



# 2017 Tax Info Organizer (for 2016 Tax Returns)

Return your organizer to: **Ministry Consulting Group**; 107 W Main St; Fulton OH 43321-9702

Phone: 614.743.2106 Fax: 614.340.7909 Email: [info@ministryconsulting.net](mailto:info@ministryconsulting.net)

**Due to changes in the requirements imposed on professional tax preparers we cannot prepare your return if this certification is not signed. Joint returns require both signatures.**

## Certification

I acknowledge each of the following:

- 'I', 'me', 'my' herein refers to me and also includes my spouse if I am married, regardless if we file a joint return or separate returns.
- It is my responsibility to provide all necessary information related to income and deductions for tax year 2016, and to respond to MCG's inquiries in a timely manner so that MCG can accurately complete my returns prior to their due dates.
- I must send to MCG legible copies of all pertinent tax documents. I will retain the original documents for my files; I acknowledge that MCG will not return any documents other than my completed tax returns unless MCG has agreed in advance to do so.
- I must use MCG's secure web portal or other secure means to transmit documents containing sensitive, user-identifiable information; I will contact MCG if I need log on credentials for the web portal.
- I am responsible for maintaining appropriate records, such as official tax documents, receipts and substantiation for deductions, and purchase and sales information for assets. I understand that I must retain these materials for a minimum of four years.
- It is my responsibility to review my returns before they are filed to ensure that all income has been correctly reported and that I have appropriate substantiation for all deductions and credits claimed. Filing my returns by the due dates is my responsibility.
- If it becomes necessary due to an error or omission on my part to revise my return(s) after they are delivered to me a revised invoice will be issued to include a revision fee of not less than \$25 plus the cost of any additional schedules and forms.
- If my returns are later selected for review or audit by a taxing authority, MCG will assist or represent me at an additional fee if I so desire.

I certify that, to the best of my knowledge and belief, the information provided in this *Tax Info Organizer* is accurate and complete and may be relied upon for the purpose of preparing my income tax return(s) for tax year 2016 and that no material data or information has been omitted.

I further certify and agree that if my name is typed below such typed signature shall serve as my attesting signature and shall be as valid as my handwritten signature.

Please note: if you are preparing this *Tax Info Organizer* on your computer, you are permitted to type your 'signature(s)'.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Privacy Notice

At Ministry Consulting Group LLC, we have always protected your right to privacy. Like all providers of personal financial services, we are required by law to inform our clients of our policies regarding privacy of client information.

### Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that you provide to us or that you authorize us to obtain.

### Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties but only to the extent that they need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services we provide to enable us to better assist you with your professional needs and, in some cases, to comply with legal requirements or professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

**To use this Tax Info Organizer just respond to the statement or question in the left column.**

If it is a *statement* that begins 'Tell us . . .' complete all the parts of that section that apply to you (and your spouse, if filing a joint return).

If it is a *question* that begins 'Did you . . .' and your response is 'no', click on the 'no' box and skip to next section.

If your response is 'yes', click the 'yes' box and complete the parts of that section that apply to you. It's that easy! Be sure to save frequently.

T = Taxpayer S = Spouse

Items you need to send to us are highlighted in this orange color

Completing this questionnaire using anything other than Microsoft Word® often results in a loss of formatting and/or data integrity.

IF MCG prepared your returns last year and the data is the same as last year you may check the 'same' box and omit answering questions in green fields

**Tell us how you will send your additional tax forms (W2s, 1099s, etc)**

Please do NOT send sensitive info via email.

Remember, in order to keep our prep fees to a minimum we do not return any documents other than your complete tax returns.

**Please keep a copy of all forms and other documents you send to us.**

Indicate how you will send your additional tax information (W2s, 1099s, etc)—you can also send this Tax Organizer via these options:

- (MCG's strong preference) By uploading to MCG's secure web portal; contact us if you do not yet have a web portal account  
<https://mcgtax.securefilepro.com/portal/login.aspx> Your user name is your email address; if you forgot the password you set up, click the lost password link. If you do not already have a portal account just use the Guest File Transfer option.  
 By mail to MCG; 107 W Main St; Fulton OH 43321-9702  By fax to 614-340-7909

**Tell us about your personal information**

**Complete all fields in this section**

	Taxpayer (T)		Spouse (S)	
Name (First MI Last)				
Social Security Number				
Driver's License/State ID Number	State	Number	State	Number
Issue Date/Expiration Date	Issue	Expiration	Issue	Expiration
Date of birth/age as of 12/31/2016	DOB:	Age:	DOB:	Age:
Date of death (if after 1/1/2016)				
At date of death deceased had	<input type="checkbox"/> IRA <input type="checkbox"/> 401k/403b <input type="checkbox"/> HSA/MSA		<input type="checkbox"/> IRA <input type="checkbox"/> 401k/403b <input type="checkbox"/> HSA/MSA	
Name of personal representative				
Personal rep's address				
Personal representative's SSN				
Occupation				
Best phone				
E-mail address				
Claimed as a dependent on someone else's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Donate to fed/state campaign fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien		<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien	
Address	Street		City/State/Zip	
Residence info:	County		School distr (name or number)	
Did you move after Jan 1, 2016?	<input type="checkbox"/> No <input type="checkbox"/> Yes—date of move		Old address	
As of 12/31/2016 Taxpayer was:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed as of		<input type="checkbox"/> Divorced as of	

**Tell us which tax returns you want us to prepare.**

Tell us which returns you want us to prepare	<input type="checkbox"/> Federal <input type="checkbox"/> State of <input type="checkbox"/> School District <input type="checkbox"/> City
Are you aware of any change for any of the last three tax years that might require filing an amended return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During 2016 were you a clergy person and employed in a clergy capacity for which you were compensated?	<input type="checkbox"/> Yes—you must complete the entire clergy worksheet later in this Organizer. <input type="checkbox"/> No
Married taxpayers only—which type of tax return do you wish to file:	<input type="checkbox"/> We wish to file <b>either jointly or separate</b> , whichever is best <input type="checkbox"/> We wish to file a <b>joint</b> return even if filing separately would be better. <input type="checkbox"/> We wish to file a <b>separate</b> return even if filing a joint return would be better (MCG still needs your spouse's name and social security number above)

**Tell us about your 2015 tax return?**

- It was prepared by MCG  
 It was not prepared by MCG—send a copy of pages 1 and 2 of Form 1040 and (if applicable) these Schedules/Forms: C, E, F, 4562, 4835, and 6251. If you experienced a Net Operating Loss or had other carry over amounts, please send pertinent details.  
 I was required to file but have not done so . . .  I need MCG's help in preparing it  
 I was not required to file a tax return for 2015 because

<p><b>Did you have any dependents during 2016? Note—your spouse is <i>not</i> a dependent.</b></p> <p>(all fields in this section must be completed for each dependent. You certify that the person named resided in your home for the number of months indicated and that you provided more than 50% of his/her living expenses and that to the best of your knowledge and believe you are eligible to claim him/her as a dependent).</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	<p><b>Dependent's name</b> (do not include spouse)</p>	<b>Dep #1</b>	<b>Dep #2</b>	<b>Dep #3</b>	<b>Dep #4</b>	<b>Dep #5</b>	
	First name						
	Last name						
	SSN						
	Relationship to you						
	# months resided in your home						
	Date of birth						
	Age as of 12/31/2016						
	If 19 or older: was a full-time college student at least 5 months during 2016?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Claimed on another return?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Was EIC or Child Credit previously disallowed/reduced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Qualifying child care exp.						
	Permanently disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<p>Due to new IRS rules for those who qualify to receive the Earned Income Credit or the Child Tax Credit or the American Opportunity Credit, you are now <b>required to send documentation proving the child(ren)'s residency</b>. The document must show the child's name and address. One or more of those documents MUST be received by MCG before we can transmit your e-file to the IRS. Using the codes below indicate which document(s) you are sending.</p>						
	Proof of residency document						
	<p>A. School records/statement    B. Landlord statement    C. Healthcare provider statement    D. Medical records E. Childcare provider statement    F. Social services statement    G. Church statement    H.</p>						
<p><b>Tell us some additional information about your tax situation</b></p>	<p>If you answer 'yes' provide complete details. All questions refer to you <u>and</u> your spouse (if married).</p>					<b>Yes</b>	
	1. We generally deliver your tax return(s) via our secure web portal (please be sure to provide a valid e-mail address on page 2 so we can send portal log in information). Check here if you want a paper copy mailed to you for a \$15 S&H charge.					<input type="checkbox"/>	
	2. Did you buy or sell or refinance a house during 2016? <b>Send copies that we can keep</b> (i.e., they will not be returned) of pages 1 & 2 (only) of the Form HUD-1 closing papers from both the purchase <b>and</b> sale of your old home <b>and</b> from the purchase or refi of your new home.					<input type="checkbox"/>	
	<p>If you sold a house:    Date purchased    Price    Date sold    Price</p> <p>Did you live in this house at least 2 full years out of the previous 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
	3. Did you have a bank account or have signature authority in a bank account in a foreign country that had an account balance of \$10,000 or more at any time during 2016 (not just at year end)?					<input type="checkbox"/>	
	4. Other than a private residence, did you have foreign assets with a total value of \$200,00 or more during 2016?					<input type="checkbox"/>	
	5. Did you sell a home for which you took a first-time home buyer's credit or long-time homeowner's credit in 2008 or later?					<input type="checkbox"/>	
	6. Since filing your last tax return have you received from any tax authority correspondence we don't already know about?					<input type="checkbox"/>	
	7. Did your marital status and/or social security number change since your last tax return was filed? (provide old <u>and</u> new info)					<input type="checkbox"/>	
	8. Did you provide more than half of the support during 2016 for any person not listed as a dependent on page 2?					<input type="checkbox"/>	
	9. Did you own any stocks or other securities or hold any debts (owed to you) that became worthless during 2016?					<input type="checkbox"/>	
	10. Did you <u>cancel</u> any debts owed to you or were any debts you owed <u>cancelled</u> during 2016? (This does <u>not</u> include debts you paid off or debts discharged due to bankruptcy or insolvency)					<input type="checkbox"/>	
	11. Did you receive a National Mortgage Settlement payment in 2016 due to a foreclosure that occurred 2008-2011?					<input type="checkbox"/>	
	12. Did you give any person or married couple one or more gifts totaling more than \$14,000 during 2016? If 'yes' and you have ever filed Form 709 (Gift Tax) please <b>send a copy of the most recently filed Form 709</b> .					<input type="checkbox"/>	
	13. Did you receive income from an installment sale during 2016? (If yes, provide complete details)					<input type="checkbox"/>	
	14. Did you surrender any US savings bonds during 2016? If yes, how much of it was used to pay tuition:					<input type="checkbox"/>	
	15. Were you reimbursed for business expenses for which you did <u>not</u> account to your employer during 2016?					<input type="checkbox"/>	
	16. Did you personally have use of your employer's property (e.g., a vehicle, computer, etc.) that was <u>not</u> reported on your W2?					<input type="checkbox"/>	
	17. Did any of your dependents under age 14 have <i>unearned</i> income (e.g., interest, dividends) greater than \$2,100?					<input type="checkbox"/>	
	18. Did you suffer casualty, theft or condemnation losses exceeding \$100 during 2016?					<input type="checkbox"/>	
19. Amount of internet purchases during 2016 on which you did NOT pay sales tax (many states—including Ohio—require payment of 'use tax' on these purchases)					<input type="checkbox"/> None \$		
<b>Employer's name</b> (send one copy of Copy B of each Form W-2)			<b>T</b>	<b>S</b>	<b>Multiple pages?</b> (see note at left)	<b>Is this a Clergy W2?</b>	

<b>Did you receive wage or salary income reported on Form W2?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes → You should receive multiple copies of Forms W-2. We need only <u>one</u> copy (preferably Copy B). However, you <i>might</i> receive multiple <i>pages</i> of Form W-2 to be able to record income tax withholding from more than two cities. <b>If that is the case, we need one copy of each page.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did you receive taxable interest income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	How many Forms 1099-INT did you receive? → (Send one copy of each Form 1099-INT) note: credit union <i>dividends</i> are actually interest	T S Joint	How much taxable interest did you receive that was NOT reported of Form 1099-INT?		
<b>Did you receive tax-exempt interest income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	How many Forms 1099-INT did you receive? → (Send one copy of each Form 1099-INT) note: credit union ' <i>dividends</i> ' are actually interest	T S Joint	How much tax-exempt interest did you receive that was NOT reported of Form 1099-INT?		
<b>Did you receive dividend income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	How many Forms 1099-DIV did you receive? → (Send one copy of each Form 1099-DIV) note: credit union ' <i>dividends</i> ' are actually interest	T S Joint	How much dividend income did you receive that was NOT reported of Form 1099-DIV?		
<b>Did you receive a state, school district or city tax refund for any prior year?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Did your federal tax return for that year include itemized deductions on Schedule A? <input type="checkbox"/> No ← <input type="checkbox"/> Yes →	State income tax refund School district inc tax refund City income tax refund (Send one copy of each Form 1099-G)			
<b>Did you sell stocks, shares or other securities?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	How many Forms 1099-B did you receive? → (Send one copy of each Form 1099-B; you must also send a statement that shows ALL of the following for EACH sale: purchase date, purchase price, sales date, sales price)	T S Joint	Did you sell any stocks or other securities for which you did NOT receive Form 1099-B? <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Did you receive unemployment income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	How many unemployment Forms 1099-G did you receive? (Send one copy of each Form 1099-G)	T S	Did you receive any other unemployment income for which you did not receive Form 1099-G? <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Did you receive retirement income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →  Please indicate if the distribution was due to a disability or if the distribution was from a qualifying clergy plan that was designated as clergy housing allowance.	<b>Issuer of Form 1099-R (Send one copy of each Form 1099-R)</b>	T	S	Disability?	Clergy Housing Allowance?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List here name of Form 1099-R issuer(s) from whom you received distributions in 2015 but <i>not</i> in 2016					
Check here if you received other retirement income for which you did not receive Form 1099-R		T	<input type="checkbox"/>	S	<input type="checkbox"/>
If you received a distribution before age 59 ½ and you qualify for a penalty exception, check here and provide an explanation in the 'Explanations' section later in this Organizer		T	<input type="checkbox"/>	S	<input type="checkbox"/>
<b>Did you receive social security income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	(Send one copy of each Form SSA-1099)	Taxpayer amount in box 5 Spouse amount in box 5		<input type="checkbox"/> Check if this is for disability payments <input type="checkbox"/> Check if this is for disability payments	

<b>Did you have any of these types of income?</b> If yes, send one copy of each tax document associated with income type <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	<b>Type of income</b>	<b>Amount</b>	<b>Additional types of income</b>	<b>Amount</b>
	Jury duty		Lawsuit settlement (other than personal injury)	
	Jury duty pay you gave to your employer		Alimony received from:	
	Lottery/gambling winnings		Sold anything at a profit—check here & provide details	<input type="checkbox"/>
	Lottery/gambling losses		Farm/farm rental—check here & provide details	<input type="checkbox"/>
	Debt forgiven (send Form 1099-C)		Health insurance rebate	
	<input type="checkbox"/> T <input type="checkbox"/> S S-Corp, Partnership, LLC or trust (send Schedule K-1) Schedule K-1 issuer's name:			

<b>Did you receive self-employment income?</b> Send one copy of each Form 1099-MISC and 1099-K Note—some business types may require filing a separate tax return.  <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →		<b>Business #1</b>		<b>Business #2</b>		
	Biz type	<input type="checkbox"/> Sole proprietor owned by <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC— owned by <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC— owned by multiple owners (send a list of owners including name, address, SSN, ownership %, and required payments) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation	<input type="checkbox"/> Sole proprietor owned by <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC— owned by <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC— owned by multiple owners (send a list of owners including name, address, SSN, ownership %, and required payments) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation			
	Business name					
	Address (if other than home address)					
	Nature of business					
	Federal ID# (if other than your SSN)					
	Accounting method	<input type="checkbox"/> Accrual <input type="checkbox"/> Cash	<input type="checkbox"/> Accrual <input type="checkbox"/> Cash			
	Did you materially participate in this biz?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	In what year did you start this business?					
	Did you issue Form 1099 to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	To prove to the IRS this biz is legitimate do you have any of these:	<input type="checkbox"/> Separate bank acct <input type="checkbox"/> Biz cards <input type="checkbox"/> Biz stationary <input type="checkbox"/> Biz license <input type="checkbox"/> Ads/marketing <input type="checkbox"/> Sales tax returns	<input type="checkbox"/> Separate bank acct <input type="checkbox"/> Biz cards <input type="checkbox"/> Biz stationary <input type="checkbox"/> Biz license <input type="checkbox"/> Ads/marketing <input type="checkbox"/> Sales tax returns			
	To prove to the IRS this biz is legitimate do you keep any of these:	<input type="checkbox"/> Accounting records <input type="checkbox"/> Paid invoices <input type="checkbox"/> Biz log books <input type="checkbox"/> Paid receipts <input type="checkbox"/> Biz ledgers <input type="checkbox"/> Biz bank statements	<input type="checkbox"/> Accounting records <input type="checkbox"/> Paid invoices <input type="checkbox"/> Biz log books <input type="checkbox"/> Paid receipts <input type="checkbox"/> Biz ledgers <input type="checkbox"/> Biz bank statements			
	Did the biz have any interest in a foreign bank acct any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Biz use? Check & complete biz use below	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office			
	Were any depreciable items sold or purchased during this tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes—provide complete details (do not include depreciable purchases below)					
	<b>Record only biz-related amounts</b>	<b>Biz #1</b>	<b>Biz #2</b>	<b>Record only biz-related amounts</b>	<b>Biz #1</b>	<b>Biz #2</b>
	# of Forms 1099-MISC received			Other business interest expense		
	# of Forms 1099-K received			Legal/professional services		
	Total on Forms 1099 MISC & 1099-K			Pension & profit sharing expense		
	Other income NOT on Form 1099			Office costs		
	Returns & allowances			<i>Includes dues, fees, subscriptions, bank fees, postage, phone, printing, internet service, computer software, office supplies, etc</i>		
	Other business income			Vehicle or equip lease expense		
	Biz bad debts (accrual only)			Other biz rent or lease expense		
Beginning inventory value			Repairs & maintenance expense			
Inventory purchases			Supplies expense			
Labor to produce inventory			Taxes and licenses expense			
Inventory materials & supplies			Out-of-town travel expense			
Ending inventory value			Business meals expense			
Ending inventory is valued at cost	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Business property utilities expense			
Advertising expense			Req'd payments to S Corp members			
Commissions expense			Req'd payments to LLC members			
Contract labor expense						
Employee benefits						
Biz insurance (other than health)						
Biz mortgage interest expense						

<p><b>Did you receive income from rental property?</b></p> <p>Send one copy of each Form 1099-MISC and 1099-K</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>		<b>Property #1</b>		<b>Property #2</b>		
	Organized as an LLC or partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street address					
	City State Zip					
	Owned by	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint		<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint		
	Month/year first used as a rental property	Mo	Year	Mo	Year	
	Did you actively participate in managing this rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Did you issue Form 1099 to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	# days rented during tax year/# days used by you/family member	/		/		
	Original cost plus cost of major improvements					
	Value of land in the amount on the previous line					
	No rental income was received for this property	<input type="checkbox"/>		<input type="checkbox"/>		
	Rental income reported on Form 1099-MISC					
	Rental income not reported on Form 1099-MISC					
	Old deposits and fees converted to rent income					
	Advertising expense					
	Cleaning & maintenance expense					
	Insurance					
	Management expense					
	Mortgage interest expense					
	Repairs expense					
	Real estate tax expense					
	Utilities expense					
	Improvements					
	Other:					
Other:						
Rental biz use of personal vehicle or home office: check here & complete biz use below	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office		<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Office			
If MCG did not prepare your 2015 tax return you MUST send a copy of the 2015 depreciation schedule(s).						
Were any depreciable items sold or purchased during this tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes--provide complete details						
<p><b>Did you have unreimbursed business use of a personal vehicle?</b></p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	Complete ALL questions below					
	Do you have <u>written</u> records to prove biz use? <input type="checkbox"/> Y <input type="checkbox"/> N			Is another vehicle available for personal use? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Vehicle: Year & make	Vehicle #1		Vehicle #2		Vehicle #3
	Orig cost/1 <sup>st</sup> biz use date	Cost	1 <sup>st</sup> use	Cost	1 <sup>st</sup> use	Cost 1 <sup>st</sup> use
	Total annual mileage					
	Commuting	Round trip	Annual	Round trip	Annual	Round trip Annual
	Please indicate biz miles	T	S	T	S	T S
	Job related					
	Self-employment related					
	Rental income related					
	<p><b>Did you use a portion of your home for business purposes?</b></p> <p>If the same room is used for multiple biz's/rentals/job usages, it can be claimed for only one—hint: it's best to claim for Biz A or Biz B.</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	For some reason, most people claiming biz use of home leave half these responses blank. <b>If you claim biz use of home, you must complete ALL questions in this section</b>				
Check here to affirm that biz area was used <u>regularly</u> and <u>exclusively</u> for biz purpose <input type="checkbox"/>					Check first box or list all itemized expenses	
Original cost plus cost of improvements less value of the land					Check here if you want to use \$5/sq ft instead of itemizing expenses below. <input type="checkbox"/>	
Daycare only: # days during year daycare provided: # hours/day					Mortgage interest	
		T Job	S Job	Biz A	Biz B	Rental
Required by employer?		<input type="checkbox"/>	<input type="checkbox"/>			
Date 1 <sup>st</sup> used for biz						
# of months of biz use						
Sq ft whole house			← Enter	← Enter	← Enter	← Enter
Sq ft biz use area						
# rooms whole house			← Enter	← Enter	← Enter	← Enter
# of biz use rooms						
						Real estate taxes
					Homeowner's insurance	
					Rent	
					General repairs	
					Biz area repairs	
					Utilities	
					General improvements	
					Biz area improvements	
					Other	

<b>Did you contribute to or receive benefits from a Health Savings Account (HSA)? Do NOT include FSA or HRA amounts.</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Did you or your employer contribute to an HRA or FSA during the time you or your employer also contributed to your HSA? <input type="checkbox"/> No <input type="checkbox"/> Yes					
	Did your eligibility to participate in an HSA begin or end during the tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes, began on _____ <input type="checkbox"/> Yes, ended on _____					
	Amount <u>you</u> (not your employer) deposited directly into your HSA account (send a copy of Form 1099-SA)	T	S			
	Amount <u>your employer</u> withheld from your payroll & deposited into your HSA account	T	S			
	Amount <u>your employer</u> contributed to your HSA account	T	S			
	HSA distributions reported on Form 1099-SA (send a copy of Form 1099-SA)	T	S			
	Qualifying health care expenses paid with funds from HSA distributions	T	S			
<b>Did you have any of these adjustments to income?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Qualifying educator expenses (elementary and secondary teachers only)		T	S		
	Reservist, performing artist or gov't official allowable biz expense		T	S		
	Qualifying moving expenses Include unreimbursed costs of transporting/storing household goods and one-time travel costs (including lodging/meals). Do not include costs of buying/selling home, home improvements, pre-move house-hunting, security deposits. Distance from <i>old</i> address to <i>old</i> workplace _____ miles. Distance from <i>old</i> address to <i>new</i> workplace _____ miles					
	Amount contributed to a: <input type="checkbox"/> Keogh <input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE plan		T	S		
	Self-employed persons only: health insurance premiums		T	S		
	Penalty on early withdrawal of savings		T	S		
	Alimony paid (do not include child support). Recipient's SSN:		T	S		
	Amount contributed to a traditional (not Roth) IRA for 2016		T	S		
	Student loan interest		T	S		
	Domestic production activities deduction		T	S		
	<b>Did you purchase any qualifying residential energy efficiency improvements?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Description		Date	Amount	
Description		Date	Amount			
Residential energy efficiency credit(s) previously claimed:						
Year		Amount	Type of credit			
Year	Amount	Type of credit				
<b>Did you have out-of-pocket college tuition expenses?</b> You MUST send a copy of each Form 1098-T to be able to claim college tuition expenses. <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	<b>Student's name</b>	<b>Name of School</b>	<b>School's Federal ID Number</b>	<b>Amount of out-of-pocket expenses; see note below *</b>	<b># years this student previously claimed the American Opportunity Credit</b>	
* Include tuition, fees, books, supplies & equipment required to be paid directly to the institution; do not include costs paid to others, lodging or food.						
Did you receive Form 1099-Q? <input type="checkbox"/> No <input type="checkbox"/> Yes; send a copy of each Form 1099-Q → Did you either use 100% of the proceeds for allowable education expenses or re-deposit the entire amount in another qualifying Section 529 or 530 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Did you have child care expense to enable you (both, if married) to work?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	<b>Child Care Provider #1</b>			<b>Child Care Provider #2</b>		
	Amount paid	Provider's tax ID number		Amount paid	Provider's tax ID number	
	Provider's name			Provider's name		
	Provider's address			Provider's address		
	Name of child(ren) cared for			Name of child(ren) cared for		
<b>Did you receive benefits from a long-term care policy?</b> <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	<b>Taxpayer</b>			<b>Spouse</b>		
	Send a copy of each Form 1099-LTC received.					
	Was the LTC policy a 'tax-qualified' policy? <input type="checkbox"/> Y <input type="checkbox"/> N			Was the LTC policy a 'tax-qualified' policy? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Was the insured a terminally ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N			Was the insured a terminally ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Was the insured a chronically ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N			Was the insured a chronically ill individual? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Number of days of long term care			Number of days of long term care		
Cost for long term care			Cost for long term care			

Did you have any of these itemized deductions?

No ↓  Yes →

Amount you paid out-of-pocket for health/dental/vision insurance premiums (do not include amounts paid by your employer or amounts reported on Forms SSA1099 or 1099R; do not include amounts claimed as premiums paid while self-employed).		
Miles driven for medically necessary treatment:		
Parking fees, tolls necessary to receive medical care		
Amount paid out-of-pocket for medical care: doctors, hospitals, dentists, hospitals, nursing homes, physical therapists, clinics, prescriptions and medical aids (hearing aids, crutches, glasses, etc.) Do not include amounts paid by insurance companies or reimbursed from a qualified health benefit plan such as an HSA, HRA or FSA.		
Amounts paid for long term health care insurance premiums—	T	S
Amount of health care cost reimbursements received during 2016 for expenses that were deducted on a prior year tax return		
Payment of state, school district or city (not federal) income tax balances due (for 2015 or prior years)		
Real estate taxes paid in 2016 (personal residence(s) only; do not include business, rental or investment properties)		
Personal property taxes paid in 2016 (do not include real estate taxes)		
Other taxes paid in 2016: describe:		
Home mortgage interest reported to you on Form 1098 (please send a copy of the Form(s) 1098)		
Home mortgage interest not reported on Form 1098: Payee's name: Payee's tax ID #                      Address		
Points paid for purchase or refinancing of home not reported on Form 1098		
Investment interest expense—investment income related to this interest expense \$		
Donations to charitable organizations by cash or check: Do you have receipts or statements that meet IRS standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount transferred directly from an IRA to a charitable organization		
Donations to a charity-sponsored donor advised funds by cash or check (please send a copy of donor statements received from charitable organizations so we can ensure they meet IRS requirements)		
Miles driven related to charitable work (you must have—but do not send—a log of these miles)		
Non-cash donations. If the non-cash donations listed below total more than \$500 you must list on a separate sheet for each item (or group of similar items) the donee's name and address, a description of item(s), date of donation, your cost or other basis in the items donated, the fair market value as of the donation date, the method used to determine the value, and how and when you acquired the item(s). We cannot record a deduction if all of this information is not provided to us.		
Lesser of basis or FMV of airplanes, boats, vehicles donated to charities (send a copy of Form 1098-C from the charity)		
Lesser of basis or FMV of clothing & household good donated to charities (all items must be in good condition or better)		
Lesser of basis or FMV of other non-cash donations		
Unreimbursed business meals and business entertainment related to your job (not to self-employment)	T	S
Check if you had unreimbursed job-related mileage; complete the Business Use of Vehicle above	T <input type="checkbox"/>	S <input type="checkbox"/>
Check if you had office in your home expenses; complete Biz Use of Home above	T <input type="checkbox"/>	S <input type="checkbox"/>
Other unreimbursed job related expenses—itemize in the additional info section below	T	S
Special work clothing, tools or equipment not suitable for everyday personal use	T	S
Union dues		
Job hunting costs		
Job related education (initial training to qualify you for a job is not deductible; subsequent training is)		
Safe deposit box fee		
Tax preparation fee		
Fees paid to appraise the value of property donated to a charity		
Fees paid to a professional firm to manage your investments (do not include commissions paid on a per-transaction basis)		
Other miscellaneous expenses:		
Expenses paid to adopt a minor child or qualifying adult ( <input type="checkbox"/> check here if the adoptee is a qualifying special needs person)		

Did you have other income/ deductions/ credits not already recorded?

No ↓  Yes →

Description	T	S



**Tell us about your health insurance coverage**

**Terminology:**

**Health insurance** refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.

**The Marketplace** refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.

**Tax family** refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

**Health Care Questions** *If you received Form 1095-A, 1095-B or 1095-C send one copy*

1. For each member of your tax family, enter the applicable code (see codes at right) that describes the type of insurance (if any) that person had for each month.
- a. Employer sponsored coverage
  - b. Government sponsored plan such as Medicare/Medicaid (not Marketplace coverage)
  - c. Individual policy *not* purchased through the Marketplace—including ‘grandfathered plans’
  - d. Individual plan purchased through the Marketplace
  - e. None of the above—requires additional responses to question 8 below.

Name	Entire Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer													
Spouse													

*Skip the remainder of this page if your response in question 1 for all tax family members was code a or b or c for at least nine months.*

Questions 2-7: if you answer ‘yes’ provide complete details.	Yes	No
2. Did you or any member of your tax family receive a premium subsidy for health insurance purchased through the Marketplace? If yes, go to question 3; if no, skip to question 7.	<input type="checkbox"/>	<input type="checkbox"/>
3. During any month in which you received a premium subsidy, did you or any member of your tax family qualify for health insurance through an employer or through a government sponsored plan such as Medicaid, TRICARE, or the Children’s Health Insurance Program (CHIP)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a Form 1095-A for each member of your tax family for the months in which code d was entered in question 3? If yes, <b>send a copy of each Form 1095-A</b> (we cannot complete your return without Form 1095-A) and go to question 5; if no, contact the Marketplace to obtain a copy of Form 1095-A	<input type="checkbox"/>	<input type="checkbox"/>
5. Is another taxpayer able to claim as a dependent someone who is covered on your insurance policy? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get married during 2016? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
7. Did any of the following occur during 2016 that you have not already informed the Marketplace about: your address changed; a new family member was added to your tax family; the number of exemptions you can claim changed from what you informed the Marketplace when you enrolled. (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>

8. For each tax family member for whom code e was entered in 1 above, enter the applicable code for each month that describes why that person did not have insurance for that month.
- If Codes f – k apply we are required to prepare Form 8965 to include in your tax return.
- If Code l applies we are required to calculate the penalty for not having health insurance mandated by the Affordable Care Act.
- f. Cost of premium was too expensive (you must provide us the cost of the least expensive plan (LEP in the chart below) you could find in the Marketplace for each affected person)
  - g. Person was outside the US for at least 330 full days during 2016 OR was a bona fide resident of a foreign county or US territory during 2016 OR was not a US citizen or US national and was lawfully present in the US during 2016
  - h. Your income was below the filing requirement for 2016
  - i. Person was: a member of a health care sharing ministry, a member of an Indian tribe, incarcerated, or a member of a qualifying religious sect opposed to accepting any insurance benefits. You must provide a copy of the Exemption Certificate Number (ECN) you received from the Marketplace. If you do not have an ECN you must obtain one before your tax return can be filed.
  - j. Person experienced a qualifying hardship such was eviction, foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, etc. You must provide a copy of the Exemption Certificate Number (ECN) you received from the Marketplace. If you do not have an ECN you must obtain one before your tax return can be filed.
  - k. Other allowable circumstances—please describe in details. You *might* be required to provide a copy of the Exemption Certificate Number (ECN) you received from the Marketplace. If so, you must obtain one before your tax return can be filed.
  - l. Person does not have a qualifying reason for not having health insurance.

Name	Entire Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	LEP
Taxpayer														
Spouse														

<p><b>Did you receive income as an ordained, licensed or commissioned clergy person during 2016?</b></p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	Are you ordained, licensed or commissioned by an IRS-recognized church or tax-exempt religious organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Are you employed under the umbrella of the organization that issued your clergy credentials?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Do you have an IRS-approved Form 4361 exempting you from self-employment social security tax on clergy earnings?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Ministry honoraria (weddings, funerals, guest speaker, etc.) <u>not</u> reported on Form W2, 1099-MISC, or 1099-K									
	Ministry honoraria reported on Forms 1099-MISC or 1099-K (send a copy of each Form 1099-MISC and 1099-K)									
	Expenses directly associated with the clergy honoraria recorded on the previous two lines:									
	Type of expense	Amount	Type of expense	Amount						
	Type of expense	Amount	Type of expense	Amount						
	Type of expense	Amount	Type of expense	Amount						
	Describe your housing during 2016	<input type="checkbox"/> During 2016 I owned my home . . . . . approximate value on 12/31/2016								
		<input type="checkbox"/> During 2016 I lived in a home provided by my church. Add the annual rental value of the parsonage plus the cost of utilities and other housing-related costs paid directly by the church.								
		<input type="checkbox"/> During 2016 I lived in a home I rented (i.e., one <i>not</i> owned/paid for by the church)								
	Amount your employing church or ministry officially <u>designated</u> as your housing/parsonage allowance									
Amount your employing church or ministry <u>actually paid</u> you for housing/parsonage allowance Check here if this amount is included in Box 1 of your W-2 <input type="checkbox"/> (Note—it is <i>not</i> supposed to be included but some churches/ministries are not aware of that and incorrectly include it)										
Out-of-pocket housing-related expenses (on your primary residence only) actually paid during 2016										
The following are allowable expenses. If your housing allowance covered only a portion of the year—include expenses only for that portion of the year. <i>Mortgage payments, repairs, maintenance &amp; improvements, home equity loan payments (allowable only to the extent the proceeds were used for housing-related expenses), rent payments, cable/satellite TV, real estate taxes (if not included in your mortgage payment), utilities, furniture, homeowner's insurance (if not included in your mortgage payment, large appliances, renter's insurance premiums, trash service, security service, homeowner's association fees and assessments, internet service, telephone (base rate only), household cleaning supplies (floor wax, window cleaner), lawn service, window, wall and floor coverings, anything else directly related to providing a home.</i>										
<p><b>Did you make estimated tax payments for 2016 or apply a 2015 tax refund to your 2016 tax liability?</b></p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	<b>Do not include payments for balances due on tax returns</b>		<b>Federal</b>		<b>State</b>		<b>School District</b>		<b>City</b>	
	<b>Period</b>	<b>Due</b>	<b>Date paid</b>	<b>Amount</b>	<b>Date paid</b>	<b>Amount</b>	<b>Date paid</b>	<b>Amount</b>	<b>Date paid</b>	<b>Amount</b>
	2015 Refund applied to 2016			\$		\$		\$		\$
	2015 4 <sup>th</sup> Qtr	Jan '16				\$		\$		\$
	2016 1 <sup>st</sup> Qtr	Apr '16		\$		\$		\$		\$
	2016 2 <sup>nd</sup> Qtr	Jun '16		\$		\$		\$		\$
	2016 3 <sup>rd</sup> Qtr	Sep '16		\$		\$		\$		\$
	2016 4 <sup>th</sup> Qtr	Jan '17		\$		\$		\$		\$
<p><b>Tell us any additional information we need to know</b></p>	If you responding to a particular question/request please state it first and then provide your response.									
<p><b>Did you receive an IP PIN from the IRS?</b></p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	Most taxpayers have not yet been issued an <i>Identity Protection Personal Identification Number</i> (IP PIN). However, if the IRS issued an IP PIN to you your tax return cannot be filed without including it.							<p style="color: red;">My six digit IP PIN is</p> <p>Taxpayer</p> <p>Spouse</p>		

<b>Tell us how to handle your final results.</b>	<b>Please give us directions for both refunds and balances due</b>		<b>Federal</b>	<b>State</b>	<b>SkI Dist</b>	<b>City</b>	
	If I am due a <b>refund</b>	Direct deposit it into my bank account (complete #1 & 3-6 below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Have a paper check sent to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Apply it to my 2017 tax liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If I have a <b>balance due</b>	Send a voucher (payment coupon) so I /we can mail a paper check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Have it withdrawn it from my bank account (complete #2-6 below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If you have a balance due of less than \$50,000 on your federal return you <i>might</i> be eligible to set up an arrangement with the IRS to pay the balance over a period of up to 72 months. Please note—not only does the IRS charge a \$134 setup fee for doing this but they will also continue to charge interest until the balance is paid in full. Tell us the minimum balance due amount that would trigger you wanting us to prepare an installment arrangement request.					<input type="checkbox"/> do not prep	
	<b>Direct deposit/debit information:</b> Please note that some banks and credit unions will not accept a direct deposit from a joint return into an account in only one name						
			<b>Bank Account #1</b>	<b>Bank Account #2 (optional)</b>			
	1. % of refund be deposited to this account	<input type="checkbox"/> 100% or	% of refund and →	The remainder of the refund			
2. Withdrawal date for balance due	<input type="checkbox"/> due date		<input type="checkbox"/> due date				
	<input type="checkbox"/> other date:	/2017	<input type="checkbox"/> other date: /2017				
3. Bank name							
4. Nine digit bank routing number							
5. Bank account number							
6. Type of account	<input type="checkbox"/> checking <input type="checkbox"/> savings		<input type="checkbox"/> checking <input type="checkbox"/> savings				
<b>Ohio residents:</b> I wish to make the following donations on my Ohio income tax return:							
Military injury relief fund \$		Preservation of nature, rivers, endangered species \$		Wildlife conservation \$			

<b>Tell us how to plan for your 2017 taxes</b>	If your withholding is not adequate to cover at least 90% of your entire tax liability you might be required to make quarterly estimated tax payments. It is our policy to prepare quarterly payments if they appear to be required unless you instruct us otherwise.			Do not prep:		
	Check here if you do <b>NOT</b> want quarterly estimated tax schedules prepared even if they appear to be needed.			<input type="checkbox"/> Fed	<input type="checkbox"/> State	<input type="checkbox"/> City
	Check here if your marital status and/or the number of dependents you will be able to claim will change in 2017 and describe the change(s) here:			<input type="checkbox"/>		
	<b>Changes I expect in 2017:</b>		<b>About the same</b>	<b>More (amount)</b>	<b>Less (amount)</b>	
	Wage/interest/dividend/retirement income		<input type="checkbox"/>	\$	\$	
Self-employment &/or rental income		<input type="checkbox"/>	\$	\$		
Itemized deductions		<input type="checkbox"/>	\$	\$		
Changes in your income tax withholding you initiated independent of any increase/decrease in income		<input type="checkbox"/>	\$	\$		

**Carefully review your responses then send the Organizer and related documents to MCG.**

**Tax documents you are sending (check all that apply). Remember, we do not return any documents (other than your completed tax returns) so be sure to keep a copy of all forms and documents you send to us.**

**Unless a document is specifically requested in this organizer, please do not send it. Please note: we do NOT need copies of Form 5498 nor do we need bank/retirement account statements.** Superfluous documents (including envelopes whether opened or unopened) require us to take more time preparing your return resulting in higher fees:

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> Form(s) W2     | <input type="checkbox"/> Form(s) 1099-INT  | <input type="checkbox"/> Form(s) 1099-DIV | <input type="checkbox"/> Form(s) 1099-D             | <input type="checkbox"/> Form(s) 1099-R |
| <input type="checkbox"/> Form(s) 1099-C | <input type="checkbox"/> Form(s) 1099-MISC | <input type="checkbox"/> Form(s) SSA-1099 | <input type="checkbox"/> Form(s) 1098               | <input type="checkbox"/> Form(s) 1095-A |
| <input type="checkbox"/> Form(s) 1099-G | <input type="checkbox"/> Form(s) 1099-LTC  | <input type="checkbox"/> Form(s) 1099-Q   | <input type="checkbox"/> Securities sales statement | <input type="checkbox"/> Form(s) 1095-B |
| <input type="checkbox"/> Form(s) 1098-T | <input type="checkbox"/> Form(s) 1098-C    | <input type="checkbox"/> HUD-1            | <input type="checkbox"/> Donor statements           | <input type="checkbox"/> Form(s) 1095-C |
| <input type="checkbox"/> Schedule K-1   | <input type="checkbox"/> Form(s) 1099-SA   | <input type="checkbox"/>                  | <input type="checkbox"/>                            | <input type="checkbox"/>                |

Many events that occur during the year can affect your tax situation. In most situations, how a transaction is treated for tax purposes is firmly established at the time the transaction occurs. Negative tax effects can often be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event. Examples of events with significant tax implications include the following:

- |                              |                                 |              |                       |                      |
|------------------------------|---------------------------------|--------------|-----------------------|----------------------|
| ▪ Pension/IRA distributions  | ▪ Significant changes in income | ▪ Job change | ▪ Marriage            | ▪ Birth/adoption     |
| ▪ Attaining age 59 ½ or 70 ½ | ▪ IRS correspondence            | ▪ Retirement | ▪ Starting a business | ▪ Divorce/separation |

**Beware of Bogus 'IRS' E-mails and phone calls** — The IRS NEVER sends unsolicited e-mails about your taxes and never begins a correspondence with a taxpayer via e-mail or by phone—they will *always* correspond by regular mail first. If you get an unexpected e-mail or phone call that appears to be from the IRS, it is probably an attempt to steal your private information. Do not click on any links in the message and NEVER provide personal information or agree to make a payment. Rather, forward the e-mail to [phishing@irs.gov](mailto:phishing@irs.gov). If in doubt, contact us.