

**2016 1040 US Tax Organizer**

**Leslie A. Cesario, LTD**  
 1313 Marengo Court  
 Naperville, IL 60564-9505  
 Telephone number: 630-961-9602  
 Fax number: 630-961-9953  
 E-mail address: leslic@laccpa.net

**Tax Return Appointment**  
 Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		
Drivers License #.....		
Drivers License State.....		
Expiration Date.....		
Issue Date.....		

Address	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
	ZIP code.....	

**DEPENDENTS**

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number....		
Relationship.....		
Months lived at home.....		

2016 1040 US Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer Name:

Form with two input lines for Employer Name.

Table with columns for 2016 Amount (Attach Forms W-2) and 2015 Amount.

INTEREST INCOME

Payer Name:

Form with two input lines for Payer Name.

Table with columns for 2016 Amount (Attach Forms 1099-INT) and 2015 Amount.

DIVIDEND INCOME

Payer Name:

Form with two input lines for Payer Name.

Table with columns for 2016 Amount (Attach Forms 1099-DIV) and 2015 Amount.

PENSION AND IRA INCOME

Payer name:

Form with two input lines for Payer name.

Table with columns for 2016 Amount (Attach Forms 1099-R) and 2015 Amount.

GAMBLING WINNINGS

Payer name:

Form with two input lines for Payer name.

Table with columns for 2016 Amount (Attach Forms W-2G) and 2015 Amount.

Total gambling losses.....
Winnings not reported on Form W-2G.....

Table with columns for 2016 Amount and 2015 Amount for gambling losses.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
Form 1099-MISC - Miscellaneous income.....
Form 1099-K - Merchant card and third party network payments.....
Form 1099-S - Sales of real estate (also include closing statements).....

Table with column for 2016 Amount (Attach Forms 1099).

- Form 1099-G - State tax refunds.....

Table with columns for 2016 Amount (Attach Forms 1099) and 2015 Amount.

Taxpayer:

- Form SSA-1099 - Social security benefits.....
Form 1099-G - Unemployment compensation.....

Table with columns for 2016 Amount (Attach Forms 1099) and 2015 Amount.

Spouse:

- Form SSA-1099 - Social security benefits.....
Form 1099-G - Unemployment compensation.....

Table with columns for 2016 Amount (Attach Forms 1099) and 2015 Amount.

MISCELLANEOUS INCOME

Alimony received.....
Spouse: Alimony received.....

Table with columns for 2016 Amount and 2015 Amount for miscellaneous income.

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

**MISCELLANEOUS INCOME (Continued)**

Other:

	2016 Amount	2015 Amount
_____		
_____		

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer:

Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		

Spouse:

Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

- Form 1098-E - Student loan interest.....
- Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**Affordable Care Act**

- Form 1095-A - Health Insurance Marketplace Statement.....
- Form 1095-B - Health Coverage.....
- Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

<b>Attach Forms 1095</b>
--------------------------

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums.....		
Educator expenses.....		
Expenses from rental of personal property.....		

Other adjustments to income:

_____		
_____		

Alimony Paid - Recipient name & SSN

_____		
-------	--	--

Spouse:

Self-employed health insurance premiums.....		
Educator expenses.....		
Expenses from rental of personal property.....		

Other adjustments to income:

_____		
_____		

Alimony Paid - Recipient name & SSN

_____		
-------	--	--

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....		
Doctors, dentists and nurses.....		
Hospitals and nursing homes.....		

**2016 1040 US Tax Organizer**

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

**MEDICAL AND DENTAL EXPENSES (Continued)**

	2016 Amount	2015 Amount
Insurance premiums.....		
Taxpayer: Long-term care premiums.....		
Spouse: Long-term care premiums.....		
Insurance reimbursements.....		
Out-of-pocket lodging and transportation expenses.....		
Number of medical miles.....		
Other:		
_____		
_____		

**TAXES PAID**

State income taxes - 1/16 payment on 2015 state estimate.....		
State income taxes - paid with 2015 state extension.....		
State income taxes - paid with 2015 state return.....		
State income taxes - paid for prior years and/or to other states.....		
City/local income taxes - 1/16 payment on 2015 city/local estimate.....		
City/local income taxes - paid with 2015 city/local extension.....		
City/local income taxes - paid with 2015 city/local return.....		
State and local sales taxes paid (except autos and special items).....		
Use taxes paid on 2016 purchases.....		
Use taxes paid on 2015 state return.....		
Sales tax on autos not included above.....		
Sales taxes paid on boats, aircraft and other special items.....		
Real estate taxes - principal residence.....		
Real estate taxes - property held for investment.....		
Foreign income taxes.....		
Other:		
_____		
_____		

Personal property taxes (including automobile fees in some states)..... **Attach Tax Notice**

**INTEREST PAID**

Home mortgage interest and points paid		
<input type="checkbox"/> _____	<b>Attach Forms 1098</b>	
<input type="checkbox"/> _____		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)		
_____		
_____		
Points not reported on Form 1098		
_____		
_____		
Mortgage insurance premiums on post 12/31/06 contracts.....		
Investment interest (interest on margin accounts):		
_____		
_____		
Passive Interest.....		

**2016** | **1040** | **US** | **Tax Organizer**

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

**CASH CONTRIBUTIONS**

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

	2016 Amount	2015 Amount
_____		
Volunteer Expenses (out-of-pocket).....		
Number of charitable miles.....		

**NONCASH CONTRIBUTIONS**

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

_____		
_____		

**MISCELLANEOUS DEDUCTIONS**

Union and professional dues.....		
Tax return preparation fee.....		
Safe deposit box rental.....		
Investment expenses.....		
Estate tax, section 691(c).....		

Unreimbursed employee expenses:

_____		
_____		

Other:

_____		
_____		

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2016

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

**APPLICATION OF 2016 OVERPAYMENT (7.1)**

If you have an overpayment of 2016 taxes, do you want the excess refunded?  or applied to 2017 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2017 ESTIMATED TAX INFORMATION**

Do you expect your 2017 taxable income to be different from 2016? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2017 withholding to be different from 2016? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1





2016

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2015, 1=December 2015, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

39.1