

**WAHL, WILLEMSE & WILSON, LLP**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**2016 TAX ORGANIZER**  
**CLIENT INFORMATION**

FILING STATUS			<b>Filing Status</b> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)  Please note if taxpayer or spouse is blind
FILING STATUS (See table)			
MARRIED FILING SEPARATE AND LIVED WITH SPOUSE?			
SPOUSE'S DATE OF DEATH (mm/dd/yy), IF QUALIFYING WIDOW(ER) - 2015 or 2016			
TAXPAYER INFORMATION	TAXPAYER	SPOUSE	
FIRST NAME AND MIDDLE INITIAL			
LAST NAME			
TITLE/SUFFIX			
SOCIAL SECURITY NUMBER			
OCCUPATION			
DATE OF BIRTH (mm/dd/yy)			
ADDRESS INFORMATION			
STREET ADDRESS			
APARTMENT NUMBER			
CITY			
STATE			
ZIP CODE			
TELEPHONE INFORMATION			
HOME PHONE			
WORK PHONE			
WORK EXTENSION			
CELL PHONE			
FAX NUMBER			
E-MAIL ADDRESS			
DEPENDENT INFORMATION	DEPENDENT #1	DEPENDENT #2	<b>Type of Dependent</b> 1 = Child at home 2 = Child not at home 3 = Dependent other than child 4 = HOH only, not a dependent 5 = EIC only, not a dependent  Please note if dependent is a student &/or disabled
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #3	DEPENDENT #4	
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #5	DEPENDENT #6	
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			

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		QUESTIONNAIRE
YES	NO	<b><u>PERSONAL INFORMATION</u></b>
		1 Did your marital status change during the year?
		2 Did your address change during the year?
		3 Could you be claimed as a dependent on another person's tax return for 2016?
		<b><u>DEPENDENTS</u></b>
		4 Were there any changes in dependents?
		5 Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016?
		6 Did you have any children under age 19 or full-time students under age 24 at the end of the year with total investment income in excess of \$2,100 or interest/dividend income in excess of \$1,050?
		<b><u>HEALTHCARE COVERAGE</u></b>
		7 Did you and your dependents have healthcare coverage for the full year?
		8 Did you receive any of the following IRS Documents? Forms 1095-A, 1095-B or 1095-C. If so, please attach.
		9 If you or your dependents did not have healthcare coverage during the year, we will call you with further questions. If you received an exemption certificate, please attach.
		<b><u>INCOME</u></b>
		10 Did you receive any unreported tip income of \$20 or more in any month?
		11 Did you cash any series EE U.S. Savings Bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependent(s)?
		12 Did you receive any disability income?
		13 Did you have any foreign income or pay any foreign taxes?
		<b><u>RETIREMENT PLANS</u></b>
		14 Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		15 Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		16 Did you transfer or roll over any amount from one retirement plan to another retirement plan?
		17 Did you contribute to a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		<b><u>PURCHASES, SALES AND DEBT</u></b>
		18 Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S Corporation, Trust, or REMIC?
		19 Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
		20 Did you buy or sell any stocks, bonds or other investment property?
		21 Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		22 Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2016?
		23 Did you purchase a home in 2016 and you were overseas on official extended duty?
		24 Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal, or fuel cell energy sources?
		25 Does anyone owe you money which has become uncollectible?
		26 Did you have any debts cancelled or forgiven? (Foreclosures and/or short sales)
		<b><u>ITEMIZED DEDUCTIONS</u></b>
		27 Did you incur a loss because of damaged or stolen property?
		28 Did you work out of town for part of the year?
		29 Did you use your car on the job (other than to and from work)?
		<b><u>EDUCATION</u></b>
		30 Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
		31 Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, attach form 1098-T (required).
		<b><u>MISCELLANEOUS</u></b>
		32 Do you want to electronically file your tax return?
		33 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		34 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		35 May the IRS discuss your tax return with your preparer?
		36 Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
		37 Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		38 Was your home rented out or used for business?

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QUESTIONNAIRE (CONTINUED)		
YES	NO	MISCELLANEOUS (CONTINUED)
		39 Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
		40 Did you incur moving expenses due to a change of employment?
		41 Did you engage the services of any household employees?
		42 Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
		43 Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
		44 Were you or your spouse the beneficiary of COBRA premium assistance for any month during 2016?
		45 Did your bank account information change within the last twelve months?

2016 ESTIMATED TAXES PAID	FEDERAL		STATE	
	Amt Paid	Date Paid	Amt Paid	Date Paid
Overpayment Applied From 2015				
1ST Quarter Payment (Due 04/15/16)				
2ND Quarter Payment (Due 06/15/16)				
3RD Quarter Payment (Due 09/15/16)				
4TH Quarter Payment (Due 01/16/17)				

APPLICATION OF OVERPAYMENT	YES	NO
If you have an overpayment of taxes, do you want the excess refunded? <u>Or</u> applied to your 2017 estimates?		

DIRECT DEPOSIT OF REFUND	
Direct Deposit of Federal or State Tax Refund into Bank Account? (YES/NO)	
Name of Bank	
Routing Transit Number (9 digit # beginning with 01 thru 12 or 21 thru 32)	
Depositor Account Number (up to 17 characters)	
Type of account: Savings or Checking	

2016 ESTIMATED TAX INFORMATION	YES	NO
Do you expect your 2017 taxable income to be different from 2016? If "Yes" explain the differences in income, deductions, dependents, etc:		
Do you expect your 2017 withholdings to be different from 2016? If "Yes" explain any differences:		

MISCELLANEOUS INCOME - Attach ALL 1099-G, 1099-MISC, SSA-1099, 1099-B, 1099-S, and RRB-1099 forms.	TAXPAYER	SPOUSE
1099-G - State Tax Refunds		
SSA-1099 (box 5) - Social Security Benefits		
SSA-1099 - Medicare Premiums Paid		
RRB-1099 (box 5) - Tier 1 RR retirement benefits		
1099-G - Unemployment Compensation		
1099-B - Sales of Stock (also include transaction history)		
1099-S - Sales of real estate (also include closing statements)		
Alimony Received		
Taxable Scholarships and Fellowships		
Jury Duty Pay		
Household Employee Income not on W-2		
Income from rental of personal property		
Excess minister's allowance		
1099-MISC - Income Subject to S/E Tax:		
1099-MISC (box 3) - Other income:		

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<b>ITEMIZED DEDUCTIONS</b>	
<b>MEDICAL AND DENTAL EXPENSES (Subject to AGI limits)</b>	<b>AMOUNT</b>
PREScription MEDICINES AND DRUGS	
DOCTORS, DENTISTS AND NURSES	
HOSPITALS AND NURSING HOMES	
INSURANCE PREMIUMS (excluding Long-Term Care & amounts paid with pre-tax dollars)	
LONG-TERM CARE PREMIUMS - taxpayer	
LONG-TERM CARE PREMIUMS - spouse	
INSURANCE REIMBURSEMENT (enter as a positive number)	
LODGING AND TRANSPORTATION:	
OUT-OF-POCKET EXPENSES	
NUMBER OF MEDICAL MILES DRIVEN	
OTHER MEDICAL AND DENTAL EXPENSES:	
_____	
_____	

<b>TAXES PAID</b>	<b>AMOUNT</b>
STATE AND LOCAL INCOME TAXES - Paid for prior yrs &/or to other states	
REAL ESTATE TAXES - PRINCIPAL RESIDENCE	
REAL ESTATE TAXES - PROPERTY HELD FOR INVESTMENT	
USE TAXES PAID ON 2016 PURCHASES	
USE TAXES PAID WITH 2015 STATE RETURN	
SALES TAX ON AUTOS NOT INCLUDED IN ABOVE	
STATE TAXES PAID ON VEHICLES, BOATS, AIRCRAFT & OTHER SPECIAL ITEMS	
PERSONAL PROPERTY TAXES (including Automobile/DMV fees)	
FOREIGN INCOME TAXES	
OTHER TAXES:	
_____	
_____	

<b>INTEREST PAID</b>	<b>AMOUNT</b>
HOME MORTGAGE INTEREST (Box 1) AND POINTS (Box 2) REPORTED ON FORM 1098:	
_____	
HOME MORTGAGE INTEREST NOT REPORTED ON FORM 1098	
(If paid to the home seller, enter the seller's name, SSN or EIN, and address):	
_____	
_____	
POINTS NOT REPORTED ON FORM 1098:	
_____	
HOME MORTGAGE INSURANCE PREMIUMS	
INVESTMENT INTEREST:	
PASSIVE INTEREST:	

<b>CASH CONTRIBUTIONS</b>	<b>AMOUNT</b>
VOLUNTEER EXPENSES (Out-of-pocket)	
NUMBER OF CHARITABLE MILES	
CONTRIBUTIONS BY CASH OR CHECK (MUST include ALL receipts for donations):	
_____	
_____	

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ITEMIZED DEDUCTIONS (CONTINUED)	
NON-CASH CONTRIBUTIONS	
Please complete the information below for <i>each</i> donee.	
NAME OF CHARITABLE ORGANIZATION (DONEE)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PROPERTY DESCRIPTION	
DATE OF DONATION (MM/DD/YY)	
DATE YOU ACQUIRED PROPERTY (MM/YY)	
HOW YOU ACQUIRED PROPERTY (Purchase, Gift, Inheritance, Exchange)	
YOUR COST OF THE PROPERTY	
Please provide us a detailed list of the donated items	
Provide a copy of the appraisal for non-cash contributions with a value over \$5000	

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)	AMOUNT
UNION AND PROFESSIONAL DUES	
OTHER UNREIMBURSED EMPLOYEE EXPENSES:	
_____	
_____	
INVESTMENT EXPENSE:	
_____	
TAX RETURN PREPARATION FEE	
SAFE DEPOSIT BOX RENTAL	
OTHER MISCELLANEOUS DEDUCTIONS (2% AGI):	
_____	
_____	

OTHER MISCELLANEOUS DEDUCTIONS	AMOUNT	
GAMBLING LOSSES TO EXTENT OF WINNINGS:		
(Gambling winnings: _____) (Gambling losses: _____)		
OTHER MISCELLANEOUS DEDUCTIONS:		
_____		
_____		

ADJUSTMENTS TO INCOME		
ADJUSTMENTS TO INCOME	TAXPAYER	SPOUSE
SELF-EMPLOYED HEALTH INSURANCE:		
TOTAL PREMIUMS (Excluding long-term care)		
LONG-TERM CARE PREMIUMS		
STUDENT LOAN INTEREST PAID (1098-E, box 1)		
EDUCATOR EXPENSES (Kindergarten thru Grade 12)		
TUITION AND RELATED EXPENSES		
JURY DUTY PAY GIVEN TO EMPLOYER		
EXPENSES FROM RENTAL OF PERSONAL PROPERTY		
ALIMONY PAID (First & Last Name, Recipient's SSN, and Amount paid):		

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RETIREMENT PLANS	TAXPAYER	SPOUSE
<b>KEOGH, SEP, PROFIT-SHARING, MONEY PURCHASE, AND SIMPLE CONTRIBUTIONS</b>		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Type of plan: _____) (Plan contribution rate or amt: _____)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
Employer matching rate for SIMPLE contributions (if not 3%)		
<b>TRADITIONAL IRA</b>		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$5500 / \$6500 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
Did you receive a distribution from a Traditional IRA or convert a Traditional IRA to a Roth IRA?		
<b>ROTH IRA</b>		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$5500 / \$6500 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
<b>EDUCATIONAL IRA</b>		
Have you considered contributing to an Educational IRA? (YES/NO)		
Would you like to discuss this issue with us? (YES/NO)		

CHILD AND DEPENDENT CARE EXPENSES	TAXPAYER	SPOUSE
Dependent care expenses incurred but not paid in 2016		
Employer-provided benefits forfeited in 2016		
<b>PERSONS OR ORGANIZATIONS PROVIDING CARE</b>		
NAME OF PROVIDER #1 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2016: DEPENDENT #1 DEPENDENT #2 DEPENDENT #3 DEPENDENT #4		
	NAME OF DEPENDENT	AMOUNT
NAME OF PROVIDER #2 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2016: DEPENDENT #1 DEPENDENT #2 DEPENDENT #3 DEPENDENT #4		
	NAME OF DEPENDENT	AMOUNT



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<b>BUSINESS INCOME (SCHEDULE C)</b>	
For each business please enter all pertinent 2016 amounts and attach all applicable 1099-MISC forms:	
<b>GENERAL INFORMATION</b>	
BUSINESS NAME, IF DIFFERENT FROM FORM 1040	
BUSINESS ADDRESS, IF DIFFERENT FROM FORM 1040	
CITY, STATE, ZIP CODE, IF DIFFERENT FROM FORM 1040	
EMPLOYER IDENTIFICATION NUMBER	
ACCOUNTING METHOD: 1=CASH, 2=ACCRUAL, 3=OTHER	
INVENTORY METHOD: 1=COST, 2=LOWER C/M, 3=OTHER	
1=CHANGE OF INVENTORY METHOD	
1=SPOUSE, 2=JOINT	
1=FIRST SCHEDULE C FILED FOR THIS BUSINESS	
<b>INCOME</b>	<b>AMOUNT</b>
GROSS RECEIPTS OR SALES	
RETURNS & ALLOWANCES	
OTHER INCOME:	
<b>COST OF GOODS SOLD</b>	<b>AMOUNT</b>
INVENTORY AT THE BEGINNING OF THE YEAR	
PURCHASES	
DIRECT LABOR	
MATERIALS & SUPPLIES	
OTHER COSTS:	
INVENTORY AT THE END OF THE YEAR	
<b>EXPENSES</b>	<b>AMOUNT</b>
ACCOUNTING	
ADVERTISING	
BAD DEBTS	
BANK CHARGES	
CAR & TRUCK EXPENSES (NOT ENTERED ELSEWHERE)	
COMMISSIONS	
CONTRACT LABOR	
DELIVERY & FREIGHT	
DUES & SUBSCRIPTIONS	
EMPLOYEE BENEFITS	
INSURANCE (OTHER THAN OWNER'S HEALTH)	
MORTGAGE INTEREST (PAID TO BANKS, ETC)	
OTHER INTEREST	
LEGAL & PROFESSIONAL	
OFFICE EXPENSE	
OUTSIDE SERVICES	
PENSION AND PROFIT SHARING PLANS - CONTRIBUTIONS	





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<b>RENTAL &amp; ROYALTY INCOME (SCHEDULE E)</b>	
For each property please enter all pertinent 2016 amounts and attach all applicable 1099-MISC forms:	
<b>GENERAL INFORMATION</b>	
LOCATION OF PROPERTY	
PERCENTAGE OF OWNERSHIP (IF NOT 100%)	
PERCENTAGE OF TENANT OCCUPANCY (IF NOT 100%)	
1=SPOUSE, 2=JOINT	
1=NONPASSIVE ACTIVITY, 2=PASSIVE ROYALTY	
1=DID NOT ACTIVELY PARTICIPATE	
1=REAL ESTATE PROFESSIONAL	
1=RENTAL OTHER THAN REAL ESTATE	
1=INVESTMENT	
<b>INCOME</b>	<b>AMOUNT</b>
RENTS RECEIVED (FORM 1099-MISC, BOX 1)	
ROYALTIES RECEIVED (FORM 1099-MISC, BOX 2)	
<b>DIRECT EXPENSES</b>	
ADVERTISING	
ASSOCIATION DUES	
AUTO AND TRAVEL	
CLEANING AND MAINTENANCE	
COMMISSIONS	
GARDENING	
INSURANCE	
LEGAL AND PROFESSIONAL FEES	
LICENSES AND PERMITS	
MANAGEMENT FEES	
MISCELLANEOUS	
MORTGAGE INTEREST (PAID TO BANKS, ETC.)	
OTHER INTEREST	
PAINTING AND DECORATING	
PEST CONTROL	
PLUMBING AND ELECTRICAL	
REPAIRS	
SUPPLIES	
TAXES - REAL ESTATE	
TAXES - OTHER	
TELEPHONE	
UTILITIES	
WAGES AND SALARIES	
OTHER (LIST):	