

2016 TAX ORGANIZER

Pappalardo & Merrill, PC
2 Mary E Clark Drive, Unit 8 (Marshall Building)
Hampstead, NH 03841

Electronic Filing:

For the 2016 filing season, Pappalardo & Merrill, P.C. will electronically file all returns. If you do not want to electronically file, please initial here _____

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Phone: 603-434-2706

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We have provided an organizer for your use. Please take some time to read it; this will save you time and will help us help you more effectively. Also, please provide us with originals or copies of originals of all government tax documents including W-2's, 1099's, 1098's and property tax statements. The IRS has a few new requirements; we'll need documents and information we have never needed in the past. We will also need proof of health insurance; Form 1095-A (if you have enrolled in an insurance plan through the Marketplace Exchange), Form 1095-B and/or 1095-C (if you had insurance coverage through another source) which you should receive from your health insurance provider or if you have a Marketplace Exemption Certificate (MEC).

Please include a copy of your 2015 tax return. (New Clients Only)

Taxpayer Name	SS#	Date of Birth	Occupation
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Taxpayer Name	SS#	Date of Birth	Occupation
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Home Phone	Cell Phone	Work Phone
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E-mail address

- Please check here if mailing address has changed. New address: _____

- Please provide us with prior years federal and state tax returns. We will also need a copy of your driver's license or other identification.
- **New dependents**-we will need name, date of birth, social security number, your relationship to the dependent, months lived at home and state if their 2016 income was over \$2000.00; please provide us with a copy of the child's Social Security card.

Dependents Name	SS#	Date of Birth	Relationship	Months Lived at Home	\$ 2016 Income
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Income

- Please enclose all copies of current year W-2 forms.
- Please enclose any other income – including prizes, awards, personal injury damage or non-personal injury award income, cancellation of debt income, gambling winnings (also include losses), and state tax refunds; Rents/Royalties (attach

separate schedule showing receipts, income and expenses for each rental property);

Alimony received in 2016 _____

- Enclose Social Security benefits statements and unemployment compensation. (Attach annual statement)
- Please enclose all copies of 1099's (interest, dividends, retirement income, stock sales, and misc. income)
- Please enclose all K-1 schedules. (Partnerships, S-Corporations and Trusts)

Deductions/Credits

- Mortgage interest paid for 2016 _____ (Form 1098 includes residence and second home). Does mortgage balance exceed \$1,000,000.00? Yes ____ or No ____
- Do you have a home equity loan? Did the home equity loan balance exceed \$100,000.00 in 2016? ____
- Student loan interest paid – Form 1098-E
- List any alimony paid. (if you paid alimony, please provide former spouse's Social Security # and Full Name) _____
- Please list any **unreimbursed** medical, dental and eye care expenses paid. Also, list medical miles _____ and health insurance **premiums** paid _____ and long term care **premiums** paid in 2016 _____
- Taxes – real estate, NH interest and dividends tax, state sales tax, Ma excise tax & personal property tax, town tax for vehicles, boats and trailers; other state taxes paid _____
- List charitable donations made that you have a receipt or proper substantiation for (cash donations must have a receipt). Non-cash donations; please provide us with a copy of receipts.
- Please provide us with any moving and job hunting expenses
- List any non-business casualty losses and bad debts; attach an explanation
- Please list any investor's expenses & fees paid on investments brokerage accounts
- List any qualified adoption expenses
- List any qualified teacher/educator expenses paid during 2016 (Grades K-12) _____
- Please list all **unreimbursed** employee expenses, such as mileage, tolls, office expenses; tools, dues, etc.
- **Taxpayer; IRA \$ _____ or Roth IRA \$ _____ Spouse; IRA \$ _____ or Roth IRA \$ _____**
- List dependent care expenses (including day camp) and provider information: **(Receipt required)**
 - Provider name _____ **(required)**
 - Address _____ **(required)**
 - Provider social security number or **federal ID number** _____ **(required)**
 - Total expenses paid for each child: _____ **(required)**
- Educational expenses:
 - Forms 1098-T from Educational Institutions
 - Expenditures for books and supplies needed for course of study _____

Divorced parents: non-custodial parent can claim a child/dependent if custodial parent signs Form 8332. If you need this form please let us know.

Estimated Taxes: Federal and State

List estimated tax payments and dates paid, both federal and state

Federal Payment	Date paid	State	State Payment	Date paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Massachusetts Residents Only

- Please provide us with rent paid in 2016 along with the name of your landlord
 - _____
- Mass Circuit Breaker credit-for persons' age 65 and older
 - Please estimate fair market value of house \$ _____
 - 2016 property (real estate) tax paid \$ _____
 - 2016 water & sewer expenditures \$ _____
- Commuter deduction-tolls paid through Mass Fast Lane account and the cost of weekly and monthly passes for MBTA transit, bus, and commuter rail or commuter boat
- **Please provide us with Form 1099HC.** All residents are required to have health insurance and must have Form 1099HC from your health provider. If one is not provided you may be subject to a penalty.

New Hampshire Residents Only

Did you live outside of Massachusetts but work in MA? Yes ___ or No ___ Also, did you spend any days working outside of Massachusetts? Yes ___ or No ___ please provide details.

If you moved into or out of Massachusetts in 2016; Date you moved _____

Direct Deposit/ACH Debit Account Information

The IRS allows refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns filed electronically the entire amount due can be paid by debiting your account, please provide the following information or attach a voided check: If you owe federal or state taxes, would you like to use this account to pay?

Yes ___ or No ___

(If this section is not answered. We assume that you are not interested in direct deposit)

Name of financial institution: _____

Bank routing/transit # _____

Account # _____

Type of account: checking ___ savings ___

Miscellaneous questions:

1. Did you refinance your home mortgage or take out a home equity loan _____ (Please provide HUD/Settlement Statement)
2. Do you have household employees (domestic workers you paid over \$2,000 in 2016) _____
3. Did you exercise any incentive stock options? _____

4. Do you own any worthless/bankrupt stock or mutual funds? _____
5. Did you have your own business? If yes, please provide related business income and expenses?
6. Treasury Form TDF 90-22.1 must be completed if the total value of all foreign accounts exceeds \$10,000; the Form is due June 30; fines and jail terms apply. Do you or your spouse have a foreign financial account or a foreign bank account that exceeds \$10,000? Yes ___ or No ___
7. Did you make any gifts of more than \$14,000 to any individuals? _____
8. Do you have a health savings account (HSA)? _____ We will need Form 5498-SA & Form 1099-SA.
9. **Do you require an extension? We strongly recommend that you discuss the estimated taxes due for 2016. Taxes are always due on April 15th; the extension is only an extension to file**
10. Did you install qualified energy efficient property to your principle residence in 2016? (PLEASE CHECK IF THIS IS YOUR PRIMARY RESIDENCE) Yes ___ or No ___
11. State sales tax paid on boat, car, etc _____
12. Did you rent real estate or receive any rental income from any sources? Yes ___ or No ___
Please describe and provide us with the original rental property settlement statement _____
13. Did you pay anyone individual \$600 or more (in 2016) for personal services? Yes ___ or No ___ Form 1099-Misc and Form 1096 must be filed; please contact us if you need assistance.
14. Business owner and rental property owners; In order to deduct mileage for auto expenses, a log (mileage/appointment book) must be kept which details mileage driven for business purposes. Required information includes: date, business miles, business location, customer name and business rendered
15. 2016 Self-employed Health Insurance Premiums Paid _____
16. Did you sell your primary residence during 2016? Yes ___ or No ___
If yes, please provide a copy of the settlement statements for the Purchase and the Sale. If you previously sold a residence, provide a copy of Form 2119 from your tax return for the year of sale.
17. Did you change your state residency during 2016? Provide dates and details _____
18. Did you lease a car which you used for business purposes? Yes ___ or No ___

Additional:

- A. Do you have a Will? _____ If you have a Will, has it been updated in the last two years? _____
- B. Do you have Long Term Care Coverage? _____
- C. Do you need additional financial planning? If so Pappalardo & Merrill, PC can help you find the right person to guide you and your family so that your assets are protected.
- D. Are you planning on starting a business in 2017? _____ Are you interested in learning about Trusts to protect your assets? _____

PLEASE SIGN: _____

DATE: _____