

# Merinar CPA Inc

129 N Broadway St

Medina, OH 44256

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Phone: (330)723-4487 | Fax: (330)723-5081

January 09, 2017

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Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2016 tax return. Please review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Effective January 1, 2014, unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. We have updated the questionnaire and documentation to help you provide us with the information we need to report your health insurance coverage status and complete the tax forms.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. I appreciate your trust in our business. Please feel free to contact me at (330)723-4487 if you have any questions or need additional information.

Sincerely,

Carol Merinar  
Merinar CPA Inc

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Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Carol Merinar  
Merinar CPA Inc

### Miscellaneous Information

Name:

SSN: \*\*\*-\*\*-0000

#### Personal Information

- Yes**   **No**
- Did your marital status change during the year?  
If "Yes," explain \_\_\_\_\_
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?

#### Dependent Information

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim the child?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?  
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?  
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.  
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?  
If "Yes," explain \_\_\_\_\_
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest, during this year, from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?  
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

#### Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term healthcare premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boats, etc.) during the year?
- Did you pay any real estate property taxes or personal property taxes during the year?
- Did you pay mortgage interest during the year?

### Miscellaneous Information

Name:

SSN: \*\*\*-\*\*-0000

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?
- Did you have gambling losses during the year?

#### Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

#### Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

#### Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?  
If "Yes," are you splitting the gift with your spouse? \_\_\_\_\_
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
- If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
- Did you make any estimated payments toward your 2016 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a physical copy or a PDF copy of your tax return?

#### Preparer Notes

##### Miscellaneous Notes

## 2016 Tax Organizer Personal and Dependent Information

### Personal Information

	<b>Name</b>	<b>SSN</b>	<b>Date of Birth</b>	<b>Healthcare coverage ALL year</b>
<b>Taxpayer</b>		***-**-0000		
<b>Spouse</b>				
<b>Street address, city, state, and ZIP</b>				
	<b>Occupation</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>	<b>Cell Phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer Email</b>				
<b>Spouse Email</b>				

#### Marital Status at end of 2016

- Married  
 Married filing separately  
 Single  
 Widow(er), Date of Spouse's Death if deceased in 2016 \_\_\_\_\_

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No Are you blind?  
 Yes  No Are you disabled?  
 Yes  No Are you a full-time student?  
 Yes  No Do you want \$3 to go to the Presidential Election Campaign Fund?

### Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2016 appointment is scheduled for \_\_\_\_\_

#### Notes









### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-0000

#### Other Income

	2016 Taxpayer	2016 Spouse
Scholarships or grants not reported on form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received . . . . .	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2016 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Adjustments

	2016 Taxpayer	2016 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Contributions made to a myRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

#### Job-related Moving Expenses

	2016
Number of miles from old home to old workplace . . . . .	_____
Number of miles from old home to new workplace . . . . .	_____
Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____
<input type="checkbox"/> This was a military move	

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-0000

#### General Business Information

Business name \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2016

Yes  No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2016

Yes  No

You filed Form(s) 1099 for the individual(s)

#### Income

	2016		2016
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Income from Form 1099-MISC . . . . .	_____		_____
Returns & allowances . . . . .	_____		_____

#### Expenses

	2016		2016
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals & entertainment . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Mortgage interest . . . . .	_____		_____
Other interest . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

#### Cost of Goods Sold

	2016		2016
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	

### Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-0000

#### General Property Information

Property description \_\_\_\_\_  
Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- Single family residence       Vacation / short-term rental       Land       Self-rental
- Multi-family residence       Commercial       Royalties       Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property is your main home       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2016       Yes  No      You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

#### Income

	2016		2016
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____
Rental income from Form(s) 1099-MISC	_____	Royalties from Form 1099-MISC	_____

#### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Interest - mortgage . . . . .	_____	_____	
Interest - other . . . . .	_____	_____	
Repairs . . . . .	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-0000

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use           | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written                     |

Number of miles the vehicle was driven during 2016  
 Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . .	_____	Property tax . . . . .	_____
Gas . . . . .	_____	Repairs . . . . .	_____
Insurance . . . . .	_____	Tires . . . . .	_____
Licenses . . . . .	_____	Tolls . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Lease payments . . . . .	_____		_____
Interest . . . . .	_____		_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities, not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_ How many hours per day was the area used \_\_\_\_\_

- The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Excess mortgage interest . . . . .	_____	_____
Insurance . . . . .	_____	_____
Rent . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Utilities . . . . .	_____	_____
Other expenses . . . . .	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN: \*\*\*-\*\*-0000

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest paid

Mortgage interest paid (attach Form 1098)
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to Charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

Other Misc. Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

**Other Information**

Name:

SSN: \*\*\*-\*\*-0000

**Mortgage Interest**

Attach all copies of Form 1098

Lender's name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expense Not Reimbursed by Your Employer**

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses . . . . .	_____	_____
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals & entertainment . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2016 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name:

SSN: \*\*\*-\*\*-0000

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount Paid

**Education Expenses**

Attach all copies of Form 1098-T

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Type of Expense	Amount	Type of Expense	Amount