www.ats1040.net

Thank you for letting us assist in the preparation of your income tax returns. We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment.

1) If this is your **first year** with our firm, please bring a copy of your **prior year tax return** with you to your tax appointment.

2) Any **correspondence** received from the **IRS** or the **state** concerning your taxes.

3) **W-2 forms** from your employer or **1099-MISC forms** if you are self employed.

4) **Forms 1099** concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.

5) **Schedule K-1** from partnerships, S corporations, estates and/or trusts.

6) **Forms 1098** concerning mortgage interest, student loan interest, and tuition payments.

7) Statement from child care provider showing **provider name**, **address, social security/tax ID number** and **amounts paid**.

8) **Forms 1095-A, 1095-B, or 1095-C** relating to healthcare coverage.

9) If you have a **business**, are a **daycare provider**, have **rental property**, or have a **farm operation**, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.

10) The following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

	Taxpayer		Spouse
Name	______	Name	______
Social Security #	______	Social Security #	______
Date of Birth	______	Date of Birth	______
Occupation	______	Occupation	______
Home Phone	______	Cell Phone	______
Primary Email Address	______	Preferred Contact Method	______
Address	______		
City	______	State ______	Zip ______
Referred By	______		

Dependents:

Name	Social Security #	Date of Birth	Income	# of Months Child Lived With You During 2017

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2017 tax year.

______________________ Signature ______________ Date

______________________ Signature ______________ Date

150 St Andrews Ct • Suite 100
Mankato, MN 56001

Phone: (507) 387-6678
Fax: (507) 345-8521

Yes	No	General Information
____	____	Were there any changes to your filing status or number of dependents during 2017? If yes, provide details.
____	____	Did you receive any notices from the IRS or other state taxing agency during 2017? If yes, provide details.
____	____	Do you want to allow your preparer to be able to discuss your return with the IRS or MN Revenue should the need arise?
____	____	If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.
____	____	Would you like a PDF copy of your return instead of a paper copy? If yes you will receive $5 off your 2017 tax preparation fee. (Don't forget to bring in your ATS flash drive from last year, if applicable)
____	____	Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, enter the name of the foreign country. ___________
____	____	Did you make estimated tax payments for the 2017 tax year? If yes, complete the following:
		Federal: 4-18 ___________ 6-15 ___________ 9-15 ___________ 1-16 ___________
		State: 4-18 ___________ 6-15 ___________ 9-15 ___________ 1-16 ___________
____	____	Did you maintain health insurance coverage for yourself, your spouse, and your dependents for every month during 2017? Please attach all Forms 1095-A, 1095-B, and 1095-C for applicable family members.
____	____	Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.
		Income
____	____	Did you receive any type of prize, award, or gambling winnings during 2017? If yes, provide details.
____	____	Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2017? If yes, provide details.
____	____	Did you have any debt cancelled during 2017? If yes, provide details and Form 1099-C.
____	____	Were any employer stock options granted to you or did you exercise any stock options during 2017?
		Deductions
____	____	Are you a full-time K-12 teacher, counselor, or other school official who incurred at least $250 of out of pocket expense for books, supplies, or professional development courses?
____	____	Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, then provide the following:
		Miles Driven ___________ Hotel/Lodging ___________
		Meals or Nights Away ___________ Parking/Tolls ___________
____	____	Did you make a Health Savings Account (HSA) contribution for the 2017 tax year? Amount? $___________
____	____	Did you move in 2017 because of a job change? If yes, provide the following:
		Enter the number of miles from your old home to your new workplace ___________
		Enter the number of miles from your old home to your old workplace ___________
		Moving Costs ___________ Storage Costs ___________
		Travel/Lodging Costs ___________ Other ___________
		Mileage ___________ Other ___________
____	____	If you are self-employed, did you make a contribution to a SEP or SIMPLE IRA for the 2017 tax year? If yes, please provide the amount and type of plan. $___________ Plan Type ___________
____	____	Are you self-employed and paid unsubsidized non-employer health insurance premiums? If yes, provide the amount paid during 2017? Health Insurance $___________ Long-Term Care Insurance $ ___________
____	____	Did you pay alimony in 2017? Amount? $___________ Recipient's Social Security # _______________
____	____	Did you make any Traditional or Roth IRA contributions for the 2017 tax year?
		Traditional IRA - Taxpayer ___________ Roth IRA - Taxpayer ___________
		Traditional IRA - Spouse ___________ Roth IRA - Spouse ___________
____	____	Did you pay any student loan interest during 2017? If yes, attach Form 1098-E. $___________
____	____	Did you purchase, sell, or refinance your home during 2017? If yes, provide settlement statement.
____	____	Do you own any securities or hold any debts that became worthless during 2017? If yes, provide details.
____	____	Did you incur a loss due to damaged or stolen property during 2017? If yes, provide details.

Yes	No	Tax Credits
____	____	Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Name of Provider	Address of Provider	Provider SocSec/Tax ID #	Amount Paid*

*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

____ ____ Did you pay any qualified tuition in 2017? If yes, please attach Form 1098-T and answer the following:

Student's Name & Grade or Year in College	Tuition & Fees Paid During 2017	Required Course Materials Purchased in 2017*	Degree Candidate & At Least 1/2 Student
			Yes No
			Yes No
			Yes No

*Includes amounts spent on books, supplies, and equipment needed for a course of study. For Lifetime Learning Credit only course materials paid directly to the institution as a condition of enrollment qualify.

____ ____ Did you install any qualified solar property to your personal residence during 2017? Amount? $________

____ ____ Did you pay any of the following adoption related expenses in 2017 for an adoption finalized in 2017?

Adoption Fees	$	Travel Expense	$
Attorney Fees	$	Other	$
Court Costs	$	Other	$

MN Tax Items

____ ____ Did you reside in more than one state during 2017? If yes, please provide the following:

State		Date Residency Began		Date Residency Ended	
State		Date Residency Began		Date Residency Ended	

____ ____ Were you in the military during 2017 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

____ ____ Did you receive a military pension or other military retirement pay during 2017?

____ ____ Did you make contributions to a Sec 529 College Savings Plan during 2017? If yes, provide the following:

Amount Paid $__________ Account Number __________ Trustee Name ____________________

____ ____ Do you hold a MN teaching license and did you complete a masters degree program in 2017 that related to your licensure field? $__________ Tuition $__________ Supplies __________ License Number

____ ____ Did you make any student loan payments during 2017? Attach 1098-E and complete all of the following:

Total Payments (Taxpayer)		Total Payments (Spouse)	
Total Initial Loans*(Taxpayer)		Total Initial Loans*(Spouse)	

*This should reflect the original amount of all your qualified education loans

____ ____ Would you like to give to the MN Nongame Wildlife Fund? Amount? $__________

____ ____ Did you pay any education related expenses relating to your qualifying child/children in grades Kindergarten through 12th grade? If yes, please complete the following:

$ ________ Private school tuition or tuition for college courses that are used to satisfy high school graduation requirement

$ ________ Fees for after school enrichment programs that are educational in nature.

$ ________ Tuition for summer camps that are primarily academic in focus such as language or fine arts camps.

$ ________ Instructors fees for drivers education if part of school's curriculum.

$ ________ Fees for all day kindergarten.

$ ________ Tutoring expense performed by a qualified instructor.

$ ________ Music lesson expense performed by a qualified instructor.

$ ________ School supplies purchased for use during the regular school day.

$ ________ Purchase or rental of musical instruments used during the regular school day.

$ ________ Fees paid to others for transportation to/from school or for field trips during the regular school day.

$ ________ Home computer hardware and educational software expense. (Max $200 for credit & $200 for subtraction)

$ ________ Other K - 12 education related expenses. Please provide description of expense. ____________________

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums ____________
Long-term care insurance premiums - Taxpayer ____________
- Spouse ____________
Miles driven for medical or dental ____________
Doctors, dentists, clinics, chiropractors ____________
Prescription drugs and insulin ____________
Glasses, contacts, and eye exams ____________
Hospitals and ambulance ____________
Nursing home or long-term care expense ____________
Medicare premiums withheld from Social Security ____________
Lodging (Limited to $50 per night, per person) ____________
Hearing aids, hearing aid repairs, and batteries ____________
Medical equipment ____________
Other transportation costs ____________
Parking fees ____________
Other:
______________________________ ____________
______________________________ ____________

Taxes

Real estate taxes - Primary Residence ____________
- Other ____________
Personal truck or car license tabs:
______________________________ ____________
______________________________ ____________
Sales tax paid on major purchases* ____________
*Vehicle, motorcycle, boat, home materials, etc.

Interest (Attach Form 1098's)

Primary residence mortgage interest ____________
Home equity/line of credit mortgage interest ____________
Mortgage interest paid to an individual: ____________
Name of individual ______________________________
Address ______________________________
Social Security Number ____________
Mortgage points paid relating to:
Purchase or improvement of principal residence ____________
Refinancing of principal residence ____________
Date of refinance ____________
Life of loan (Number of years) ____________
Investment interest expense ____________

Charitable Contributions

Cash, Check, Credit Card, or Payroll ____________
Non-Cash ____________
Vehicle donation (Must attach 1098-C) ____________
Charitable mileage ____________
Please provide the following if non-cash items exceed $500:
Name of organization ______________________________
Address ______________________________
Description of items given ______________________________

Miscellaneous Itemized Deductions

Union and other professional dues ____________
Professional books and subscriptions ____________
Safety deposit box rent ____________
Tax preparation fee ____________
Uniforms and protective clothing and upkeep ____________
Work tools, equipment, and supplies ____________
Professional insurance ____________
Professional license ____________
Seminars and meeting fees ____________
Professional education ____________
Job hunting expense in current line of work ____________
Investment expense and fees ____________
Other:
______________________________ ____________
______________________________ ____________
______________________________ ____________
______________________________ ____________

Employee Business Expense - Taxpayer

Parking fees & tolls ____________
Car rental, taxi, or other local transportation ____________
Airfare ____________
Hotel ____________
Number of nights away from home overnight ____________
Business related meals & entertainment ____________
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement ____________
Meal Reimbursement ____________

Work Related Mileage Other Than Commuting - Taxpayer

Date vehicle was first used for business ____________
Business miles driven during 2017 ____________
Total miles vehicle was driven during 2017 ____________
Amount reimbursed by employer, if applicable ____________

Employee Business Expense - Spouse

Parking fees & tolls ____________
Car rental, taxi, or other local transportation ____________
Airfare ____________
Hotel ____________
Number of nights away from home overnight ____________
Business related meals & entertainment ____________
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement ____________
Meal Reimbursement ____________

Work Related Mileage Other Than Commuting - Spouse

Date vehicle was first used for business ____________
Business miles driven during 2017 ____________
Total miles vehicle was driven during 2017 ____________
Amount reimbursed by employer, if applicable ____________