

# Allen L. Kockler Company 2017 Tax Organizer

**Client Information:**

Returning Client     New Client    If a new client, please bring a copy of your 2016 tax return

2016 Preparer     Allen Kockler     Jon Augustus     Mark Moore     Other

Taxpayer Name _____	Taxpayer DOB    /   /
Spouse Name _____	Spouse DOB    /   /
Address _____	Child 1 Name _____ DOB    /   /
City _____	Child 2 Name _____ DOB    /   /
State, ZIP _____	Child 3 Name _____ DOB    /   /
Home Phone    (   ) _____	Child 4 Name _____ DOB    /   /
Cell Phone (T)    (   ) _____	E-mail (T)    _____ @ _____
Cell Phone (S)    (   ) _____	E-mail (S)    _____ @ _____

(T) = Taxpayer    (S) = Spouse

**Income**

*Did you receive income from any of the following?*

W2 _____	Capital Gains _____	Partnership _____	Trusts _____
Interest _____	IRA _____	Farms _____	Foreign _____
Dividends _____	Pension _____	Unemployment _____	Debt Cancellation _____
Alimony _____	Rentals _____	Social Security _____	Gambling _____
Sole Proprietor _____	S Corporation _____	Estates _____	

**Adjustments to Gross Income**

*Do you qualify for any of these adjustments to gross income?*

Educator Expenses _____	SEP Contributions _____	Alimony _____
Business Expenses _____	SIMPLE Contributions _____	Paid to (SSN): _____
HSA Contributions _____	IRA Contributions _____	Student Loan Interest _____
Moving Expenses _____	Self-Employed Health Insurance _____	Tuition & Fees _____

**Itemized Deductions (Amounts Paid)**

*Medical & Dental Expenses:*

*For any medical & dental deduction, your expenses must exceed 10% of your Adjusted Gross Income*

Medical & Dental \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Medical Miles \_\_\_\_\_

*Taxes Paid:*

State Withholding \_\_\_\_\_  
 Property Taxes \_\_\_\_\_  
 Vehicle Licenses \_\_\_\_\_

*Interest Paid:*

Mortgage Interest \_\_\_\_\_  
 2nd Mtg Interest \_\_\_\_\_  
 Investment Interest \_\_\_\_\_

*Miscellaneous Deductions*

Job Travel \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Union Dues \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Safe Dep Box \_\_\_\_\_  
 Investment Exp \_\_\_\_\_

*Gifts to Charity:*

*All gifts to charity must be accompanied by a receipt. If any single gift of \$>250, acknowledgment letter from charity required.*

Cash Charity \_\_\_\_\_  
 Non-Cash Charity \_\_\_\_\_  
 Charitable Miles \_\_\_\_\_

# Allen L. Kockler Company 2017 Tax Organizer

## Tax Credits

- Did you pay any child care expenses? If yes, please provide the statement from the provider. Y N
- Did you have any dependent children under 17 live with you at the end of the year? Y N
- Did you pay any higher education expenses? If yes, please provide the 1098T and billing statement from the school. Y N
- Did you have any accounts which may have paid foreign taxes? Y N
- Did you install solar, wind or geothermal energy systems in your personal residence? Y N
- Did you purchase insurance through the Exchange and receive a premium tax credit? Y N

## Payments

	15 Overpayment	1st Pmt Amt	2nd Pmt Amt	3rd Pmt Amt	4th Pmt Amt
Federal	_____	_____	_____	_____	_____
Iowa	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

## Compliance Questions

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Do you have any household labor earning more than \$1,000?                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Can mileage, travel, and entertainment be substantiated? (mileage log, receipts, etc.)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you hold any foreign accounts?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, do accounts have a balance in excess of \$10,000?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you claimed as a dependent on anyone else's tax return?                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you refinance your home in 2017? (if yes, please provide us with closing statement) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you receive any letters from the IRS?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you receive any letters from the Iowa Department of Revenue?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### What I Should Provide to My Tax Preparer

- Copies of all W-2s, 1099s, K-1s, 1095s, 1098s,
- Brokerage Statements
- Summary of Income (if applicable)
- Summary of Expenses (if applicable)
- Copies of Dependent Returns or Tax Documents
- HUD Statement if You Refinanced
- IRA Contributions

### What I Don't Need to Provide

- Invoices (activity should be summarized)
- Receipts (activity should be summarized)
- Bank Statements (activity should be summarized)
- 401K Summary

# Allen L. Kockler Company 2017 Tax Organizer

## Earned Income Credit Checklist

*If you have previously received Earned Income Tax Credit please fill out this worksheet*

### *Taxpayer with Qualifying Child(ren)*

Child's Name _____	Child's Name _____	Child's Name _____
Child's DOB _____	Child's DOB _____	Child's DOB _____
Child's SSN _____	Child's SSN _____	Child's SSN _____
Relationship to (T) _____	Relationship to (T) _____	Relationship to (T) _____

### *Documents Provided for Residency of Qualifying Child(ren)*

School Record _____	School Record _____	School Record _____
Landlord Stmt _____	Landlord Stmt _____	Landlord Stmt _____
Medical Record _____	Medical Record _____	Medical Record _____
Child Care Stmt _____	Child Care Stmt _____	Child Care Stmt _____
Placement Agency Stmt _____	Placement Agency Stmt _____	Placement Agency Stmt _____
Social Service Stmt _____	Social Service Stmt _____	Social Service Stmt _____
Place of Worship Stmt _____	Place of Worship Stmt _____	Place of Worship Stmt _____
Indian Tribal Stmt _____	Indian Tribal Stmt _____	Indian Tribal Stmt _____
Employer Stmt _____	Employer Stmt _____	Employer Stmt _____
Disable Child Stmt _____	Disable Child Stmt _____	Disable Child Stmt _____
Notes in File _____	Notes in File _____	Notes in File _____
Other _____	Other _____	Other _____

### *Documents Provided for Schedule C Taxpayer With or Without Qualifying Child*

Business License _____	Reconstruction of Income/Expenses _____
Form 1099s _____	Sales Tax Permit _____
Records of Gross Receipts/Expenses _____	Notes in File _____
Summary of Income/Expenses _____	Other _____
Bank Statements _____	_____

Taxpayer Initials \_\_\_\_\_

# Allen L. Kockler Company 2017 Tax Organizer

## Schedule C - Profit or Loss from Business

Name of Business \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 City, State \_\_\_\_\_

*If you purchased, sold, or disposed of any equipment in 2017 please fill out the Asset Transaction page at the end of this organizer*

*Incomes*

Sales \_\_\_\_\_  
 Refunds & Allowances \_\_\_\_\_

*Expenses*

*Net Sales* \_\_\_\_\_

*Inventory*

Beginning Inventory \_\_\_\_\_  
 Purchases + \_\_\_\_\_  
 Cost of Materials + \_\_\_\_\_  
 Cost of Labor + \_\_\_\_\_  
 Ending Inventory - \_\_\_\_\_

*Cost of Goods Sold* = \_\_\_\_\_

*Expenses*

Advertising \_\_\_\_\_  
 Bank Charges \_\_\_\_\_  
 Dues & Subscriptions \_\_\_\_\_  
 Employee Benefits \_\_\_\_\_  
 Gas/Oil for Equipment \_\_\_\_\_  
 Insurance (non-health) \_\_\_\_\_  
 Insurance (health) \_\_\_\_\_  
 Interest to Banks \_\_\_\_\_  
 Interest to Other \_\_\_\_\_  
 Laundry & Uniforms \_\_\_\_\_  
 Legal & Professional \_\_\_\_\_  
 License & Fees \_\_\_\_\_  
 Meals & Entertainment \_\_\_\_\_  
 Mileage Reimbursement \_\_\_\_\_  
 Office Expense \_\_\_\_\_  
 Outside Services \_\_\_\_\_  
 Parking Fees \_\_\_\_\_  
 Retirement Plans \_\_\_\_\_  
 Postage/Freight \_\_\_\_\_  
 Rent - Property \_\_\_\_\_  
 Rent - Equipment \_\_\_\_\_  
 Repairs & Maint \_\_\_\_\_  
 Salaries/Wages \_\_\_\_\_  
 Security \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Payroll Taxes \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_  
 Small Tools \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Utilities Expense \_\_\_\_\_

Total Expenses \_\_\_\_\_

### Payroll Compliance

If you have payroll, please mark one of the following:

- We offer group health insurance to all full time equivalents and pay the same % for the owners and employees
- We offer group health insurance, but pay different percentages (No Longer Allowed)
- We reimburse individual health insurance premiums
- We did not offer group health insurance or reimburse individual health insurance premiums

# Allen L. Kockler Company 2017 Tax Organizer

**Rental Income**

<i>General Information</i>	<i>Property 1</i>	<i>Property 2</i>	<i>Property 3</i>	<i>Property 4</i>
Street Address	_____	_____	_____	_____
City, St, ZIP	_____	_____	_____	_____
Kind of Property	_____	_____	_____	_____
# Days Rented	_____	_____	_____	_____
# Days Personal Use	_____	_____	_____	_____
<i>Incomes</i>				
Rents	_____	_____	_____	_____
Royalties	_____	_____	_____	_____
<i>Expenses</i>				
Advertising	_____	_____	_____	_____
Association Dues	_____	_____	_____	_____
Auto Expense	_____	_____	_____	_____
Cleaning Expense	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Legal & Professional	_____	_____	_____	_____
License & Permits	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Mileage	_____	_____	_____	_____
Mrtg Interest to Banks	_____	_____	_____	_____
Mrtg Interest to Other	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____
Remodeling Expense	_____	_____	_____	_____
Repairs & Maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Other Taxes	_____	_____	_____	_____
Salaries & Wages	_____	_____	_____	_____
Telephone Expense	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Utilities Expense	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Total Expenses	_____	_____	_____	_____
	_____	_____	_____	_____

*For Sales or Dispositions of Property Please See the Asset Schedule on the Last Page*

# Allen L. Kockler Company 2017 Tax Organizer

## Farm Income

### Incomes

Sale of Livestock Purchased for Resale	_____
Cost of Livestock Purchased	(        )
Sale of Livestock, Produce, Grains Raised	_____
Cooperative Distributions	_____
Agricultural Program Payments	_____
Commodity Credit Corp Loans Reported	_____
Commodity Credit Corp Loans Forfeited	_____
Crop Insurance Proceeds Received	_____
Custom Hire Income	_____
Federal Fuel Credit from Previous Year	_____
State Fuel Credit from Previous Year	_____
Other Income	_____
 Total Income	 _____

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- We offer group health insurance to all full time equivalents and pay the same % for the owners and employees
- We offer group health insurance, but pay different percentages (No Longer Allowed)
- We reimburse individual health insurance premiums
- We did not offer group health insurance or reimburse individual health insurance premiums

### Expenses

Advertising	_____
Bank Charges	_____
Car & Truck	_____
Chemicals	_____
Conservation Fees	_____
Custom Hire	_____
Dues and Subscriptions	_____
Employee Benefit Programs	_____
Equipment Leasing	_____
Feed Purchased	_____
Fertilizer & Lime	_____
Freight & Trucking	_____
Fuel & Oil	_____
Insurance (health)	_____
Insurance (non-health)	_____
Legal & Professional	_____
Livestock	_____
Meals & Entertainment	_____
Mileage	_____
Mrtg Interest to Banks	_____
Mrtg Interest to Other	_____
Outside Labor	_____
Postage & Freight	_____
Property Taxes	_____
Rent (Vehicles, Machinery)	_____
Rent (Land, Animals, etc.)	_____
Repairs & Maintenance	_____
Security	_____
Seeds & Plants	_____
Small Tools	_____
Storage & Warehousing	_____
Supplies	_____
Telephone	_____
Utilities	_____
Veterinary, Breeding, & Meds	_____
Other	_____

\*All veterinarians you pay more than \$600 throughout the year must receive a 1099

Total Expenses

