Hartlaub Tax Organizer

Thank you for taking the time to review and complete our 2016 Tax Organizer. As a licensed CPA firm serving our clients for over 40 years we appreciate your business and strive to do the best for you.

This organizer is an essential part of the tax return process. Tax rules are constantly changing and this information helps us keep up to date with your individual situation. Please take the time to complete it as accurately as possible.

If you are a new client please feel free to call our office for a quote or with any questions. Our fees are competitive; we are open year-round and can complete your return on a "drop off" or appointment basis. We are conveniently located at 11260 Chester Road, suite 560, Cincinnati, OH 45246 near the Sharonville Convention Center, Princeton High School and the intersection of I-75 and I-275.

We look forward to serving you!

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First		First	
Name	Initial	Name	Initial
Last			
Name		Last Name	
SSN	D.O.B.	SSN	D.O.B.
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address			

	FILING STATUS
☐ Single	☐ Head of Household
☐ Married	

	REFUND	
Automatic Deposit?	Yes (attach a VOID Check)	No

	DEPENDENTS
Name	
D.O.B.	SSN
Relationship	Months Lived at Home
Name	
D.O.B.	SSN
Relationship	Month Lived at Home

ESTIMATED TAX PAYMENTS				
	FEDERAL		STATE	
	Date Paid	Amount	Date Paid	Amount
Overpayment				
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4th Quarter				

SALARIES & WAGES - Attach all W-2 forms		
W-2	Name of Employer	Gross Wages
1		
2		
3		
4		

Referred By:

Name:

Phone:

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Student Loan Interest paid

OTHER INCOME	ITEMIZED DEDUCTIONS	
INTEREST - Attach Forms 1099INT Total \$	MEDICAL & DENTAL EXPENSES - Attach detailed	
	schedules	
DIVIDENDS - Attach Forms 1099DIV Total \$	Prescriptions	
CAPITAL GAINS - Attach Forms 1099B, 1099S and	Insurance Premiums	
year-end brokerage statements with purchase date and	Doctors & Dentists	
cost of each item.	Eyeglasses/Contacts	
STATE TAX REFUND - Attach Forms 1099G	Long Term Care Insurance	
Check if you did not itemize in prior year	Medical Miles	
ALIMONY RECIEVED		
Payor Assessed		
Payor's SSN Amount		
SOCIAL SECURITY BENEFITS RECEIVED - Attach Forms SSA-1099		
UNEMPLOYMENT BENEFITS RECEIVED - Attach	TAXES PAID	
Forms 1099G	State & Local Income Taxes	
PENSIONS/IRA/ANNUITY DISTRIBUTIONS - Attach	Real Estate Taxes - Residence	
Forms 1099R	Real Estate Taxes - Other Property	
INCOME EDOM DADTNEDSHIDS ESTATES LLCS	Auto License: Number of Cars	
INCOME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS & S-CORPORATIONS - Attach Forms K-1 and	Auto License: Fees Paid	
list any not yet received.	Personal Property Taxes	
ilst arry not yet received.	Other Taxes:	
	INTEREST PAID - Attach Forms 1098	
	Home Mortgage (1st)	
	Home Mortgage (2 nd)	
OTHER INCOME - Attach detailed schedules	Home Mortgage (Equity Line)	
Including jury duty fees, finder's fees, director's fees,	Student Loan Interest	
gambling winnings, disability payments, unreported tip		
income and any other income (whether taxable or non-	Other Interest:	
taxable).	Other interest.	
	CONTRIBUTIONS - Attach detailed schedules	
	By Cash or Check	
ADJUSTMENTS TO INCOME	Other than Cash	
ALIMONY PAID	Charitable Miles	
Payee		
Payee's SSN	MISCELLANEOUS DEDUCTIONS	
IRA CONTRIBUTIONS, ETC. Amount	Union/Professional Dues	
IRA Deduction	Investment Expenses*	
SIMPLE Plan Deduction	Tax Return Preparation Fees	
Keogh/SEP Deduction	Safe Deposit Box Rental	
Education IRA Deduction	Unreimbursed Employee Business Expenses*	
Penalty on Early Withdrawal	Other Deductions:	
OTHER		
Educator Expenses	*Attach detailed schedules	

INCOME FROM BUSINESS OR **PROFESSION GENERAL INFORMATION** ☐ Cash Basis Accrual ☐ 1st Year Principal Business/Profession **Business Name Business Address** City State Zip INCOME **Gross Receipts or Sales** Returns & Allowances Other Income **COST OF GOODS SOLD** (if applicable) Inventory at Beginning of the Year Purchases Cost of Labor Materials & Supplies Other Costs Inventory at End of the Year **EXPENSES** Advertising Car & Truck Expenses* Commissions **Employee Benefits** Insurance (other than health) Health Insurance Premiums for Self* Interest Legal & Professional Office Expenses Pensions & Profit Sharing Rent - Vehicles, Machinery & Equipment Rent - Business Property Repairs & Maintenance Supplies Taxes - Property Taxes - Other Travel Meals & Entertainment* Utilities Wages Other Expenses* *Attach detailed schedules **HOME OFFICE** Did you have a home office during the year? ☐ Yes ☐ No If yes, attached detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning.

RENTAL INCOM	ле & EXPE	NSES
PROPERTY	#1	#2
Location		
INCOME		•
Rent Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements:		
Other:		

Recommendations Welcome

We would welcome introductions to your family, friends & business associates who may need help with their taxes, financial planning and business needs.

Call us at 513-821-8768 for hours and to set your appointment today.

Sincerely,

Cindy Peters, CPA

Marc Steiger, CPA

. II ali	y or the	pertinent details.
. —	s No	Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country
1		at any time in 2016
2.		Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.
3.		For Ohio residents, did you have out-of-state purchases that are subject to use tax?
4.		Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
5.		Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?
6.		Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$1000 or more or total investment income of \$2,000 or more?
7.		Do you have a medical savings account (MSA)?
8.		Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details.
9.		Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?
10		Did you incur employment agency fees or job hunting expenses?
11		Did you incur moving expenses during the year due to a change of employment?
12		Did you have any debts, including mortgages, cancelled / forgiven or did you sell or abandon property?
13. [Does anyone owe you money that has become uncollectible?
14.		Did you incur any legal fees for estate planning or to collect taxable income?
15		Did you acquire or dispose of any business assets (including real estate) during the year?
16		Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?
17		Did you make any energy-efficient improvements or purchases for your home?
18		Did you incur a casualty loss because of damaged or stolen property?
19		Did you make any gifts greater than \$14,000 either outright or in trust?
20		Did you receive any distribution from an IRA or other qualified plan?(Form 1099R)
21		If yes, was this rolled over? (Form 1099R)
22.		Did you open a Roth IRA account or convert an IRA into a Roth IRA?
23		Did you and all your dependents have minimum essential medical coverage for all 12 months of the year? If no, explain. If yes attach forms 1095A, 1095B or 1095C.
24. 🗀		Did you buy health insurance on a state or federal exchange?
25		Did you have a household employee?
26.		Did you have any education expense or student loan interest?
27. 🗀		Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?