



Individual
Tax
Organizer

2016

Hibbs and Associates, PLLC

713 North Third Street
Bardstown, KY 40004
Phone: (502) 348-0276
Fax: (877) 344-0735

THIS ORGANIZER IS PROVIDED TO ASSIST YOU IN GATHERING YOUR TAX INFORMATION. YOU ARE NOT REQUIRED TO COMPLETE IT, BUT WE HOPE THAT YOU FIND IT HELPFUL IF YOU CHOOSE TO USE IT.

INSTRUCTIONS

- PLEASE ATTACH A COPY OF YOUR PRIOR YEAR TAX RETURN IF NOT PREPARED BY HIBBS AND ASSOCIATES, PLLC
- COMPLETE THE SECTIONS PERTAINING TO YOUR TAX REPORTING REQUIREMENTS
- PLEASE CHECK THE ORGANIZER TO MAKE SURE YOU ARE FURNISHING ALL THE INFORMATION NEEDED TO COMPLETE YOUR RETURN CORRECTLY AND ACCURATELY

BELOW IS A LIST OF ITEMS YOU WILL NEED TO COMPLETE YOUR ORGANIZER

- SOCIAL SECURITY NUMBERS, DATES OF BIRTH, AND RELATIONSHIPS OF ANY NEW DEPENDENTS
- ALL FORMS W-2 AND FORMS 1099
- ALL *NEW* FORMS 1095-A, 1095-B, AND 1095-C REGARDING HEALTH INSURANCE COVERAGE
- ALL UNEMPLOYMENT FORMS
- ALL FORMS SSA FROM SOCIAL SECURITY
- DIVIDEND AND INTEREST YEAR END STATEMENTS
- INFORMATION REGARDING STOCK SALES AND COST BASIS
- ALL PENSION STATEMENTS; *ALL FMV BALANCES OF SEP/SIMPLE/IRA FUNDS AS OF 12/31*
- RECORDS OF INCOME, EXPENSES, AND ENDING INVENTORY FOR YOUR SELF-EMPLOYED BUSINESS
- MILEAGE INFORMATION FOR VEHICLES USED FOR BUSINESS PURPOSES
- SETTLEMENT STATEMENT(HUD) ON THE SALE, PURCHASE, REFINANCE OF PROPERTY DURING TAX YEAR
- RENTAL INCOME AND EXPENSES
- FARM INCOME AND EXPENSES
- MEDICAL EXPENSES, PRESCRIPTIONS COSTS, HEALTH INSURANCE PREMIUMS, LONG-TERM CARE INSURANCE PREMIUMS, AND AMOUNT OF MEDICAL MILEAGE INCURRED
- PROPERTY TAXES PAID
- COLLEGE TUITION COSTS PER FORM 1098-T AND GRANTS RECEIVED FOR HIGHER EDUCATION
- INTEREST PAID ON STUDENT LOANS
- AMOUNT OF MORTGAGE INTEREST PAID PER FORM 1098
- LIST OF CASH CONTRIBUTIONS AND NON-CASH CONTRIBUTIONS MADE TO CHARITIES
- CHILD CARE EXPENSES INCLUDING THE PROVIDER NAME, ADDRESS, FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
- AMOUNT OF ALIMONY RECEIVED OR PAID
- UNREIMBURSED MISCELLANEOUS EMPLOYEE EXPENSES
- CONTRIBUTION AND DISTRIBUTION AMOUNTS PERTAINING TO HEALTH/MEDICAL SAVINGS ACCOUNTS PER FORMS 5498-SA AND 1099-SA AND EDUCATIONAL SAVINGS ACCOUNTS PER FORMS 5498-ESA AND 1099-Q
- GAMBLING LOSSES (NOT TO EXCEED THE AMOUNT OF GAMBLING WINNINGS)
- MISCELLANEOUS OTHER INCOME RECEIVED (JURY DUTY PAY, GAMBLING WINNINGS, ETC.)
- COPIES OF INVOICES FOR PURCHASES THAT QUALIFY FOR ENERGY TAX CREDITS

PERSONAL INFORMATION

COMPLETE THIS PAGE ONLY TO INDICATE CHANGES FROM PRIOR YEAR OR IF A NEW CLIENT

	TAXPAYER	SPOUSE
LAST NAME		
FIRST NAME		
MIDDLE INITIAL		
SOCIAL SECURITY #		
OCCUPATION		
HOME PHONE		
WORK PHONE		
BIRTH DATE		
BLIND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRIBUTION TO PRESIDENTIAL CAMPAIGN FUND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Street Address _____
 Apartment # _____ City _____ State _____ Zip _____
 Fax # _____ Email _____

FILING STATUS

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualifying Widow(er) Date Spouse Died _____

DEPENDENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH	MONTHS IN HOME

Please provide us with a copy of the social security card for any new dependents

TAX PAYMENTS

ESTIMATED TAX PAYMENTS PAID

DUE BY DATE	FEDERAL		STATE		LOCAL	
	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
QUARTER 1 BY 4/15						
QUARTER 2 BY 6/15						
QUARTER 3 BY 9/15						
QUARTER 4 BY 1/15						

Please provide copies of checks for all estimated tax payments

OTHER TAX PAYMENTS PAID

	FEDERAL	STATE	LOCAL
OVERPAYMENT APPLIED			
BALANCE PAID IN WITH PIOR YEAR RETURN			
EXTENSION PAYMENT PAID			
OTHER TAXES PAID FOR PRIOR YEARS			

BANKING INFORMATION

DIRECT DEPOSIT ANY REFUNDS TO THE FOLLOWING ACCOUNT	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
ACCOUNT TYPE (CHECKING OR SAVINGS)	

If new bank info, please provide voided check

WAGES, SALARIES AND OTHER INCOME

INDICATE THE NUMBER OF W-2'S AND ATTACH ALL COPIES	
INDICATE THE NUMBER OF 1099-R'S (PENSIONS, ANNUITIES, RETIREMENT, AND IRA PLANS)	
INDICATE THE NUMBER OF W-2G'S (GAMBLING OR LOTTERY WINNINGS)	
INDICATE THE NUMBER OF 1099- MISC (MISCELLANEOUS INCOME)	
INDICATE THE NUMBER OF SSA-1099 (SOCIAL SECURITY BENEFIT FORMS)	
INDICATE THE NUMBER OF 1099-MSA (MEDICAL SAVINGS ACCT)	
INDICATE THE NUMBER OF 1099-G'S (GOVERNMENT PAYMENTS)	
INDICATE THE NUMBER OF 1065 K-1'S (PARTNERSHIP INCOME)	
INDICATE THE NUMBER OF 1130S K-1'S (SUB CHAPTER S CORPORATIONS)	
INDICATE THE NUMBER IF 1041 K-1'S (ESTATE AND TRUST INCOME)	

INTEREST AND DIVIDEND INCOME
INCLUDE ALL ORIGINAL FORMS 1099-INT AND 1099-DIV

NAME OF PAYER	INTEREST		DIVIDEND		CAPITAL GAIN	FOREIGN TAXES PAID
	TOTAL	TAX EXEMPT	TOTAL	QUALIFIED		

SALES OF STOCKS AND SECURITIES

DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST BASIS

OTHER INCOME

	TAXPAYER	SPOUSE
CANCELLATION OF DEBT		
ALIMONY RECEIVED		
EX-SPOUSE NAME AND SOCIAL SECURITY #		
FELLOWSHIPS RECEIVED		
GAMBLING WINNINGS		
JURY DUTY PAY		

**BUSINESS INCOME AND EXPENSES
(SOLE PROPRIETOR)
IF MORE THAN ONE BUSINESS, PLEASE MAKE COPIES OF THIS FORM**

CHECK OWNERSHIP: TAXPAYER SPOUSE JOINT

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
PRINCIPAL BUSINESS/PROFESSION: _____
EMPLOYER ID NUMBER: _____

DID YOU START OR ACQUIRE THIS BUSINESS DURING THE YEAR? YES NO

INCOME	AMOUNT
GROSS RECEIPTS OR SALES	
RETURN AND ALLOWANCES	
OTHER INCOME (I.E. BUSINESS INTEREST)	

COST OF GOODS SOLD	AMOUNT
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
COST OF LABOR	
MATERIALS AND SUPPLIES	
OTHER COSTS	
INVENTORY AT END OF YEAR	

EXPENSES	AMOUNT
ADVERTISING	
FUEL	
AUTO REPAIRS AND MAINTENANCE	
COMMISSIONS AND FEES	
EMPLOYEE BENEFIT PROGRAM	
INSURANCE (OTHER THAN HEALTH)	
INSURANCE (HEALTH) FOR EMPLOYEES	
INSURANCE (HEALTH) FOR OWNER AND DEPENDENTS	
INTEREST:	
A) COMMERCIAL MORTGAGE (FROM FORM 1098 ONLY)	
B) OTHER INTEREST (EXPLAIN)	
LEGAL AND PROFESSIONAL SERVICES	
OFFICE EXPENSES	
PENSION AND PROFIT-SHARING PLANS	
RENT OR LEASE:	
A) MACHINERY AND EQUIPMENT	
B) OTHER BUSINESS PROPERTY	
REPAIRS AND MAINTENANCE	
SUPPLIES (NOT INCLUDED IN COST OF GOODS SOLD)	
TAXES AND LICENSES	
TRAVEL	
MEALS AND ENTERTAINMENT	
TELEPHONE	
UTILITIES	
CONTRACT LABOR	
WAGES	
OTHER EXPENSES	AMOUNT
A)	
B)	
C)	
D)	

RENTAL AND ROYALTY INCOME AND EXPENSES

DESCRIPTION AND ADDRESS OF PROPERTY:

PROPERTY 1: _____

PROPERTY 2: _____

PROPERTY 3: _____

	PROPERTY 1	PROPERTY 2	PROPERTY 3
NUMBER OF DAYS AVAILABLE FOR RENT, IF LESS THAN 365 DAYS			
NUMBER OF DAYS PROPERTY WAS USED FOR PERSONAL PURPOSES OR FOR FAMILY, IF ANY			
INCOME			
DATE PROPERTY BECAME AVAILABLE FOR RENT, IF RENTAL BEGAN IN CURRENT YEAR			
RENT RECEIVED			
ROYALTY RECEIVED			
EXPENSES			
ADVERTISING			
AUTOMOBILE MILEAGE			
TRAVEL			
CLEANING AND MAINTENANCE			
COMMISSIONS			
INSURANCE			
LEGAL AND PROFESSIONAL FEES			
MANAGEMENT FEES			
MORTGAGE INTEREST (FROM FORM 1098)			
OTHER INTEREST			
REPAIRS			
SUPPLIES			
REAL ESTATE TAXES			
OTHER			
UTILITIES			
OTHER EXPENSES			
A)			
B)			
C)			
D)			
E)			

RENTAL ASSETS ACQUIRED DURING THE YEAR

PROPERTY ID #	DESCRIPTION	DATE ACQUIRED	COST

FARM INCOME AND EXPENSES

BUSINESS DESCRIPTION:

PRINCIPAL PRODUCT:

SALE OF ITEMS RAISED OR BOUGHT FOR RESALE				
DESCRIPTION OF ITEM	DATE PURCHASED OR RAISED, IF APPLICABLE	COST, IF BOUGHT FOR RESALE	DATE SOLD	AMOUNT

INCOME	AMOUNT
DISTRIBUTIONS RECEIVED FROM CO-OPS	
AGRICULTURAL PROGRAM PAYMENTS	
TOBACCO QUOTA PAYMENTS	
OTHER INCOME:	

EXPENSES	AMOUNT
CHEMICALS	
FUEL/OIL	
AUTO REPAIRS AND MAINTENANCE	
CUSTOM HIRE	
FEED PURCHASED	
INSURANCE (OTHER THAN HEALTH)	
INSURANCE (HEALTH) FOR EMPLOYEES	
INSURANCE (HEALTH) FOR OWNER AND DEPENDENTS	
INTEREST:	
A) COMMERCIAL MORTGAGE (FROM FORM 1098 ONLY)	
B) OTHER INTEREST (EXPLAIN)	
LEGAL AND PROFESSIONAL SERVICES	
LABOR HIRED	
FERTILIZER/LIME	
RENT OR LEASE:	
A) MACHINERY AND EQUIPMENT	
B) OTHER BUSINESS PROPERTY	
REPAIRS AND MAINTENANCE	
SUPPLIES	
TAXES AND LICENSES	
SEEDS/PLANTS	
STORAGE/WAREHOUSING	
VETERINARY, ETC.	
UTILITIES	
OTHER EXPENSES	AMOUNT
A)	
B)	

FARM ASSETS ACQUIRED DURING THE YEAR

DESCRIPTION	DATE ACQUIRED	COST

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

	TAXPAYER	SPOUSE
PRESCRIPTION MEDICATIONS		
HEALTH INS PREMIUMS		
LONG-TERM CARE PREMIUMS		
DOCTORS, DENTISTS AND HOSPITALS		
NURSING HOME OR IN-HOME HEALTH CARE EXPENSES		
EYEGASSES AND MEDICAL EQUIPMENT		
MILES DRIVEN FOR MEDICAL PURPOSES		
OTHER MEDICAL EXPENSES:		
A)		
B)		
C)		

TAXES

AMOUNT PAID ON BALANCE DUE FOR STATE TAXES	
REAL ESTATE TAXES PAID ON PRINCIPAL RESIDENCE	
REAL ESTATE TAXES PAID ON ADDITIONAL HOMES OR LAND (NOT RENTALS)	
AUTO LICENSE TAXES	
OTHER PERSONAL PROPERTY TAXES	
SALES TAX PAID ON MAJOR PURCHASES (I.E. VEHICLE, EQUIPMENT)	
OTHER TAXES:	
A)	

HOME MORTGAGE INTEREST

HOME MORTGAGE INTEREST	CHECK IF NOT ON FORM 1098	AMOUNT
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

IF INTEREST IS PAID TO AN INDIVIDUAL

NAME OF INDIVIDUAL	ADDRESS	SOCIAL SECURITY NUMBER

ANY MORTGAGE BALANCES IN EXCESS OF \$1 MILLION? () YES () NO

ENTER POINTS PAID ON A HOME EQUITY LOAN, REFINANCED MORTGAGE, OR LOAN FOR A SECOND HOME:

POINTS PAID	DATE OF LOAN	LIFE OF LOAN (YEARS)

INVESTMENT INTEREST

(I.E., MARGIN INTEREST, INTEREST PAID ON LOANS USED FOR PROPERTY HELD FOR INVESTMENT, ETC)

INTEREST PAID	AMOUNT

CASH CONTRIBUTIONS

DOCUMENTATION FOR ALL CONTRIBUTIONS MUST BE IN THE FORM OF A WRITTEN STATEMENT

NAME OF CHARITABLE ORGANIZATION	AMOUNT

NON CASH CONTRIBUTIONS

ANY CONTRIBUTION IN EXCESS OF \$5,000 REQUIRES A WRITTEN APPRAISAL

NAME OF CHARITABLE ORGANIZATION	DESCRIPTION OF DONATED PROPERTY	DATE ACQUIRED	DATE CONTRIBUTED	AMOUNT

UNREIMBURSED EMPLOYEE EXPENSES

EMPLOYEE BUSINESS EXPENSES	TAXPAYER	SPOUSE
EDUCATION TO MAINTAIN EMPLOYMENT (C.E.U.)		
MEALS AND ENTERTAINMENT		
TELEPHONE REQUIRED FOR EMPLOYER'S BUSINESS		
TRAVEL EXPENSES AWAY FROM HOME		
UNIFORMS AND PROTECTIVE CLOTHING		
UNION AND PROFESSIONAL DUES		
OTHER UNREIMB. EMPLOYEE BUSINESS EXPENSES		

VEHICLE EXPENSES (UNREIMBURSED EMPLOYEE EXPENSES)

YEAR END INFORMATION	VEHICLE 1	VEHICLE 2
DESCRIPTION OF VEHICLE		
DATE PLACED IN SERVICE		
TOTAL MILES FOR THE YEAR		
TOTAL BUSINESS MILES FOR YEAR		

MISCELLANEOUS DEDUCTIONS

	TAXPAYER	SPOUSE
TAX PREP FEES		
SAFETY DEPOSIT BOX FEES		
IRA FEES		
INVESTMENT FEES		
LEGAL FEES (PROVIDE EXPLANATION)		
JOB SEARCH EXPENSES		
OTHER MISC. DEDUCTIONS		

HOME OFFICE EXPENSE

AREA USED REGULARLY AND EXCLUSIVELY FOR BUSINESS (SQUARE FOOTAGE) _____
TOTAL AREA OF HOME (SQUARE FOOTAGE) _____

EXPENSES	DIRECT	INDIRECT
MORTGAGE INTEREST		
REAL ESTATE TAXES		
INSURANCE		
REPAIRS AND MAINTENANCE		
UTILITIES		
RENT		
HOA FEES		
OTHER EXPENSES		
A)		
B)		
C)		

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE
EDUCATOR EXPENSES (applicable only to K-12 teachers)		
STUDENT LOAN INTEREST		
ALIMONY PAID		
NAME AND SSN OF ALIMONY RECIPIENT		

MOVING EXPENSES

DATE OF MOVE: _____
NUMBER OF MILES FROM OLD HOME TO NEW WORKPLACE: _____
NUMBER OF MILES FROM OLD HOME TO OLD WORKPLACE: _____

EXPENSES OF TRANSPORT AND STORAGE OF POSSESSIONS	AMOUNT
TRANSPORTATION EXPENSES	
STORAGE EXPENSES	
TRAVEL NOT INCLUDING MEALS	
LODGING NOT INCLUDING MEALS	
AMOUNT EMPLOYER PAID YOU FOR THE EXPENSES LISTED ABOVE	

DEPENDENT CARE EXPENSES

ENTER BELOW THE PERSONS OR ORGANIZATIONS WHO PROVIDED THE CHILD OR DEPENDENT CARE

NAME	ADDRESS	FED ID # OR SSN	AMOUNT PAID
1.			
2.			
3.			

EDUCATION EXPENSES

STUDENT'S NAME	STUDENT'S SSN	QUALIFIED EXPENSES*
1.		
2.		
3.		

***QUALIFIED EXPENSES INCLUDE: TUITION, BOOKS, SUPPLIES AND EQUIPMENT (I.E. COMPUTER)**

RESIDENTIAL ENERGY CREDIT

INSULATION MATERIAL COSTS	
EXTERIOR WINDOW COSTS	
EXTERIOR DOOR COSTS	
QUALIFIED METAL ROOF COSTS	
QUALIFIED GEOTHERMAL HEAT PUMP COSTS	
QUALIFIED SOLAR ELECTRIC PROPERTY COSTS	
QUALIFIED SOLAR WATER HEATING PROPERTY COSTS	
QUALIFIED WIND ENERGY PROPERTY COSTS	

