

Allen L. Kockler Company 2018 Tax Organizer

Client Information:

Returning Client New Client If a new client, please bring a copy of your 2017 tax return

2017 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 2018 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 2018? (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 2018 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 2018 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 2018 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 2018 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	<hr/>	<hr/>	<hr/>	<hr/>
City, St, ZIP	<hr/>	<hr/>	<hr/>	<hr/>
Kind of Property	<hr/>	<hr/>	<hr/>	<hr/>
# Days Rented	<hr/>	<hr/>	<hr/>	<hr/>
# Days Personal Use	<hr/>	<hr/>	<hr/>	<hr/>

Incomes

Rents	<hr/>	<hr/>	<hr/>	<hr/>
Royalties	<hr/>	<hr/>	<hr/>	<hr/>

Expenses

Advertising	<hr/>	<hr/>	<hr/>	<hr/>
Association Dues	<hr/>	<hr/>	<hr/>	<hr/>
Auto Expense	<hr/>	<hr/>	<hr/>	<hr/>
Cleaning Expense	<hr/>	<hr/>	<hr/>	<hr/>
Commissions	<hr/>	<hr/>	<hr/>	<hr/>
Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Interest	<hr/>	<hr/>	<hr/>	<hr/>
Legal & Professional	<hr/>	<hr/>	<hr/>	<hr/>
License & Permits	<hr/>	<hr/>	<hr/>	<hr/>
Management Fees	<hr/>	<hr/>	<hr/>	<hr/>
Mileage	<hr/>	<hr/>	<hr/>	<hr/>
Mrtg Interest to Banks	<hr/>	<hr/>	<hr/>	<hr/>
Mrtg Interest to Other	<hr/>	<hr/>	<hr/>	<hr/>
Pest Control	<hr/>	<hr/>	<hr/>	<hr/>
Remodeling Expense	<hr/>	<hr/>	<hr/>	<hr/>
Repairs & Maintenance	<hr/>	<hr/>	<hr/>	<hr/>
Supplies	<hr/>	<hr/>	<hr/>	<hr/>
Real Estate Taxes	<hr/>	<hr/>	<hr/>	<hr/>
Other Taxes	<hr/>	<hr/>	<hr/>	<hr/>
Salaries & Wages	<hr/>	<hr/>	<hr/>	<hr/>
Telephone Expense	<hr/>	<hr/>	<hr/>	<hr/>
Travel	<hr/>	<hr/>	<hr/>	<hr/>
Utilities Expense	<hr/>	<hr/>	<hr/>	<hr/>
Other: <hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Other: <hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Other: <hr/>	<hr/>	<hr/>	<hr/>	<hr/>
 Total Expenses	<hr/>	<hr/>	<hr/>	<hr/>

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

Allen L. Kockler Company 2018 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

