Tax Prep Checklist:

Everything You Need to File Your Taxes

The ALG Group
CPAs, Consultants & More

Corporate Headquarters
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TheALGGroup.com

INDIVIDUAL TAX ORGANIZER LETTER | (FORM 1040)

Dear valued tax client,

Income tax time is just around the corner! We are happy to announce that we are providing more tax clients such as you with quality tax services. We encourage you to either schedule an appointment or provide us with an estimated date when you can provide us your tax information as soon as possible. Scheduling in advance will help us make sure your tax return is completed promptly.

Enclosed is an income tax organizer to assist you on gathering the information necessary to prepare your 2018 tax return.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS also are mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

W-2 (Wages)
1099-R (Retirement)
1099-INT (Interest)
1099-DIV (Dividends)
1099-B (Brokerage Sales)
1099-MISC (Rents, etc)
1099 (any other)
1098-T (Education)

Schedules K-1
(Forms 1065, 1120S, 1041)

Annual Brokerage Statements
1098-Mortgage Interest
Other tax information statements
8886, Reportable transactions
Form Hud-1 for Real Estate Sales/Purchases

To itemize deductions, bring receipts and documentation for these types of expenses:

Prescriptions, first-aid
Mortgage interest
Gambling losses
Medical/Dental/Vision expenses
Unreimbursed employee expenses/
work-related expenses

State/local income taxes
Tax preparation fees
Donations to charity
Real estate and personal property taxes

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To continue providing quality services on a timely basis, we urge you to collect your information as soon as possible. If information from “pass-through” entities such as partnerships, trusts and S corporations is the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return is April 17, 2018. In order to meet this filing deadline your completed tax organizer needs to be received no later than March 30, 2018. Any information received after that date may require that an extension of time be filed for your return.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact us at 517- 714- 4965.

Sincerely,
A.J. Gross, C.P.A, E.A.
President
The ALG Group

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QUESTIONNAIRE

Name: SSN:

Questionnaire

Yes No

- ☑ ☐ Are you claiming a child as a dependent on your tax return?
  If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Is each child your son, daughter, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them?
  If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ Is each child under age 19?
  If yes, provide documentation.
- ☐ ☐ If any one of your children are age 19 or older but younger than 24, was the child a student?
  If yes, attach Form 1099-K.
- ☐ ☐ Are any of your children permanently and totally disabled?
  If yes, provide documentation.
- ☐ ☐ Did each child live lived with you for more than half of the year?
- ☐ ☐ Did you provide more than half of the financial support or each child for the year?
- ☐ ☐ Were any of the children claimed as a dependent on someone else's tax return?

Education and College Credits

Yes No

- ☐ ☐ Did you pay for the qualified ollege expenses?
  If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Is the student listed as a dependent on your tax return?
  If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ Was the student enrolled at least half time for at least one academic period?
  If yes, provide documentation.
- ☐ ☐ Had the student already attended college for 4 years prior to the current year?
  If yes, attach Form 1099-K.
- ☐ ☐ Were any education tax credits claimed for more than 4 years?
  If yes, provide documentation.
- ☐ ☐ Does the student have a felony drug conviction?

Additional Questions

Yes No

- ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
  If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
  If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
  If yes, provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
  If yes, attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
  If yes, provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
  If yes, provide documentation.
- ☐ ☐ Did you have any gains or losses due to a federally recognized natural disaster?
- ☐ ☐ Did you have any gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- ☑ ☐ Do you anticipate your income or withholdings to be different for 2018?

MISCELLANEOUS INFORMATION

Name: ____ SSN: ______________

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year? If "Yes," explain________________
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?

Provide proof of identity to be eligible to e-file our tax return (driver's license or state-issued photo ID)

Dependent Information

Yes	No	
☐	☐	Did you have any changes in dependents during the year? If "Yes," explain________________
☐	☐	Can another person qualify to claim any of your dependents?
☐	☐	Did you have any childcare expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 19 or a full-time student under age 24 with more than $2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes	No	
☐	☐	Did any member of your household NOT have healthcare coverage for the entire year? Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certifi ate Number (ECN).
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes	No	
☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash any U.S. savings bonds during the year?
☐	☐	Did you receive any other income not provided with this organizer? If "Yes," explain________________
☐	☐	Did you start a new business or purchase any rental property during the year?
☐	☐	Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
☐	☐	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
☐	☐	Did you buy or sell any stocks, bonds, or other investments during the year?
☐	☐	Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home
☐	☐	Did you have a principal residence or a piece of real property foreclosed on during the year?
☐	☐	Did you rent out your home or use it for business?
☐	☐	Did you sell, exchange, or purchase any real estate during the year?
☐	☐	Did you acquire a new or additional interest in a partnership or S corporation?
☐	☐	Did you have any debts canceled or forgiven this year?
☐	☐	Does anyone owe you money that has become uncollectible?
☐	☐	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient ehicle during the year? If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service

Itemized Deduction Information

Yes	No	
☐	☐	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
☐	☐	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
☐	☐	Did you receive any state or local income tax refunds from prior years?
☐	☐	Did you make any major purchases (vehicle, boat, etc.) during the year?
☐	☐	Did you pay any real estate property taxes or personal taxes during the year?
☐	☐	Did you pay mortgage interest during the year?

MISCELLANEOUS INFORMATION

Name: SSN:

Itemized Deduction Information (continued)

Yes No

- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?
  If "Yes," attach Form 1098-C.
- ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Yes No

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the ear?
- ☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualifie retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the ear?

Education Information

Yes No

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, you spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified uition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- ☐ ☐ Did you incur a gain or loss due to damaged or stolen property?
  If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make gifts to any one person in excess of $15,000 during the year?
  If "Yes," are you splitting the gift with your spouse?____________________
- ☐ ☐ Did you incur moving expenses during the year?
- ☐ ☐ Did you make any energy-efficient impr vements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- ☐ ☐ If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2018 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
  If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
  If "Yes," explain____________________
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

Yes No

- ☐ ☐ Did you have a financial in erest in or signature authority over a financial a count or asset located in a foreign country?
- ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ Did you own property in a foreign country?
- ☐ ☐ Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

2018 Summary Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare Coverage ALL year
Taxpayer				
Spouse				

Street, address, city, state, and zip

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status end of 2018

- ☐ Married
- ☐ Married filing sepa ately
- ☐ Single
- ☐ Window(er) If spouse died in 2018 enter the date___________________

	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ Yes	☐ No	☐ Yes	☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	
Overpayment applied from 2017						
First quarter						
Second quarter						
Third quarter						
Forth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for____

Healthcare Coverage Questionnaire

Name: SSN:

Healthcare Information

Memeber of houseold for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

Yes No

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy canceled in 2018?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other nat al or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member