

Jason Anakkala LTD

Certified Public Accountants & Consultants

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2017 INDIVIDUAL INCOME TAX ORGANIZER

YOUR APPOINTMENT / DROP OFF TIME IS ON _____ AT _____ AM / PM

● BRING A VOID CHECK IF YOU WANT YOUR REFUND DIRECT DEPOSITED! ●

TAXPAYER INFORMATION	SPOUSE INFORMATION
First _____ M _____ Last _____ SS # _____ DOB _____ Occupation _____ Address _____ City _____ State _____ Zip _____ Home _____ Work _____ Cell _____ Email _____ Are you legally blind or disabled? Y / N	First _____ M _____ Last _____ SS # _____ DOB _____ Occupation _____ Address _____ City _____ State _____ Zip _____ Home _____ Work _____ Cell _____ Email _____ Are you legally blind or disabled? Y / N

DEPENDENTS								
Name	Birthdate	SS #	Relation	Months in Home	Grade	Daycare Costs	Income Earned	Full Time Student
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N

DEPENDENT AND CHILD CARE EXPENSES				
For dependents under age 14, or if dependent or spouse is physically or mentally incapable of caring for themselves.				
Name of Provider	Address	SS or Tax ID - Required	Amount Paid	Children Cared For
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you enrolled in your employer's Cafeteria Plan? Usually it's the best way to handle child care costs.

SALARIES AND WAGES - Attach all W-2 Forms

THINGS TO BRING	OTHER INCOME NOT ON 1099/W-2																																														
<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Drivers License(s) New for 2017 <input type="checkbox"/> Last 2 Year's Tax Return (if new client) <input type="checkbox"/> W-2 Forms for Wages <input type="checkbox"/> 1099-R for Retirement <input type="checkbox"/> 1099's for Interest, Dividends, and Other Income <input type="checkbox"/> K-1's for Partnerships, Corporations or Estates <input type="checkbox"/> 1099-SSA: Social Security Statement <input type="checkbox"/> Voided Check(s) for Direct Deposit <input type="checkbox"/> Property Tax Statements <input type="checkbox"/> 1098's: Mortgage Interest, Contributions, Tuition <input type="checkbox"/> Closing Papers for Purchase & Sales, including purchase and sale dates & amounts <input type="checkbox"/> All Other Statements Showing Income <input type="checkbox"/> Proof of Health Insurance (1095-A, 1095-B, 1095-C) <input type="checkbox"/> IRA Year-End Statements <input type="checkbox"/> Last Paystub of the Year 	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="text-align: right;">\$</td></tr> </tbody> </table>		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$
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Failure to complete this organizer will jeopardize our ability to prepare an accurate tax return. Please complete!

ADJUSTMENTS TO INCOME

RETIREMENT PLANS

	<u>Taxpayer</u>	<u>Spouse</u>
Covered by a work retirement plan?	Y / N	Y / N
Contributions already made for 2017:		
Traditional (Regular) IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
SEP/Simple/Keogh	\$ _____	\$ _____
Did you convert an IRA to a ROTH IRA?	Y / N	Y / N
Calculate possible retirement plan options with this return? (IRA, Roth, SIMPLE, HSA, etc.)	Y / N	Y / N

HEALTH SAVINGS ACCOUNTS

Contributions to HSA	\$ _____	\$ _____
Distributions from HSA	\$ _____	\$ _____

MISCELLANEOUS

Educator Expenses (supplies, etc.)	\$ _____	\$ _____
Student Loan Interest Paid	\$ _____	\$ _____

TAX CREDITS

RESIDENTIAL ENERGY CREDITS

Must be on your primary residence.

Windows, exterior doors, skylights	\$ _____
Storm doors, windows	\$ _____
Furnace and/or air conditioner	\$ _____
Insulation	\$ _____
Water heater	\$ _____
Metal or asphalt roof w/ cooling granules	\$ _____
Geothermal heat pumps	\$ _____
Wind turbines	\$ _____
Solar panels	\$ _____
Fuel cell property	\$ _____

Expired on 12/31/16 but Congress could reinstate this for 2017.

ITEMS TO DISCUSS WITH PREPARER

DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

** Do not include amounts withheld pre-tax from your wages.*

→ Do you have health insurance?	Y / N
Health Insurance Premiums *	\$ _____
Medicare Premiums	\$ _____
Long Term Care Insurance	\$ _____
<i>Insur Co _____ Policy Number _____</i>	
Vision Insurance Premiums *	\$ _____
Dental Insurance Premiums *	\$ _____
Prescription Medicine / Drugs	\$ _____
Doctors, Dentists, Hospitals	\$ _____
Labs, X-Rays	\$ _____
Eye Glasses, Contact Lens	\$ _____
Hearing Aid, Supplies, Repair	\$ _____
Special Medical Apparatus	\$ _____
Ambulance	\$ _____
_____	\$ _____
_____	\$ _____
Travel for Medical	_____ Miles
Lodging Away From Home	\$ _____
Number of Nights	_____
Medical Reimbursements	\$ _____
<i>(If above are gross expenses)</i>	

REAL ESTATE TAXES (Excluding Special Assessments)

Provide actual 2017 property tax statements.

Primary Residence	\$ _____
Second Residence	\$ _____
Land	\$ _____
Property Tax Refund Received in 2017	\$ _____

VEHICLE LICENSE FEES (Cars & Trucks Only)

<u>Year/Make/Model</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

SALES TAX PAID ON LARGER PURCHASES

<u>New/Used</u>	<u>Description</u>	<u>Amount</u>
		\$ _____
		\$ _____

AFTER HIGH SCHOOL EDUCATIONAL EXPENSES

Pay for or incur a loan for college or vocational costs last year? We **must** have the 1098-T and an account activity statement from the school.

	<u>Parent(s)</u>	<u>Dependent 1</u>	<u>Dependent 2</u>	<u>Dependent 3</u>
Year of school	_____	_____	_____	_____
Name of school attended	_____	_____	_____	_____
Tuition/fees	_____	_____	_____	_____
Books and supplies	_____	_____	_____	_____
Expenses paid by parents?	Y / N	Y / N	Y / N	Y / N

DEDUCTIONS (Continued)

INTEREST PAID - Bring 1098 Forms

1st Mortgage - Primary Residence	\$ _____
Ending Balance as of 12/31/17	\$ _____
2nd Mortgage - Second Home / Land	\$ _____
Ending Balance as of 12/31/17	\$ _____
Home Equity Loan	\$ _____
Ending Balance as of 12/31/17	\$ _____
Contract for Deed	\$ _____
Ending Balance as of 12/31/17	\$ _____
Also list recipient's name, address, and SS#: _____	

Points Paid	\$ _____
Mortgage Insurance Premiums	\$ _____
Investment Interest	\$ _____

Note: Bring closing (settlement) statements for any property refinanced, sold or purchased during year.

CONTRIBUTIONS

IRS requires you to have a receipt or cancelled check for all contributions. Those over \$250, you must have written statement from charity. If \$250 or more, a cancelled check is not enough. Our office does not need copies, you keep.

Do you have receipts to support your donations?	Y / N
Church	\$ _____
Others - Please list below	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Charitable Mileage	_____ Miles
Other Than Cash	\$ _____

ESTIMATED TAX PAYMENTS

Be careful. Incorrect data will result in notices and penalties from tax authorities.

FEDERAL	<u>Date Paid</u>	<u>Amount</u>
Applied from Prior Year's Return	_____	\$ _____
1st Qtr - Due 4/15/17	_____	\$ _____
2nd Qtr - Due 6/15/17	_____	\$ _____
3rd Qtr - Due 9/15/17	_____	\$ _____
4th Qtr - Due 1/15/18	_____	\$ _____
STATE	<u>Date Paid</u>	<u>Amount</u>
Applied from Prior Year's Return	_____	\$ _____
1st Qtr - Due 4/15/17	_____	\$ _____
2nd Qtr - Due 6/15/17	_____	\$ _____
3rd Qtr - Due 9/15/17	_____	\$ _____
4th Qtr - Due 1/15/18	_____	\$ _____

MISCELLANEOUS DEDUCTIONS EMPLOYMENT RELATED EXPENSES

Expenses of employees related to their W2 job ONLY!
Business owners should use our business organizer.

	<u>Taxpayer</u>	<u>Spouse</u>
Union and Professional Dues	\$ _____	\$ _____
Uniform/Laundry	\$ _____	\$ _____
Safety Equipment	\$ _____	\$ _____
Work Tools/Supplies /Equipment	\$ _____	\$ _____
Business Pubs/Magazines/Books	\$ _____	\$ _____
Business Calls / Cell Phone	\$ _____	\$ _____
Continuing Education / Seminars	\$ _____	\$ _____
Work Related Medical Exam	\$ _____	\$ _____
Insurance E&O / Liability	\$ _____	\$ _____
Travel (Lodging, Airfare, etc.)	\$ _____	\$ _____
# of Nights Away From Home	_____	_____
Business Meals and Tips	\$ _____	\$ _____
Business Entertainment	\$ _____	\$ _____

Vehicle Expenses - *Do not include commuting to work*

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Description of Vehicle	_____	_____
Total Miles Driven for Year	_____	_____
Business Miles Driven	_____	_____
Gas, Oil, Repairs, etc.	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
License	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Parking Fees, Tolls, Other	\$ _____	\$ _____
Cost if Bought in 2017	\$ _____	\$ _____

Any Reimbursements Received: \$ _____

INVESTMENT EXPENSES

Safe Deposit Box	\$ _____
Publications	\$ _____
Investment Expense, IRA Fee	\$ _____

OTHER MISCELLANEOUS

Tax Preparation Fees	\$ _____
Job Hunting	_____
Employment Agency	\$ _____
Resume, Postage, etc.	\$ _____
Travel - # of miles	_____
Gambling Losses (Limited to Winnings)	\$ _____

MISCELLANEOUS QUESTIONS

Please review the following questions. Please circle Yes or No. If not circled, we assume you reviewed and it does not apply to your return.

- Y / N Any births, adoptions, miscarriages, marriages, divorces, deaths or name changes in your immediate family in 2017?
- Y / N Did the taxpayer and spouse live apart for the entire last 6 months of the year or longer?
- Y / N Do you have a mentally or physically disabled child?
- Y / N Any changes in dependents in 2017? If so, please explain: _____
- Y / N Can anyone claim you as a dependent?
- Y / N Divorced parents claiming non-custodial children are now required to have a special form signed. Is this you?
- Y / N Made gifts of more than \$14,000 to any individual? If yes, provide details.
- Y / N **Did you contribute to a 529 College Savings Plan in 2017? If yes, please indicate amount \$ _____ and account # _____**
- Y / N Wish to donate to the MN Non-Game Wildlife Fund? If yes, please indicate amount \$ _____.
- Y / N Receive any notices from any tax authorities? If yes, provide copies.
- Y / N Either you or your spouse reach or will reach 70 1/2 this year or next? Minimum retirement distributions may be required. Do you need assistance in calculating the necessary distribution?
- Y / N **Want us to prepare a MN Renter or Homeowner Property Tax Refund for 2017? If yes, please provide real estate tax statements or Certificate of Rent Paid.**
- Y / N Receive/pay alimony or child support during the year? If yes, provide amount paid, name & address of recipient.

- Y / N Receive any tax-exempt interest during the year? If yes, provide us with a list of accounts and amount received.
- Y / N Did you or a dependent receive any scholarships or grants in 2017?
- Y / N Refinance your home this year? Bring in closing statement and/or contract. _____
- Y / N Buy or sell any property or investments this year? Bring in closing statement and/or contract.
- Y / N Previously take advantage of the 1st Time Home Buyer or Long Time Resident Credit?
- Y / N Use your vehicle on the job other than for commuting to and from work? See page 3.
- Y / N **Any income from or pay taxes to a foreign country, have a foreign account or own property in a foreign country?**
- Y / N Add someone (or were you added) to the title or deed of a property, such as a life estate?
- Y / N Pay a household employee over \$1,900?
- Y / N Go through bankruptcy, foreclosure, or repossession proceedings? Considering?
- Y / N Moved during 2017 or have a change of residence or job location during the year?
- Y / N Reside in more than one state during the year?
- Y / N Earn income from a state other than the state in which you live?
- Y / N Receive any disability income during the year?
- Y / N Receive a Schedule K-1 from a partnership, S Corp or trust?
- Y / N Serve in the military during the year?
- Y / N Expect significant changes in income, expenses or dependents in 2018?
- Y / N Would you like us to review your Social Security statements? If yes, bring in your benefit statement.
- Y / N Sign me up for the Secure Web Portal!
- Y / N Need a return prepared for your dependents? If so, whom: _____

MINNESOTA K-12 EDUCATION EXPENSES

Note: Minnesota allows deductions (or credits) for K-12 school expenses. Please list by child.

	Child: _____	Child: _____
Type of School (Private, Public, Homeschool) & Grade	_____/_____	_____/_____
Fees/Tuition for Enrichment outside regular school	\$_____/Class Type_____	\$_____/Class Type_____
Fees for individual instruction outside school	\$_____/Class Type_____	\$_____/Class Type_____
Required School Supplies	\$_____	\$_____
Purchase or Rentals of Music Instruments	\$_____/Type_____	\$_____/Type_____
Transportation cost paid to others	\$_____/Provider_____	\$_____/Provider_____
Home Computer Expenses / Private School Tuition	\$_____/ \$_____	\$_____/ \$_____

We submit this information to Jason Anakkala LTD only for use in preparing, at our request, federal and/or state income tax returns for 2017. Each item can be substantiated by receipts, cancelled checks or other documents. The information supplied is true, correct and complete to the best of our knowledge. We have reviewed the organizers provided to us and have provided all relevant material needed to properly complete our tax return.

Signed: _____ Date: _____