

# TAX ORGANIZER

Enclosed is your Tax Organizer for tax year 2017.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2017 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

We have scheduled your appointment for:

Day:  
Date:  
Time:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

John W Willyoung  
4301 West Cayuga Street  
Tampa, FL 33614  
(813) 872-0077

Willyoung & Co PA  
John W Willyoung  
4301 West Cayuga Street  
Tampa, FL 33614



Organizer Mailing Slip

## General Information

### Taxpayer

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .  
Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3) . . . . .  
Occupation . . . . .  
E-mail address . . . . .  
State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .  
Sales tax rate of locality in 2017 . . . . . %  
If Part Year, Period of Residency . . . . . to . . . . .

### Spouse

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .  
Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3) . . . . .  
Occupation . . . . .  
E-mail address . . . . .  
State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .  
Sales tax rate of locality in 2017 . . . . . %  
If Part Year, Period of Residency . . . . . to . . . . .

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . . ☐ Driver's license OR ☐ State Issued ID ☐ Driver's license OR ☐ State Issued ID  
ID number . . . . .  
ID issuing state . . . . .  
ID issue date . . . . .  
ID expiration date . . . . .

## Filing Status

Status on 2016 return : ☐

Status as of 12/31/2017 :  
Enter ("X") in the box

- ☐ 1 Single  
☐ 2 Married filing joint  
☐ 3 Married filing separately  
(Enter spouse's name and SSN above)  
☐ 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_  
☐ 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
If address is in a foreign country, enter that country . . . . .  
Foreign province/county . . . . . Foreign postal code \_\_\_\_\_  
If a bona fide resident of a U.S. territory, enter territory . . . . .

## Preparer's Information

Preparer's name John W Willyoung  
Firm's name Willyoung & Co PA  
Street 4301 West Cayuga Street  
City Tampa State FL Zip Code 33614



### Personal Information

Yes	No	<u>Personal Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you purchase or sell your principal residence or did your address change?
<input type="checkbox"/>	<input type="checkbox"/>	3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2017?
<input type="checkbox"/>	<input type="checkbox"/>	5 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Yes	No	<u>Dependents</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you pay education expenses for your dependent children?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you pay any dependent care expenses for a child or a parent?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are all of your dependents either US residents or citizens?

Yes	No		<u>Health Care Coverage</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you or a member of your family have minimum essential coverage in 2017? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Yes	No	<u><b>Income (In 2017, did you or your spouse have any of the following?)</b></u>
		1 Wages? (include form(s) W-2)
		2 Non-employee compensation? (include form(s) 1099-MISC)
		3 Interest income? (include form(s) 1099-INT)
		4 Dividend income? (include form(s) 1099-DIV)
		5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		9 Disability income? (include form(s) W-2 or 1099)
		10 Unemployment compensation? (include form(s) 1099-G)
		11 Alimony?
		12 Did you receive tip income NOT reported to your employer?
		13 Did you receive payments from a Long-Term Care insurance contract?
		14 Did you barter your services for goods or services from someone else?
		15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		16 Did you receive employer-provided adoption benefits for a previous year?
		17 Did you cash in any U.S. savings bonds?
		18 Did you make a loan to someone at an interest rate below market rate?
		19 Did you receive a housing allowance for ministerial services you provided?
		20 Did you receive any income not reported in this Organizer?
		21 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

Yes	No	Foreign Reporting
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	2 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No	<b><u>Retirement &amp; Other Plans</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you rollover a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you convert a traditional IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make any contributions to an HSA (Health Savings Account) in 2017?

Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you sell any real estate (other than your home) during the year?



- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you sell any assets using the installment method?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2017?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2017?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes

No

**Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

Yes

No

**Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you refinance a mortgage or take out a home equity loan during 2017?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

Yes

No

**Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes

No

**Return preparation and filing**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | If you are due a refund, how do you want to receive it? |

☐ Check sent to you in the mail☐ Other quick refund via a bank product☐ Apply to next year's estimates☐☐ Direct deposit (please provide voided blank check)Type of account: ☐ Checking☐ Savings

If you owe taxes, how do you want to pay them?

☐ Paper check sent with my return☐ Credit card☐ Installment Agreement☐ Direct debit (please provide a voided blank check)Type of account: ☐ Checking☐ Savings☐

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS?          |
|                          |                          |   | If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |

Designee's  
name \_\_\_\_\_Phone  
Number \_\_\_\_\_Personal identification  
Number (5 digit PIN) \_\_\_\_\_

SSN \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.