PSK LLP
3001 MEDLIN DR STE 100
ARLINGTON, TX 76015

2017 Client Organizer

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This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature ____ Date ________________

Spouse signature ____ Date ________________

PSK LLP
3001 MEDLIN DR STE 100
ARLINGTON, TX 76015
817-664-3000

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2016 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as ********6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

PSK LLP

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: ____		
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	☐	☐
Did you reside in or operate a business in a Federally declared disaster area?	☐	☐
The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.		
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: ____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,100?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	☐	☐

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? ☐ ☐
Did you receive any income from property sold prior to this year? ☐ ☐
Did you receive any unemployment benefits during the year? ☐ ☐
Did you receive any disability income during the year? ☐ ☐
Did you receive tip income not reported to your employer this year? ☐ ☐
Did any of your life insurance policies mature, or did you surrender any policies? ☐ ☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings? ☐ ☐
Do you expect a large fluctuation in income, deductions, or withholding next year? ☐ ☐

Retirement Information

Are you an active participant in a pension or retirement plan? ☐ ☐
Did you receive any Social Security benefits during the year? ☐ ☐
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ☐ ☐
If yes, were any withdrawals due to a Federally declared disaster? ☐ ☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? ☐ ☐
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ☐ ☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? ☐ ☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses ☐ ☐
Did anyone in your family receive a scholarship of any kind during the year? ☐ ☐
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? ☐ ☐
Did you make any withdrawals from an education savings or 529 Plan account? ☐ ☐
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you pay any student loan interest this year? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? ☐ ☐

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received. ☐ ☐
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption. ☐ ☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received. ☐ ☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? ☐ ☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA? ☐ ☐
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? ☐ ☐

- Did you pay long-term care premiums for yourself or your family? ☐ ☐
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received. ☐ ☐
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. ☐ ☐
- If you are a business owner, did you pay health insurance premiums for your employees this year? ☐ ☐
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received. ☐ ☐

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year? ☐ ☐
- If yes, did the loss occur in a Federally declared disaster area? ☐ ☐
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? ☐ ☐
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐
  If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization. ☐ ☐
- Did you pay real estate taxes for your primary home and/or second home? ☐ ☐
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. ☐ ☐
- Did you incur interest expenses associated with any investment accounts you held? ☐ ☐
- Did you have an expense account or allowance during the year? ☐ ☐
- Did you use your car on the job, for other than commuting? ☐ ☐
- Did you work out of town for part of the year? ☐ ☐
- Did you have any expenses related to seeking a new job during the year? ☐ ☐
- Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? ☐ ☐

Miscellaneous Information

- Did you make gifts of more than $14,000 to any individual? ☐ ☐
- Did you utilize an area of your home for business purposes? ☐ ☐
- Did you engage in any bartering transactions? ☐ ☐
- Did you retire or change jobs this year? ☐ ☐
- Did you incur moving costs because of a job change? ☐ ☐
- Did you pay any individual as a household employee during the year? ☐ ☐
- Did you make energy efficient improvements to your main home this year? ☐ ☐
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? ☐ ☐
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? ☐ ☐
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? ☐ ☐
- Did you receive correspondence from the State or the IRS? ☐ ☐
  If yes, explain: ____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? ☐ ☐
- Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. ☐ ☐

Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Form ID: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]
Apartment number ____[39]
City, state postal code, zip code ____[40] ____[41] ____[42]
Foreign country name ____[44]
Foreign phone number ____[47]
In care of addressee ____[48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	**	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[50]
Social security number of qualifying person ____[51]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Form ID: Info	Client Contact Information	2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]
Taxpayer email address ____[9]
Spouse email address ____[10]

	Taxpayer	Spouse
Fax telephone number	____[11]	____[19]
Mobile telephone number	____[12]	____[20]
Mobile telephone #2 number	____[13]	____[21]
Pager number	____[14]	____[22]
Other: 074	____[15]	____[23]
Telephone number	____[16]	____[24]
Extension	____[17]	____[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____[18]	____[26]

NOTES/QUESTIONS:

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically
To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules.
Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___[2]
If 1 or 2, please provide email address on Organizer Form ID: Info
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.
Taxpayer self-selected Personal Identification Number (PIN) ___________[7]
Spouse self-selected Personal Identification Number (PIN) ___________[8]

NOTES/QUESTIONS: