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Organizer for individual income tax year 2017

This organizer is designed to help make the preparation of your individual income tax returns as efficient as possible and to assure that you are taking advantage of all allowable deductions. Please fill in all applicable spaces as completely as possible.

Please also attach copies of your individual income tax returns for the past two years.

About you:

Name (First, MI, Last):

Taxpayer _____ Social Security # _____

Spouse _____ Social Security # _____

Address _____

Home phone number: taxpayer _____ spouse _____

Work phone number: taxpayer _____ spouse _____

Cell phone number: taxpayer _____ spouse _____

Fax phone number: taxpayer _____ spouse _____

Email address: taxpayer _____

Spouse _____

Date of Birth: taxpayer _____ spouse _____

Occupation: taxpayer _____ spouse _____

Are you or spouse a dependent of another taxpayer? Yes No

Estimated income tax payments

Date	Check #	Amount	Federal or State?

About your dependents:

Please list your dependents:

First Name, MI, Last Name	Date of Birth	Social Security #
1.		
2.		
3.		
4.		
5.		
6.		

Relationship	Months lived with you	Gross Income	% support you provide
1.			
2.			
3.			
4.			
5.			
6.			

Did you and all dependents have health care coverage all 12 months of the year? _____ Attach any form 1095's.

Dependent Care

Provider 1:

Name _____
Address _____
SS# or EIN _____
Amount paid this year _____

Provider 2:

Name _____
Address _____
SS# or EIN _____
Amount paid this year _____

Provider 3:

Name _____
Address _____
SS# or EIN _____
Amount paid this year _____

About your income:

Attach copies of all W-2, 1099, 1099R, SSA-1099 or other forms showing income and sources of income

Sources of W-2 income:

Employer	\$ Amount	Taxpayer or Spouse?

How many exemptions are you claiming on your W-4 forms? _____

Are you making any additional withholding adjustments? _____

Sources of Retirement and Social Security income:

Payer	\$ Amount	Taxpayer or Spouse?

Interest Income:

Include documentation (1099 or end of year statement)

Payer	Amount	Withholding	T Bills	Fed W/Hold	Municipal?

Dividend Income:

Include documentation (1099 or end of year statement)

Payer	Gross Amount	Capital Gains Dist	Nontaxable Dist	Fed w/hold	Foreign Tax Paid

Attach copies of all K-1 forms from partnerships, S corporations, estates or trusts.

Other Income:

Capital Gains and Losses: attach copies of all forms 1099B

Investment Description	Gross Proceeds	Date Acquired	Date Sold	Cost/Basis	Net Sales Proceeds

Alimony received _____

Gambling winnings (attach W-2G) _____

State tax refund (attach 1099-G) _____

Unemployment received _____

Taxable scholarships and fellowships _____

About your Deductions:

Medical

Medical insurance premiums paid by you: _____
 Medicare B premiums _____
 Doctors and Dentists _____
 Hospitals and Nursing homes _____
 Parking for Medical treatment _____
 Eyeglasses/contacts _____
 Medical equipment and supplies _____
 Prescriptions and drugs _____
 Laboratory exams _____
 Miles driven for medical purposes _____
 Insurance reimbursement on above amounts _____

Taxes

Property taxes paid on your residence _____
 Property taxes paid on other property _____
 State income taxes _____
 Sales tax paid on large purchase _____
 Foreign income taxes _____
 Personal property taxes _____
 (ownership tax on vehicle registration)

Interest

Home Mortgage interest

Payee	Prin res (P) Home Equity (HE) 2 nd /Vac Home (S) ?	1098 Attached? Yes/No	Amount

Points paid on refinancing-current year ___ (attach documentation)
 Points paid previously and being amortized _____
 Amount _____ Date paid _____ Life of loan _____

Investment interest

Payee	Amount	Related Investment

Other Deductions

Union dues _____ Tools _____
 Professional Society Dues _____
 Trade associations _____
 Professional Journals _____
 Uniforms _____ Protective Clothing _____
 Protective clothing _____
 Tax preparation fees _____
 Malpractice insurance _____
 Safe deposit box _____
 Alimony paid _____
 Job seeking expenses _____
 Employment agency fees _____
 Education expenses _____

Cash/Check/Credit Card Charitable Contributions

Donee	Amount	Fair Market Value of Service or Merchandise received
YOU MUST HAVE PROPER	RECEIPTS SHOWING HOW	MUCH OR THAT NOTHING
OF VALUE RECEIVED	IN CONNECTION WITH	YOUR CONTRIBUTION

Contributions equal to or greater than \$250 must be substantiated in writing by the donee. Please provide copies of documentation.

Did you have any gifts over \$5,000.00?

Mileage for charitable activities _____

Non-Cash Charitable Contributions

Provide a schedule showing:

Name of Donee; Address of Donee; Description of Gift; Date of Purchase; Date of Contribution; Original cost; Fair Market Value; How You Acquired Property; Method Used to determine Fair Market Value. MUST HAVE DETAILED LISTING INCLUDING VALUES.

Or you may also use the worksheets you can find on my website available as a PDF or an Excel spreadsheet.

<http://johngallocpa.com/charitcontworksheet.xls>

or <http://johngallocpa.com/charitcontworksheet.pdf>

Rental/Royalty Income

Type of property: residential commercial royalty

Location _____

If vacation home: number of days rented _____ Number of days used personally _____

INCOME	
EXPENSES	
Advertising	
HOA dues	
Management Fees	
Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Property Taxes	
Mortgage Interest	
Other Interest	
Legal and Professional Fees	
Licenses and Permits	
Repairs	
Supplies	
Utilities	
Other (describe)	

Auto Miles driven for activity _____

Date property acquired _____

Cost of property _____

Sole Proprietorship Business Income and Expense

Business Name _____
 Business Address (if different) _____

Business Employer Identification
 Number _____
 Principal business activity or
 profession _____
 Whose business? Taxpayer or spouse
 Do you have inventories? _____
 If so \$ amount of beginning inventory _____
 \$ amount of ending inventory _____
 Is this the first year of the business? _____
 Do you produce a product in the United States

INCOME	
Gross Receipts or Sales	
Returns and Allowances	
Interest Income	
Other Income	
COST OF GOODS SOLD	
Purchases	
Cost of Items Used Personally	
Payroll Costs	
Materials and Supplies	
Other costs of Making Product	
(describe)	
EXPENSES	
Advertising	
Commissions	
Employee Health Insurance	
Owner Health Insurance	
Other Insurance	
Interest	
Legal Fees	
Accounting/bookkeeping Fees	
Professional Fees	
Office expense	
Rent, Equipment	
Rent, Buildings	
Rent, Vehicles	
Repairs & Maint., Equipment	
Repairs & Maint., Buildings	

Repairs & Maint., Vehicles	
Supplies	
Payroll Taxes	
Licenses	
Personal Property Tax	
Other Taxes (describe)	
Permits	
Travel	
Meals and entertainment	
Per Diems	
Staff Meals/Parties	
Utilities	
Wages	
Management Fees	
Consulting Expenses	
Payroll Services	
Employee Mileage Reimbursements	
Education and Seminars	
Payroll Service	
Client Gifts (limit \$25 each)	
Other (describe)	

Do you use any portion of your home regularly and exclusively for business?_____

Description of work done in home office_____

Description of work done outside of home office_____

Total square footage of home_____

Total Square footage of office_____

Home insurance cost_____

Repairs & Maint_____

Utilities_____

Rent_____

Other_____

If used as daycare facility: Days used as daycare_____

Hours per day used as daycare_____

Farm Business Income and Expense

Business Name _____
 Business Address (if different) _____

Business Employer Identification
 Number _____
 Principal business activity or
 profession _____
 Whose business? Taxpayer or spouse _____
 Do you have inventories? _____
 If so \$ amount of beginning inventory _____
 \$ amount of ending inventory _____
 Is this the first year of the business? _____

Income

Sales of purchased livestock and other items purchased for resale:

Description	Date acquired	Amount received	Cost

Sales of Market livestock and produce raised and held primarily for sale:

KIND	AMOUNT	KIND	AMOUNT
Calves		Corn	
Cattle		Hay	
Poultry		Straw	
Sheep		Alfalfa	
Dairy product			
Eggs			

Other Farm income

Agricultural Program Payments	
CCC Loans Reported	
CCC Loans Forfeited	
Gasoline Tax Refund	
Crop Insurance Proceeds	
Interest Income	
Rental Income	
Other Income (describe)	

List animals, equipment and improvements purchased during the year below:

DATE	DESCRIPTION	AMOUNT

Vehicle used in business

Activity vehicle was used for _____
 Was another vehicle available for personal use? _____
 Was personal use during off-duty hours allowed? _____
 Do you have evidence to support deduction? _____
 If yes, is evidence written? _____

Is vehicle owned or leased? _____
 Vehicle description _____
 Date placed in service _____
 Original cost _____
 Prior depreciation _____

Mileage

For Self Employment	
For Farm Activity	
For Rental Activity	
For Charity	
For commuting to and from work	
For Travel between 1 st and 2 nd Jobs	
For Travel to Temporary Job sites	
From Job to School	
Other Personal Miles	
Average Daily Commuting Miles	
Vehicle Miles at Begin of Year	
Vehicle Miles at End of Year	

Expenses

Registration	
Insurance	
Interest Paid	
Fuel, Oil	
Tires	
Repairs and Maintenance	
Lease Payments	
Tolls/Parking	
Washing/Waxing	
Other (describe)	

Questions:

Do you have a second home? _____

Do you have a vacation/rental home? _____

Has your personal residence been refinanced? _____

Do you have a home equity loan or line of credit? _____

Did you sell your home during the year? _____

Did you sell any property during the year? _____

Are you or spouse legally blind? _____

If you are a new client, did you provide us with previous years tax returns? _____

Did you provide depreciation schedules to support the previous years tax returns? _____

Did you enclose all copies of federal and state notices you received? _____

Have you made any gifts in excess of \$10,000 per donee? _____

When was your will or estate plan last revised? _____

What was your marital status as of the end of the year? _____

Did anyone in your household have educational expenses during the year? _____

Did you move for work purposes during the year? _____

Did you make any IRA, Keough, 401K, or SEP contributions during the year? _____

Did you make any H.S.A. or MSA contributions during the year? _____

Did you have any foreign income or foreign bank accounts? _____

Do you have any worthless stocks or uncollectible bad debts? _____

If you have an overpayment of this year's taxes do you want the excess refunded? _____ Or applied to next year's estimate? _____

