



ACCOUNTING SOLUTIONS
(716) 681-2694

Client Organizer

INCOME TAX RETURN INFORMATION - PRELIMINARY DATA -FOR TAX YEAR - 2017

TAXPAYER 1: _____ OCCUPATION _____

TAXPAYER 2: _____ OCCUPATION _____

ADDRESS (IF MOVED): _____

EMAIL ADDRESS: _____

DEPENDENTS

LIST ALL PARTIES INCLUDED ON TAX RETURN. Include yourself and your spouse, dependent children, and individuals that you provided 51% or more support for during the year. Please indicate with the letter 'S' next to their name if any person listed is a full-time college student over the age of 19. *If your child/children are 24 and older and earned more than \$4050, DO NOT include them on this form.*

NAME	SS#	DOB	RELATIONSHIP

ESTIMATED TAX PAYMENTS YOU MADE

FEDERAL	AMOUNT PAID	NEW YORK STATE	AMOUNT PAID
APRIL 2017	\$	APRIL 2017	\$
JUNE 2017	\$	JUNE 2017	\$
SEPTEMBER 2017	\$	SEPTEMBER 2017	\$
JANUARY 2018	\$	JANUARY 2018	\$

IRA CONTRIBUTIONS

TYPE	TAXPAYER 1	TAXPAYER 2
TRADITIONAL IRA	\$	\$

STOCKS

Did you buy or sell any property, stocks, or bonds during 2017? YES NO

***Please supply us with all year-end statements from stockbrokers and on-line trading brokerages. If you bought and/or sold property, please supply us with closing statements. We will need the cost basis for each stock sold. You will need to contact your advisor to find out that information.**

OTHER INCOME DATA

INTEREST INCOME – 1099 INT

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$

DIVIDEND INCOME – 1099 DIV

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$

OTHER INCOME

List Pensions (1099R), Annuities (1099R), Social Security (SSA-1099), Gambling winnings (W-2G), Unemployment benefits (1099G), Health Savings Account (1099SA), Tax exempt income, Alimony received, Other Income (1099 MISC).

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

POSSIBLE DEDUCTIONS

SALES TAX ON NEW VEHICLE PURCHASE \$ _____

MEDICAL

UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

Prescriptions \$ _____

Health Insurance Premiums \$ _____
(DO NOT include pretax payments through work)

Long Term Care Insurance
 Taxpayer \$ _____
 Spouse \$ _____

Doctors/Dentists \$ _____

Hospitals \$ _____

Contacts/Eyeglasses \$ _____

Miles driven for medical purposes _____

REAL ESTATE TAXES

	School	County	Village
Primary Residence			
2 nd Property (Non-Rental)			

Property Freeze Credit

INTEREST Mortgage Interest/Home Equity Loan Interest

Paid to: _____ \$ _____

Paid To: _____ \$ _____

CHARITABLE CONTRIBUTIONS

Cash and/or Check: _____ \$ _____

Non-cash Donations: _____ \$ _____

UNREIMBURSED MILEAGE FOR JOB PURPOSES

Occupation: _____
 Beginning Odometer Reading on 01/01/2017 _____
 Ending Odometer Reading on 12/31/2017 _____
 Commuting Mileage _____
 Unreimbursed Mileage _____
 Amount Reimbursed by Employer \$ _____

MISCELLANEOUS DEDUCTIONS

Safe Deposit Box \$ _____
 Tax Preparation Fee \$ _____
 Uniforms, work clothes, work shoes: \$ _____
 Union Dues: \$ _____
 Small tools - used for work only \$ _____
 Other, specify: _____ \$ _____

ENERGY EFFICIENCY

Have you claimed credit for any of these purchases in the last 8 years? YES NO

Windows \$ _____
 Doors \$ _____
 Furnace \$ _____
 Insulation \$ _____

Please provide receipts for purchases

OTHER PAYMENTS

ALIMONY: Recipient: _____ SS#: _____ \$ _____

CHILD CARE: Provider: _____ EIN/SS#: _____ \$ _____

(Please write the full name and address of the child care provider on the back of this sheet)

COLLEGE: Student's Name _____ School _____
 Student's Name _____ School _____

NYS 529 College Savings Plan Contributions \$ _____

College Tuition (Attach 1098-E)

RENTAL OR SMALL BUSINESS DATA FILL IN OR PROVIDE PROFIT/LOSS STATEMENT

	Property/Business 1	Property/Business 2	Property/Business 3
ADDRESS			
RENTAL/BUSINESS INCOME (circle)	\$ _____	\$ _____	\$ _____
ADVERTISING			
PLOWING			
LANDSCAPING			
INSURANCE			
LEGAL & PROFESSIONAL			
MORTGAGE INTEREST			
REPAIRS			
SUPPLIES			
REAL ESTATE TAXES			
UTILITIES			
MEAL/ENTERTAINMENT			
OTHER			

BUSINESS OR RENTAL MILEAGE

Vehicle Make/Model _____
 Beginning Odometer Reading on 01/01/2017 _____
 Ending Odometer Reading on 12/31/2017 _____
 Commuting Mileage _____
 Business Mileage _____

List all major purchases not included in expenses above and indicate on which property renovations or assets were made.

IMPROVEMENT:	AMOUNT:	DATE PURCHASED:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____