 9 to 4 NO APPOINTMENT NEEDED
- (2) You can mail it to us at Logie CPA PC, 724 Main St, Unit F, Hyannis MA 02601
- (3) You can fax to us PROVIDED LESS THAN 20 PAGES at 508.771.0411, and finally
- (4) You can SCAN and send to us via the SecureLink on our website at www.LogieCPA.com


As a reminder, payment is required in FULL before we release your returns. Our fees can be settled in one of three ways:

 ☐ You hereby authorize to bill the following credit/debit card:


Card Number	<input type="text"/>	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
		<input type="checkbox"/> VISA	<input type="checkbox"/> DISC
Expiration	<input type="text"/>	CSV	<input type="text"/>
Billing Zip	<input type="text"/>		
	Sign & Date:	<input type="text"/>	

 ☐ You hereby authorize to draft your checking account

Bank Name	<input type="text"/>
Account Name	<input type="text"/>
Your telephone # on acct w/bank	<input type="text"/>
Routing Number	<input type="text"/>
Account Number	<input type="text"/>
	Sign & Date: <input type="text"/>

 ☐ I will pick-up and pay then

Who are you?

Filing Status S ☐ MFJ ☐ MFS ☐ HH ☐ Qual W ☐ Don't have a clue ☐ 

TAXPAYER					
First	Last	Date of Birth ¹	Social Security Number ¹	Occupation	
SPOUSE					
First	Last, if different	Date of Birth ¹	Social Security Number ¹	Occupation	
eMail		Best Telephone	Alt. Telephone		
Mailing Address		City	State	ZIP	

¹ Not necessary if we prepared your tax return last year.

Do you support anyone?

First	Last, if different to taxpayer	Date of Birth ¹	Social Security ¹	Type ²	DayCare Cost ³	Files 1040?

¹ Not necessary if we prepared your tax return last year. ² S=Son, D=Daughter, P=Parent.

³ Be sure to provide us Day Care Information including EIN - See *Under the Hood* later in this workbook.

The bad stuff - how much did you make?

How many of each of the following income streams are you including for your tax return preparation?

W2 ☐ Interest 1099INT ☐ Dividends 1099DIV ☐ Stock Sales 1099B¹ ☐

Pensions 1099R ☐ IRA distributions 1099R ☐ Social Security ☐

Unemployment 1099G ☐ State Refund 1099G ☐ Gambling winnings WG ☐

Debt Forgiveness ☐ Form 1099 (except 1099MISC) ☐ Form K1 ☐

HINT: Input a numerical value for each of the Forms and place them in the SAME ORDER at the back of this organizer. For example, if you have 2 W2's, write 2 in the grey box, if you have 4 1099R's write 4, in the grey box and so on. Place the forms with the 2W's on top of the 1099R and paper clip together. DO NOT STAPLE. Be sure to complete the control box so we can be sure we did not miss a form.

NUMBER OF FORM CLIPPED TOGETHER: ☐

List Other income NOT REPORTED ABOVE or for which there are no Official Forms. The IRS tells us that we need to tell you that this includes illegal income (Huh?) **Do NOT list income from Real Estate Rentals, or / and Unincorporated Business(s).**

List type and name

Amount

Alimony FOR DIVORCE BEFORE 2018	

¹ Be sure that the COST BASIS is provided on all stock transactions. We don't want to give Uncle Sam too much money, do we?

The good stuff - let's get rid of the bad stuff

Medical Ins Premiums	
Dental Ins Premiums	
Medicare Supplement	
Medicare Prens	No worries. We got it!
Paid to Dentists	
Paid to Doctors	
Paid to Emergency Rooms	
RX payments	
Therapy	
Durable Medical Equipment	
Hearing Aids	
Other	
Other	
Other	
TOTAL	\$
Medical miles	

RE Taxes (Primary)	
RE Taxes (Other homes)	
RE Taxes (land)	
Personal Property Tax	
TOTAL	\$

Mortgage Interest	
How much do you owe on this mortgage?	
Equity Line Interest	
Was this money used to IMPROVE your home?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Cash donations	
Non Cash donations	
Charitable miles	

Alimony DIVORCE PRIOR TO 2018	
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Sales Tax paid on BIG purchase (eg car, boat, camper etc)	
-----------------------------------------------------------	--

The good stuff - digging deeper...



MEANS ATTACH FORM

Any changes to your fling status or number of dependents this year ☐ Y ☐ N

Did you incur child care expenses? ☐ Y ☐ N

Did you reside or work in more than one state this year? ☐ Y ☐ N

Did you receive a Notice from the IRS or state? ☐ Y ☐ N

Do you have a foreign bank account? ☐ Y ☐ N

Did you do any bartering? ☐ Y ☐ N

Did you declare bankruptcy? ☐ Y ☐ N

Did you adopt a child? ☐ Y ☐ N

Did you pay interest on student loans? ☐ Y ☐ N

Did some-one in your household attend college? ☐ Y ☐ N

Did you buy a Hybrid /Electric vehicle? ☐ Y ☐ N

Did you install energy efficient property? ☐ Y ☐ N

Did you surrender US Savings Bonds? ☐ Y ☐ N

Did you contribute to an HSA? ☐ Y ☐ N

Did you take a disbursement from HSA? ☐ Y ☐ N

Did you take early distribution from IRA or similar? ☐ Y ☐ N

Was this rolled over within 60 days to a new IRA or similar? ☐ Y ☐ N

Child Care expenses detail:

Name of Provider:

EIN:

\$ paid

College Detail **ATTACH FM 1099T**

Name of College:

Student:

EIN:

\$ paid

Name of College:

Student:

EIN:

\$ paid

The NEW (sort-of) Stuff - ObamaCare

Had Health Care Coverage	Period ¹		
	FULL	PART	NONE
TAXPAYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependant 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependant 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Where F = Full Year, P = Part Year, N = None at all



Where was coverage obtained?

<input type="checkbox"/> Employer	<input type="checkbox"/> MediCare/Medicaid
<input type="checkbox"/> Connector	<input type="checkbox"/> CommCare
<input type="checkbox"/> MASHealth	<input type="checkbox"/> Other

Anything left over after paying Uncle Sam?

	TAXPAYER	SPOUSE	Y/?
IRA contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSA contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLO 401K etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Where Y = Done or will do by April 15, ? = Not sure, please advise me

If you did **NOT** have coverage for **PART** or **ALL** of the year. Answer **YES** if it applies to **ANY** member of your household.

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Previous Insurance cancelled
<input type="checkbox"/>	<input type="checkbox"/>	You have an Exemption from the Exchange
<input type="checkbox"/>	<input type="checkbox"/>	Was coverage offered by employer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of an Indian tribe?
<input type="checkbox"/>	<input type="checkbox"/>	Eligible for service through Indian HC Provider?
<input type="checkbox"/>	<input type="checkbox"/>	Member of Health Care Sharing Ministry?
<input type="checkbox"/>	<input type="checkbox"/>	Did you live in USA for entire year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in TRICARE?
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply for CHIP coverage?
<input type="checkbox"/>	<input type="checkbox"/>	Do any of the following apply to you? DO NOT INDICATE which one.

Become homeless
 Evicted in past 6 months or facing eviction or foreclosure
 Received a notice of shut-off from utility company
 Recent victim of domestic violence
 Experienced death of close family member
 Filed for bankruptcy in last 6 months
 Experienced fire, flood, or other disaster which resulted in substantial damage to your property.
 Incurred unreimbursed medical expenses in past 24 mnths which resulted in substantial debt.
 Unexpected increase in expenses due to caring for an ill, disabld or aging family member.

Did you pay your estimates?

	Federal	State
B/F Prior Year	<input type="checkbox"/> No worries. We got it!	<input type="checkbox"/>
Q1 Due 4/15	<input type="checkbox"/>	<input type="checkbox"/>
Q2 Due 6/15	<input type="checkbox"/>	<input type="checkbox"/>
Q3 Due 9/15	<input type="checkbox"/>	<input type="checkbox"/>
Q4 Due 1/15	<input type="checkbox"/>	<input type="checkbox"/>

Refunds? Direct Deposit?

<input type="checkbox"/> Y	Yes, please!
<input type="checkbox"/> N	No way. Let Uncle Sam waste a stamp!

PAPERCLIP VOIDED CHECK HERE:


Attach the forms. They go BEHIND the INCOME FORMS referenced earlier. Be SURE to OPEN all your envelopes. **We only have 2 trash cans** and WILL have to charge you for the labor of wading through your fine collection of unopened envelopes.

infur
Got

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name		Industry	Owned by <input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		City	State	ZIP

<input type="checkbox"/>	Sole Prop.	<input type="checkbox"/>	LLC	<input type="checkbox"/>	C Corp.
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	S Corp.	<input type="checkbox"/>	Not the foggiest

Gross Receipts			
Less: Returns / Refunds			
NET SALES			A
<hr/>			
Inventory @ beginning of yr			
+ Purchases			
Labor			
Other supplies			
- Inventory @ year end			A - B
COST OF SALES			B
<hr/>			
GROSS PROFIT			
<hr/>			
Overhead Expenses			C
<hr/>			
NET PROFIT			A-B-C

Y	N	Are the amounts listed on a cash basis?
Y	N	Did you start this business this year?
Y	N	Did you MAKE payments that would require a FM 1099
Y	N	If YES, did you issue FM 1099 
Y	N	Did you buy ANY Fixed Assets (car, furniture equipment)
Y	N	Did you SELL any Fixed Assets (car, furniture equipment)
Y	N	Did you pay part of employees medical ins premiums?

✉ **Attach the forms.** They go BEHIND the INCOME FORMS referenced earlier. Be SURE to OPEN all your envelopes. We only have 2 trash cans and WILL have to charge you for the labor of wading through your fine collection of unopened envelopes.

Yes, you can fax it to us. Our fax number is 508.771.0411.

[illegible]

SOLD: Description

Proceeds

For REAL ESTATE and VEHICLES attached the paperwork. You know where by now, right?

[illegible]

S=Single Coverage F-Family Coverage



Overhead expenses



Got QB - IGNORE & sent us a PORTABLE file¹ instead!

This is ONLY a guide of the most COMMON expenses. Your list may be different. Be sure to look at this list to make sure you have not forgotten something on your list:

Accounting		Company contributions to 401K etc	
Bookkeeping		Permits / Fees	
Advertising		State taxes	
Marketing		Postage	
Car Expenses - Gas	HINT: PTO	Printing	
Car Expenses - Interest		Rent	
Car Expenses - Repairs		Repairs / Maintenance	
Car Expenses - Loan Payments	NOT DEDUCT	Salaries - Owner (W2)	
Bad Debts (ONLY if included in Gross Receipts)		Draw - Owner	
Bank Charges		Salaries - Office	
Credit Card Merchant Fees		Salaries - Other Management	
Cleaning / Janitorial		Salaries - Not included elsewhere	
Commissions		Security systems	
Credit and Collection costs		Supplies	
Delivery and Freight		LLC or Inc Annual Report	
Discounts		Property Taxes	
Dues and subscriptions		Payroll Taxes	
Employee Medical Insurance (your share)		Other taxes (not federal income taxes)	
Employee Retirement Cont. (your share)		Licences	
Equipment leases		Telephone - landlines	
Equipment Rentals		Telephone - cell phones	
Auto leases		Internet	
Gifts		Cable TV (used for business)	
Insurance - General		Tools	
Insurance - Workmans Comp		Travel	
Insurance - Health OWNER		Uniforms	
Insurance - Liability		Utilities	
Insurance - PP&C		Home Office	HINT: PTO
Insurance - Auto		Other - list.....	
Interest Paid on loans			
Interest Paid on BUSINESS credit cards or used for business			
Laundry			
Meals and Entertainment			
Misc			
Office supplies			
Consultants			
Parking and tolls		Total to C on previous page	\$

Attach the forms. The IRS knows this stuff. Be sure to attach ALL W2's and Form W3 so we can check your work



Other business deductions

QB does NOT work here! Please complete the



Mileage may be a better deduction for certain small business. In order to calculate PLEASE complete:



Description:

Description:

Date placed in service:

Date placed in service:

Another vehicle avail. for use ☐ Y ☐ N

Another vehicle avail. for use ☐ Y ☐ N

Business miles

Business miles

Pers. Miles

Pers. Miles



You MAY be eligible for a home office deduction



Do you have a DEDICATED room in your house for business

☐ Y

☐ N

Mortgage Int - Home

No worries. We got it!

Do you have an outside office in addition to this room?

☐ Y

☐ N

RE taxes - Home

No worries. We got it!

Sq Ft Home Office

Repair - Home

Sq Ft Home

Utilities - Home

Other costs - Home


Rent

Anything else we should know?



Yee-ha, we are on it. Let the bean-counters crunch some numbers. This is our life, *we love this stuff!*

Real Estate Rentals

- Y N Is someone in your household a real estate professional
e.g. Builder, Realtor etc
- Y N Did you MAKE payments that would require a FM 1099
- Y N If YES, did you issue FM 1099 [🔗](#)
- Y N Did you buy a property this year. Attach the HUD 

If you want to deduct these expenses YOU MUST issue a FM 1099.

This is a HOT button. You must issue a 1099 to ANYONE that is NOT incorporated (LLC very often DOES NOT meet this definition) and you PAID them > \$600 during the year. This INCLUDES rent payments.

The deadline to IRS is Feb 28. We will need the following information with which to prepare 1099's:

Full Name, Mailing Address, Social Security Number, Amount Paid

Yes, you can fax it to us. Our fax number is 508.771.0411.

	Property A	Property B	Property C
Description (Address/Name)			
Property Zip			
Number of days rented			
Is this residential property [Y/N]			
Is this a Vacation Home [Y/N]			
---- if YES, number of days rented			
Rental Income	\$	\$	\$
Advertising			
Auto & travel			
Cleaning			
Commissions			
Insurance			
Legal and professional			
Management Fees			
Interest on mortgage			
Repairs			
Supplies			
Utilities			
Assoc Dues			
Septic pump			
Real Estate Taxes			
Other - list			
Depreciation	No worries. We got it!		
Total Expenses	\$	\$	\$

List any improvements not include above
