

2017 INCOME TAX DATA ORGANIZER

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Personal Information

Name _____ DOB _____ SSN _____

Occupation _____ E-Mail Address _____

Driver's Lic. # _____ State _____ Issue Date _____ Exp. _____

Spouse _____ DOB _____ SSN _____

Occupation _____ E-Mail Address _____

Driver's Lic. # _____ State _____ Issue Date _____ Exp. _____

Address _____ City _____ State _____ ZIP _____

Phone Numbers: Cell _____ Cell _____ Other _____

Filing Status: Single Married, filing jointly Married, filing separately Head of household

Qualifying widow(er) Unsure

Dependents

Name	Date of Birth	SSN	Months in Home

Estimated Tax Payments

Date Paid	Federal	State
Overpayment	\$	\$
Paid for 2014 or earlier	\$	\$
1st Quarter on or around April 15th	\$	\$
2nd Quarter on or around June 15th	\$	\$
3rd Quarter on or around Sept 15th	\$	\$
4th Quarter on or around Jan 15, 2018	\$	\$

Wage Income

Please include all W-2s

Retirement & Miscellaneous Income

Please enclose all 1099's

Pensions/Annuities	Gross	Taxable	Federal Withholding	State Withholding
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

IRA / KEOGH Distributions	Gross	Taxable	Federal Withholding	State Withholding
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Did you retire after July 1, 1986?

YES NO

Rollover / Transfer / Retirement funds this year?

YES NO

Are you a retired federal employee?

YES NO

Your Social Security	\$ _____	(Include Social Security statement)
Spousal Social Security	\$ _____	(Include Social Security statement)
Alimony Received	\$ _____	
Jury Duty	\$ _____	
Lottery, Gambling, Prizes, etc.	\$ _____	(Include any W2G's)
Scholarships	\$ _____	
Tips and Gratuities	\$ _____	
Unemployment	\$ _____	
K-1 Income	\$ _____	(Include your K1's)
State Tax Refund / Kicker Check	\$ _____	(Include your 1099G's)
Other (explain)	\$ _____	

Interest Income

Please include all 1099 INT's

Payor	Taxable	Non-Taxable
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Dividend Income

Please attach all 1099 DIV's

Payor	Gross	Capital Gains	Non-Taxable

Sales of Stock or Property

Please include brokerage statements. Use the table below for stocks that are missing their cost basis (purchase price) on those statements.

Description	Date Bought	Date Sold	Sales Price	Cost / Basis	Sale Expenses
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Child and Dependent Care

Number of Children under 13 _____

Amount of Dependent Care Benefits on W2 line 10 \$ _____

Name of Caregiver	Address	Phone	SSN or EIN	Amount Paid
				\$
				\$
				\$
				\$

Adjustments

Educator Expenses \$ _____

Certain Reservist & Performing Artist \$ _____

IRA, Simple & Separate Contributions: You \$ _____

Spouse \$ _____

Health Savings Accounts \$ _____

Penalty on Early Withdrawals \$ _____

Self-Employment Health Insurance Payments \$ _____

Student Loan Interest Deductions \$ _____

Alimony Paid \$ _____

Alimony Received \$ _____

Recipient's Name _____

Recipient's SSN _____

Moving Expenses: Travel \$ _____ Lodging \$ _____ Meals \$ _____

Miles from old job to old home _____ Miles from new job to old home _____

Itemized Deductions

Medical

	Total for those 63 and under	Total for taxpayer, if over 63	Total for spouse, if over 63
Prescriptions	\$ _____	\$ _____	\$ _____
Insurance (excluding Medicare part B)	\$ _____	\$ _____	\$ _____
Doctors / Dentists / Hospitals	\$ _____	\$ _____	\$ _____
Glasses, Contact Lenses, Hearing Aids, etc.	\$ _____	\$ _____	\$ _____
Long Term Care	\$ _____	\$ _____	\$ _____
Medical miles driven:	_____	_____	_____

Taxes Paid

State taxes paid with prior year returns	\$ _____
Real estate taxes (primary residence)	\$ _____
Real estate taxes (secondary home)	\$ _____
Real estate taxes (other)	\$ _____
Personal property taxes	\$ _____
Other taxes	\$ _____

Mortgage Interest Paid

Please attach all property tax statements

Please attach all mortgage interest statements

Paid to: _____ \$ _____

Paid to: _____ \$ _____

SSN if paid to individual _____

Mortgage points \$ _____ Investment interest \$ _____

Note: Personal interest from credit cards, department stores, auto, bank loans, etc., are no longer deductible.

Contributions

Cash donations \$ _____ *(New rule: You must have substantiation for any dollar amount)*

Non-Cash Contributions (goodwill, SA, etc.) \$ _____ *(please include all non-cash donation receipts)*

Transportation \$ _____ and/or Miles traveled to perform charitable services _____

For donations over \$500 on any one day, then please provide a list showing the following:

Name and Address of Organization	Description of Donations	Date Acquired	Date Donated	Cost	Fair Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

MISCELLANEOUS DEDUCTIONS

For W2 Employees

- Educational expenses (books, tuition, etc.) \$ _____
- Educational miles \$ _____
- IRA custodial fees \$ _____
- Job seeking expenses \$ _____
- Professional books, magazines, etc. \$ _____
- Professional licenses \$ _____
- Protective clothing and safety equipment \$ _____
- Safety deposit box \$ _____
- Tax preparation fees \$ _____
- Required uniforms and cleaning \$ _____
- Union and professional dues \$ _____

EMPLOYEE BUSINESS EXPENSES

Only for W2 Employees

Vehicle

Make / Model _____ / _____

Date placed in service _____

Cost / Basis \$ _____

Total miles driven _____

Total business miles _____

Personal miles _____

Do you have another vehicle available for personal use? YES NO

If employer-provided, is personal use permitted? YES NO

Do you have evidence to support deductions? YES NO

If yes, is evidence in writing? YES NO

Actual expenses (oil, insurance, etc.) \$ _____

Repairs, gas \$ _____

Lease payments \$ _____

Parking \$ _____

Other: _____ \$ _____

Travel Away From Home Expenses

Airfare, train, bus, auto rental,taxis \$ _____

Lodging \$ _____ Number of days away from home _____

Meals \$ _____

Other Business Expenses

Meals and entertainment \$ _____

Office supplies \$ _____

Did you receive reimbursement from your employer? YES NO

Were these reimbursements included on your W-2? YES NO

Medical Insurance

If any insurance through Marketplace, please attach any 1095-A's

If any insurance through private insurance, please attach any 1095-B's or 1099-C's

		Taxpayer	Spouse	Children
Employer Provided - for Self & Family	<input type="checkbox"/> Entire year, or # of months:	_____	_____	_____
Private Insurance - for Self & Family	<input type="checkbox"/> Entire year, or # of months:	_____	_____	_____
Health Ins. Marketplace - for Self & Family	<input type="checkbox"/> Entire year, or # of months:	_____	_____	_____
Medical insurance credits	\$ _____			

SCHEDULE C - PROFIT/LOSS FROM BUSINESS

Principle business or profession _____

Business name _____

Business address _____

Gros receipts	\$	Legal & professional fees	\$	Other (explain)	\$
Less returns	\$	Meals and entertainment	\$		\$
Other income	\$	Office expenses	\$		\$
Advertising	\$	Pension /profit share	\$		\$
Bank charges	\$	Rent	\$		\$
Internet (% of business use)	\$	() Repairs & maintenance	\$		\$
Dues & publications	\$	Supplies	\$		\$
Equipment	\$	Taxes & licenses	\$		\$
Furniture	\$	Cell Phone (% of business use)	\$	()	\$
Insurance	\$	Travel (not food)	\$		\$
Mortgage interest	\$	Utilities	\$		\$
Other interest	\$	Wages	\$		\$
Laundry / cleaning	\$	Outside services	\$		\$

Beginning inventory	\$
Purchases	\$
Cost of labor	\$
Materials and Supplies	\$
Other Costs	\$
Ending inventory	\$

Did you make any payments in 2017 for \$600 or more to any one individual? YES NO

If yes, did you or will you file all Forms 1099? YES NO

Automobile Expenses

Make / Model _____ / _____

Date placed in service _____

Cost / Basis \$ _____

Total miles driven _____

Total business miles _____

Personal miles _____

Do you have evidence to support deductions? YES NO

If yes, is evidence in writing? YES NO

Actual expenses (oil, insurance, etc.) \$ _____

Lease payments \$ _____

Other: _____ \$ _____

HOME OFFICE EXPENSES

Cost of residence	\$ _____	Total square feet of home	_____
Cost of land	\$ _____	Office area square footage	_____
Expenses	\$ _____	Insurance	\$ _____
Mortgage interest	\$ _____	Capital improvement	\$ _____
Repairs and Maintenance	\$ _____	Rent	\$ _____
Property taxes	\$ _____	Other	\$ _____
Utilities	\$ _____		

SCHEDULE E - RENTAL INCOME & EXPENSES

Property A _____	Days rented _____	Days of personal use _____
Property B _____	Days rented _____	Days of personal use _____
Property C _____	Days rented _____	Days of personal use _____

	A	B	C
Rents received	\$ _____	\$ _____	\$ _____
Royalties received	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Auto & travel	\$ _____	\$ _____	\$ _____
Cleaning and maintenance	\$ _____	\$ _____	\$ _____
Commissions paid	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal / professional fees	\$ _____	\$ _____	\$ _____
Mortgage interest	\$ _____	\$ _____	\$ _____
Other interest	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages / Salaries	\$ _____	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____	\$ _____

Please attach all K-1s from partnerships, trusts, corporations, etc.

SCHEDULE F - FARM INCOME & EXPENSES

Principle product _____

Accounting method

CASH ACCRUAL

Did you make election in prior year to include commodity credit loan?

YES NO

Proceeds as income, that year?

YES NO

Did you materially participate in farm operation that year?

YES NO

Do you, or did you, elect to deduct certain pre-productive period expenses?

YES NO N/A

Sale of livestock and other items bought for resale

\$

Cost/basis of livestock and other items bought for resale

\$

Sales of livestock, produce, grains, etc. raised

\$

Total distributions from co-operatives

\$

Less non-income

\$

Commodity credit corporation loans under election

\$

Crop insurance proceeds received

\$

Amount deferred from prior year

\$

Other income (federal/state gas tax credit refund)

\$

Other: _____

\$

Breeding fees	\$	Pension profit shared	\$
Chemicals	\$	Rent of farm, pasture	\$
Conservation expense	\$	Repairs, maintenance	\$
Custom hire (machine)	\$	Seeds, plants purchased	\$
Depreciation	\$	Storage and warehousing	\$
Employee benefits	\$	Supplies	\$
Feed purchased	\$	Taxes	\$
Fertilizers, lime, etc.	\$	Telephone	\$
Freight, trucking, etc.	\$	Utilities	\$
Gas, fuel, oil	\$	Vet fees, medicine	\$
Insurance	\$	Other expenses:	\$
Mortgage interest	\$		\$
Other interest	\$		\$
Labor hired	\$		\$
Jobs credit	\$		\$

Did you make any payments in 2017 for \$600 or more to any one individual?

YES NO

If yes, did you or will you file all Forms 1099?

YES NO

Sale of Personal Residence

Please provide income tax return from last home sold,
your escrow papers from the purchase and sale of old home,
and your escrow papers for the purchase of your new home.

We would be glad to provide you with a home improvement log to help you remember any pertinent improvements made to your home.

Old Home

Date bought	_____	Purchase price	\$ _____
Improvements	\$ _____	Acquisition costs	\$ _____
Fixing up expenses	\$ _____	Previous deferred gain	\$ _____
Date sold	_____	Sales price	\$ _____
Selling expenses	\$ _____	Business depreciation	\$ _____

Is any part of the residence rented or used for business? YES NO

Was this home your principal place of residence for 2 of the last 5 years? YES NO

Did you ever claim energy credits on this residence? YES NO

New Home

Date purchased	_____	Purchase price	\$ _____
Date occupied	_____	Acquisition costs	\$ _____

Installment Sale Contracts

Property description	_____		
Contract price	\$ _____		
Amount received in 2017	\$ _____	Principal	\$ _____
Interest	\$ _____		
Prior principal received	\$ _____		

NOTES: _____

TO THE BEST OF MY KNOWLEDGE, THE ENCLOSED INFORMATION IS CORRECT AND INCLUDES ALL INCOME DEDUCTIONS AND OTHER INFORMATION NECESSARY FOR THE PREPARATION OF MY INCOME TAX RETURNS. I HAVE ADEQUATE RECORDS THAT CAN BE SUBSTANTIATED TO THE INTERNAL REVENUE SERVICE AND THE STATE'S DEPARTMENT OF REVENUE.

Signature _____ Date: _____

Your appointment is scheduled for...
Date: _____ Time: _____
If you are unable to keep your appointment please call us to reschedule. Thank you!
(503) 626-6638