



P O Box 250  
1010 Vivian Drive  
Grafton, OH 44044

**440 - 926 - 9300**

After you have received all of your 2017 tax documents complete this organizer and

1. Call for an appointment, or
2. Drop your documents off, or
3. Mail your documents to our P O Box

**2017 TAX ORGANIZER**

**In order for us to complete your tax returns by the filing deadline have all your tax documents to our office by April 1, 2018**

Taxpayer's name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_ DOB \_\_\_\_\_

Home address: \_\_\_\_\_

Are you or your spouse: Permanently disabled? \_\_\_\_ You \_\_\_\_ Spouse or: Legally Blind \_\_\_\_ You \_\_\_\_ Spouse

County: \_\_\_\_\_ School District: \_\_\_\_\_

Did you sell or purchase a principal residence or other real estate during the tax year YES \_\_\_\_ NO \_\_\_\_ If yes, provide settlement statement.

Phone numbers: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address:(will not be sold or shared) \_\_\_\_\_

Do you wish to donate to the presidential campaign fund? Y \_\_\_\_ N \_\_\_\_ Spouse Y \_\_\_\_ N \_\_\_\_

Full name of <b>dependents</b>	Relationship	Date of Birth	Social Security Number	Number of months living in your home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you provide housing and/or support (provide minimum 50% of their support) for a parent, sibling, or other person that can be claimed as a dependent

Are there any changes in dependents, such as birth, adoption, death, divorce, stepchildren? Y \_\_\_\_ N \_\_\_\_ Provide any documentation.

Did you pay child care expenses while you worked or were at school? Y \_\_\_\_ N \_\_\_\_ If yes, provide documentation

Did any of your dependents have **wages** over \$6,350? (\$400 if self-employed)? If yes which dependent \_\_\_\_\_ provide documentation

Did any of your children under age 19 (23 if full time student) have **investment income** of \$2,100 or more? Y \_\_\_\_ N \_\_\_\_ If yes, provide documentation.

Do you or any of your dependents have college tuition expenses for 2017? If yes provide form 1098T distributed by college

**\*\* IF YOU WOULD LIKE YOUR REFUND(S) (IF ANY) RECEIVED BY DIRECT DEPOSIT, PROVIDE THE FOLLOWING INFORMATION \*\***

Bank Name: \_\_\_\_\_ Type of account: Checking \_\_\_\_ Savings \_\_\_\_ Is this a joint account Y \_\_\_\_ N \_\_\_\_

Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

**If you make estimated payments provide the following information**

**FEDERAL**

Check#	Date Paid	Amount
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

**STATE**

Check#	Date Paid	Amount
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

**CITY**

Check#	Date Paid	Amount
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

**SCHOOL DISTRICT**

Check#	Date Paid	Amount
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

Drivers License Requirement - provide an updated copy of drivers license if it has been renewed, cannot be expired for tax filing purposes

Did you and all members of your household maintain minimum essential health coverage for every month of 2017? Yes \_\_\_\_ NO \_\_\_\_

If yes, provide Form 1095 from your employer or insurance company

If no, but you and members of your household were covered for part of 2017 provide Form 1095 showing months covered.

Did you and your family receive any advance premium tax credits? YES \_\_\_\_ NO \_\_\_\_ If yes, provide Form 1095 showing amount of monthly credit

Were you a victim of identity theft, incur a theft, or casualty loss due to destruction of property? YES \_\_\_\_ NO \_\_\_\_

**All of your confidential information remains secure in our office**

**BE PREPARED TO SUBSTANTIATE ALL CLAIMED DEDUCTIONS**  
(Dated receipts , bank statements, cancelled checks)

**All of your original documents will be returned to you.**

