ORGANIZER				Page 1
2017	1040	US	Tax Organize	r
		CPA, LLC		Tax Return Appointment
		hmere Cour	rt	Date:
	-	, GA 30290		Time:
			r: 404-216-6272	Location:
	Fax nu		770-632-3774	
	E-mail a	address:	eric@erichinklecp	a.com
	This	tax organiz of you	er will assist you in ur 2017 tax return. F	gathering information necessary for the preparation lease enter all pertinent 2017 information.
of: school red	cords or state	ement. landlor	d or property management	of that your child is a resident of the United States. This proof is typically in the form t statement, health care provider statement, medical records, child care provider statement, place of worship, Indian tribal office statement, or employer statement.
or social serv	vices agency	or program st	provide one of the followin atement.	ng forms of proof of disability: doctor statement, other health care provider statement
CLIENT	INFORMA	TION	Taxpayer	Spouse
First name a	nd initial			
Last name				
Title/suffix				
Social securi	ty number			
Date of birth	(m/d/y)			
Date of death	n (m/d/y)			
1=blind				
Home phone.				
Work phone.				
Work extensi	on			
Cell phone				
E-mail addres	SS			
		In care of		
		Street addres	SS	
Addr	ess	Apartment nu		
		City		
		State		
		ZIP code		
DEPEND		1	Dependent No.	Dependent No.
First name				
Last name				
Title/suffix		-		
Date of birth				
Date of death				
Date of adop				
Social securit	5			
Relationship.				
Months lived	at nome		Dependent No.	Dependent No.
First name			Dependent No.	Dependent No.
Last name				
Title/suffix				
Date of birth		-		
Date of birth				
Date of death				
Social securi				
Relationship.	-			
Months lived				
		Į.		

7	1040	US	Tax	Organiz	er				
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	GES, SALA	RIES AND	TIPS			20	17 Amount	2016 Amount	t
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						Attach F	Forms 1099-INT		
						Attachir	01115 1055-1111		
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	DEND INCC	ME							
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						Attach F	orms 1099-DIV		
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		AND GAI	MBLING				ach Forms ∂-R & W-2G		
ayer	name:								
ayer	r name:	reported on	W-2G			- 1099 -			
ayer	r name:	reported on	W-2G			- 1099 -			
ayer	r name:	reported on g losses	W-2G			- 1099 -			
ayer	Vinnings not Total gamblin	reported on g losses NMENT F	W-2G ORMS -			_ 1099 			
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otner:					
RETI	REMENT F	PLAN CON	TRIBUTIONS	2017 Amount	2016 Amount
Taxpa	er: Tradition	al IRA contri	butions (1=maximum)		
			s (1=maximum)		
Spous			.E, & qualified plan contributions (1=maximum) butions (1=maximum)		
opous			is (1=maximum)		
			E, & qualified plan contributions (1=maximum)		
оти					
			ORMS - DEDUCTIONS interest		
			elated expenses	Attach Forms 1098	
	RDABLE		r.		
			I ance Marketplace Statement		
			age.	Attach Forms 1095	
			ded Health Insurance Offer and Coverage		
	JSTMENTS	5 TO INCO	ME		
Taxpa Se		health insura	nce premiums		
	ner adjustme				
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Δli	mony naid -	Recipient na	me & SSN	-	
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	-	-	js		
-			bayer		
			use		
			portation expenses		

State income taxes - 1/17 payment on 2016 state estimate.....

	1040	US	Tax Organizer		
	ES PAID (co	•	2016 state extension	2017 Amount	2016 Amount
		•	2016 state extension		
		•	2016 state return.		
			ior years and/or to other states		
			ayment on 2016 city/local estimate		
-			ith 2016 city/local return		
			ept autos and special items)		
			es		
	•	•	turn		
	•		above		
			aft, and other special items		
			idence		
			d for investment		
Foreig	n income taxe	es			
			luding automobile fees in some states)	Attach Tax Notice	
INTE	REST PAID	)			
Home	mortgage inte	erest and po	nts paid:		
$\square$				Attach Forms 1098	
$\square$					
Home m	ortgage interest i	not on Form 109	8 (include name, SSN, & address of payee):		
<u> </u>		= 10			
Points	not reported	on Form 109	18:		
Mortas	an insurance	nremiume e	n post 12/31/06 contracts		
-	-		margin accounts):	•••	l
แพ่ธุรุป		Uniterest UII			
Passiv	e interest				
					1
	No deduction	n is allowed	for cash or check contributions unless th	ne donor maintains a bank record, c	or a written communication
	from the dor	nee, showing	the name of the organization, contribut	ion date(s), and contribution amour	nt(s).
			ket)		
Numbe	er of charitabl	le miles	·		
Numbe NON	er of charitabl	le miles. ITRIBUTIC	DNS		
Numbe NON	er of charitabl	le miles. ITRIBUTIC	DNS		condition or better, in addit
Numbe NON	er of charitabl	le miles. ITRIBUTIC	·		condition or better, in addit
Numbe NON	er of charitabl	le miles. ITRIBUTIC	DNS		condition or better, in addit
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Numbe NOTE: MISC	er of charitabl CASH CON No deduction a deduction ELLANEO	ITRIBUTIC ITRIBUTIC In is allowed for any item	ONS for contributions of clothing and househ with minimal monetary value may be do	 old items that are not in good used enied.	condition or better, in addit
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ORGANIZER			Page 5					
2017	1040	US	Miscellaneous Questions					
	lf ar	ny of the fo app	llowing items pertain to you or your spouse for 2017, please check the ropriate box and provide additional information if necessary.					
YES		<b>PERSONAL INFORMATION</b> Did your marital status change during the year?						
		Did your address change during the year?						
		Could you	Could you be claimed as a dependent on another person's tax return for 2017?					
			NDENTS re any changes in dependents?					
			of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or udent) at the end of 2017?					
		Did you h dividend i	ave any children under age 19 or full-time students under age 24 at the end of 2017, with interest and ncome in excess of \$1,050, or total investment income in excess of \$2,100?					
			TH CARE COVERAGE nd your dependents have health care coverage for the full-year?					
		Did you re (Health C	eceive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B overage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.					
		exemption	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please					
		<b>INCON</b> Did you re	<b>IE</b> eceive unreported tip income of \$20 or more in any month?					
		Did you c yourself,	ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your dependents?					
		Did you re	eceive any disability income?					
		Did you h	ave any foreign income or pay any foreign taxes?					
		Did vou s	<b>HASES, SALES AND DEBT</b> tart a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, tion, trust, or REMIC?					
		Did you p personal	urchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any assets to business use?					
		Did you buy or sell any stocks, bonds or other investment property in 2017?						
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?					
			nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel yy sources?					
		Did you h	ave any debts cancelled or forgiven?					
		Does any	one owe you money which has become uncollectible?					

ORGANIZER			Page 6				
2017	1040	US	Miscellaneous Questions (continued)				
	lf ar	iy of the fo app	llowing items pertain to you or your spouse for 2017, please check the ropriate box and provide additional information if necessary.				
YES	NO		EMENT PLANS aceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?				
		Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?				
		Did you transfer or rollover any amount from one retirement plan to another retirement plan?					
			ATION accive a distribution from an Education Savings Account or a Qualified Tuition Program? Your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?				
		Did you ir	<b>ZED DEDUCTIONS</b> Incur a loss because of damaged or stolen property?				
			ork out of town for part of the year? se your car on the job (other than to and from work)?				
		Did you a If you hav refunded)	ATED TAXES pply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)? re an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being ? expect your 2018 taxable income and withholdings to be different from 2017?				
		Do you wa Does you May the II Did you h	CLLANEOUS ant to allocate \$3 to the Presidential Election Campaign Fund? r spouse want to allocate \$3 to the Presidential Election Campaign Fund? RS discuss your tax return with your preparer? ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank securities account, or other financial account?				

DRGANIZER			Pac	₁e 7
2017	1040	US	Miscellaneous Questions (continued)	
	lf an	y of the fo app	ollowing items pertain to you or your spouse for 2017, please check the ropriate box and provide additional information if necessary.	
YES			ELLANEOUS (continued) eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?	
		Was your	home rented out or used for business?	
		Medicare	have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received s under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?	d
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?	
		Did you ir	ncur moving expenses due to a change of employment?	
		Did you e	engage the services of any household employees?	
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?	
		Did you o	or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?	
		Did your l	bank account information change within the last twelve months?	