



2017 INDIVIDUAL ORGANIZER

PERSONAL INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ County _____ Zip Code _____

Your Social Security Number _____ - _____ - _____ Spouse's Social Security Number _____ - _____ - _____

Your Occupation _____ Spouse's Occupation _____

Your Birth Date ____/____/____ Spouse's Birth Date ____/____/____

Best Contact# _____ Cellphone _____ Business _____ Home _____

Your E-Mail Address _____ Spouse's E-Mail Address _____

Single _____ Joint _____ Head Of Household _____ Married filing separately _____ Widow(er) _____

Presidential Election Campaign - Taxpayer: _____ Yes _____ No Spouse: _____ Yes _____ No

DEPENDENT INFORMATION

Dependent's Names (First, Initial, Last)	Birth Date	Grade	Soc. Sec. #	Relationship	# Months Lived in Home in 2017		Child Care Expenses
					Yes	No	
#1	/ /						\$
#2	/ /						\$
#3	/ /						\$
#4	/ /						\$

PERSONAL ESTIMATED INCOME TAXES PAID (Do not include payments for business taxes from bus. account)

Estimated taxes paid:	Date Paid	Federal	Date Paid	State
Balance of 2016 tax Paid in 2017	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter 2016 tax (due 1/17/17)	____/____/____	\$ _____	____/____/____	\$ _____
1st Quarter 2017 (due 4-18-17)	____/____/____	\$ _____	____/____/____	\$ _____
2nd Quarter 2017 (due 6-15-17)	____/____/____	\$ _____	____/____/____	\$ _____
3rd Quarter 2017 (due 9-15-17)	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter 2017 (due 1-16-18)	____/____/____	\$ _____	____/____/____	\$ _____

INCOME

We will need all pertinent records, all forms received (W-2's, 1099's), broker's summary of sales activities (Form 1099-B), etc, and/or attach a detailed listing

Check the type(s) of income you had.

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> IRA Distribution (Rollover, Conversion, etc.) | <input type="checkbox"/> Sick Pay |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pensions | <input type="checkbox"/> Workmen's Compensation |
| <input type="checkbox"/> Tax Exempt Interest | <input type="checkbox"/> Annuities | <input type="checkbox"/> Director Fees |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Rental Income and Expenses | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> State Tax Refunds | <input type="checkbox"/> Royalties | <input type="checkbox"/> Gambling (lottery/prizes/awards/raffles) |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Partnerships Form K-1 | <input type="checkbox"/> Barter and Exchanges |
| <input type="checkbox"/> Business Income and Expenses | <input type="checkbox"/> Estate Form K-1 | <input type="checkbox"/> Farm Income and Expenses |
| <input type="checkbox"/> Trusts Form K-1 | <input type="checkbox"/> S - Corporation Form K-1 | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Social Security | <input type="checkbox"/> Foreclosure |
| <input type="checkbox"/> Health Insurance Forms 1095-A, 1095-B, 1095-C (Health ins. premium tax credit) | | <input type="checkbox"/> Debt Forgiveness* |
| <input type="checkbox"/> Sales of securities, personal residence or other property (description, # of shares, date acquired, date sold, sales price, purchase cost, and expense of sale) | | <input type="checkbox"/> Other Income (Explain) |
| | | <input type="checkbox"/> Home Energy Credit* |

*Items marked with an asterisk expired on 12-31-16, and may not be deductible for 2017



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ADJUSTMENTS TO INCOME, TAX CREDITS, AND EMPLOYMENT TAXES (Indicate amounts for which you are entitled)

- \$ _____ School Supplies purchased **BY** Teachers
- \$ _____ Retirement (IRA, Keogh) – Taxpayer
- \$ _____ Retirement (IRA, Keogh) – Spouse
- \$ _____ Archer Savings Account (MSA)
- \$ _____ Student Loan Interest
- \$ _____ Health Savings Account(Need 5498-SA & 1099-SA)
- \$ _____ College Tuition Expense (1098-T)
- \$ _____ Qualifying Adoption Expenses
- \$ _____ Wages Paid to Household Employee(s)
- \$ _____ Health Insurance (**Sole Proprietor only**)
- \$ _____ **Sole Proprietor** SEP, Simple, or Qualified Plans
- \$ _____ Child Care (**List each provider's name, address, Soc. Sec. No. or Federal I.D. No., and amount paid.**)
- (Contributions made in 2018 must be identified as 2017 contributions w/HSA administrator)
- \$ _____ Moving Expenses
- \$ _____ Penalty (early withdrawal savings)
- \$ _____ Alimony Paid (include name & SS#)

DEDUCTIONS (Indicate the amounts you paid during 2017)

Deductible amount is based on income limitations

Medical (do not include expenses reimbursed, paid by others or HSA)

- \$ _____ Prescription drugs
- \$ _____ Nonprescription drugs (**Must have Dr. prescription**)
- \$ _____ Equipment, supplies, and diagnostic
- \$ _____ Surgical Fees (Except Cosmetic)
- \$ _____ Vision correction surgery
- \$ _____ Doctors, dentists, nurses, hospitals
- \$ _____ Long-term care services
- \$ _____ Health Insurance Premiums (**not shown elsewhere**)
- \$ _____ Long-Term Care insurance
- \$ _____ Medicare Premiums (A, B, C and D)
- \$ _____ Transportation and lodging
- \$ _____ Other medical expenses (hearing aids, dentures, eyewear)

PROPERTY TAXES PAID – list each vehicle separately

- \$ _____ On your residence - **For 2017**
- \$ _____ On your residence - **PREPAID for 2018**
- \$ _____ Other property (2nd home only. Rentals list on rental organizer)
- \$ _____ **Vehicle #1 Tabs** (Include base tax only)
- \$ _____ **Vehicle #2** \$ _____ **Vehicle #3**

INTEREST (attach all 1098 forms you received. If you paid to an Individual-provide name, address and Soc. Sec. #.)

- \$ _____ On your principal residence (Limit \$1,000,000 Debt)
- \$ _____ On your second home (Limit \$100,000 Equity)
- \$ _____ Deductible points-HUD statement
- \$ _____ On your investment loans (Not Rental)
- \$ _____ **PMI Mortgage Insurance (Contracts after 12/31/06)***

Miscellaneous Employee Expenses (W-2 employees only)

DO NOT LIST EXPENSES FOR BUSINESS

- \$ _____ Un-reimbursed employee business expenses
- \$ _____ Union and professional dues
- \$ _____ Supplies for work
- \$ _____ Union and professional dues
- \$ _____ Uniforms
- \$ _____ Physical exams for employer
- \$ _____ Subscriptions to professional journals

Miscellaneous Expenses – Other

- \$ _____ Casualty or theft losses
- \$ _____ Job seeking expenses
- \$ _____ Tax preparation fees – **paid personally**
- \$ _____ Safe deposit box rental
- \$ _____ Certain legal and accounting fees
- \$ _____ Custodial (trust account) fees
- \$ _____ Non-business bad debts
- \$ _____ Education expenses current occupation
- \$ _____ Gambling losses up to gains
- \$ _____ Other deductions (explain)

CONTRIBUTIONS to IRS approved charities (receipt is required on donations of \$250 or more to each charity)

- \$ _____ Contributions of money – **written verification required**
- \$ _____ Gifts other than cash (i.e. Goodwill, etc.) (If total of **ALL** non-cash contributions exceed \$500 in 2017 then itemize and **provide name, address, date and cost. Items in good or better condition.**)
- \$ _____ Donation of Auto Generally FMV – IRS Notice 2005-44 Contact the charitable organization. (Need 1098C)

*Items marked with an asterisk expired on 12-31-16, and may not be deductible for 2017.



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***** MINNESOTA RESIDENTS ONLY *****

Name _____ Spouse's Name _____

STATE ELECTIONS FUNDS

Designate \$5.00 to **State Elections** Campaign Fund? (Indicating a party will not increase or decrease your refund/payment)
_____ Independent _____ Republican _____ Democratic Farmer-Labor _____ Green _____ General Campaign Fund

\$_____ Amount for **Non-Game Wildlife Fund** (Reduces Refund or Increases Amount Due)

LONG TERM CARE INSURANCE CREDIT

Policy Number _____ Insurance Company _____ Premiums Paid _____ (Taxpayer)

Policy Number _____ Insurance Company _____ Premiums Paid _____ (Spouse)

EDUCATION EXPENSES - (K-12 Subtraction or Credit) - List separately for each child, complete Instructor Name & Address for Ind. Fees lessons

Child Name				
Class Fees (Supplies, field trips)				
Individual Fees (Tutoring, music/dance lessons)				
Name of Institution / Instructor	Address:			
Textbook Material				
Musical Instruments (Purchase or rental fees)				
List instrument purchased				
Computer Hardware/Software (Educational programs)				
Private School Tuition (K-12 only)				

Did you contribute to a 529 plan in 2017 (as owner or established for the benefit of any individual)?

_____ Yes _____ No. If yes, List (Do this for each account you made a 529 contribution to):

Trustee name: _____ Account number: _____ Amount contributed: _____

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Trustee name: _____ Account number: _____ Amount contributed: _____

Total Amounts Distributed in 2017, from all accounts: _____

Did you make payments on a qualified student loan? _____ Yes _____ No If yes:

a. Amount of payments (**principal AND interest**) paid in 2017 on the loan?

o Taxpayer: _____ Spouse: _____

b. What was student loan interest paid in 2017 (Get 1098E)?

o Taxpayer: _____ Spouse: _____

c. What was the total amount of qualified student loans used to pay for your postsecondary education (include all amounts, even loans paid prior to 2017)?

o Taxpayer: _____ Spouse: _____