

TAX PREPARATION ORGANIZER

TAX PREPARATION STEPS:

- 1) Gather all tax documents, such as W-2's, 1099s, etc
- 2) Upload, copy or scan tax documents - **DO NOT SEND ORIGINALS**
- 3) Transmit your documents **AND** completed organizer to us

By upload: <http://www.cincycpa.com> CLIENT LOGIN TAB at left

By email: taxplanning@cincycpa.com

By fax: (513) 766-4908

By mail: 431 Ohio Pike Suite 107, Cincinnati, OH 45255

4) Please review the following items - then sign and date below

If you would like us to prepare your tax returns please visit our website to review the three documents listed below. You can view them at www.cincycpa.com, click on the Tax Organizer tab on the left side. If you prefer to receive them by mail or email, please contact us.

- Privacy Policy
- Federal Consent Letter
- Engagement Letter

I wish to engage T Franz & Associates, LLC to prepare my income tax returns under the terms of the above three documents. Accepted by:

Taxpayer's Signature

Initial to accept above terms

Date

Spouse's Signature

Initial to accept above terms

Date



certified public accountants

431 Ohio Pike • Suite 107 • Cincinnati, OH 45255
phone 513-688-0068 • fax 513-766-4908

NAME & GENERAL INFORMATION

Yes No

Have you/spouse renewed your driver's license since filing last year's tax filing? If so send a copy.

Did you or your spouse sell, send exchange or acquire any interest in any virtual currency?

Have there been any **changes** to your contact information? If so, please provide new information:

Did you have any of the following life events? If so provide date:

Married	<input type="text"/>	
Separated	<input type="text"/>	
Divorced	<input type="text"/>	
Death of family member	<input type="text"/>	<input type="text"/>

Did you move to a **new address** ? If yes, provide the following:

Date moved	<input type="text"/>	New School District	<input type="text"/>
New County	<input type="text"/>	New city or township of residence	<input type="text"/>

HEALTHCARE INSURANCE COVERAGE PENALTY [aka OBAMACARE]

INCLUDE ALL **FORM 1095s** from insurance providers

Yes No

Did you & all your dependents have healthcare coverage for the full year?

Did you & your dependents receive a Marketplace Coverage Exemption [aka The Exchange]?

Certificate #:

Other Exemptions from penalty - See IRS Form 8965 Instructions

Exemption Code: For example: CODE A : Coverage Unaffordable
CODE B: Short Term Coverage Gap

DEPENDENTS

If none mark N/A & skip this section 

Yes No

Did you provide over half the support for someone you are NOT claiming ?

Are there any **NEW** dependents not claimed on your prior year tax filing? If yes, provide:

Name	SS#	Relationship	DOB	Full time Student? Yes? Yes?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Are there any dependents listed on your PRIOR year tax filing that are **no longer eligible** to be claimed by you – such as children now claiming themselves? If yes list their name[s]:

Name
Name

Did any of your dependents have unearned income [such as investment income] in excess of \$1,050?

Did any of your dependents have earned income [such as Form W-2 wages]?

Adoption - did you begin or finalize proceedings?

ELECTRONIC TAX FILINGS/OTHER

Yes No

- Would you prefer any overpayment be direct deposited in your bank account?
- Have you changed your bank account from information previously provided?
If so please provide a digital copy of a check from your NEW account
- Have you obtained a new driver's license since your last tax filing? If so please provide
- Have you had any transactions involving cryptocurrency?

INCOME

Did you or your spouse receive income from or own an interest in:

Yes No

Wages as an EMPLOYEE? If so how many **Form W-2s** did you receive?
 Taxpayer _____
 Spouse _____

- Interest income? (Attach 1099INT)
- Dividend income? (Attach 1099DIV)
- Retirement, pension or IRA distributions? (Attach 1099R)
- Partnership, trust, LLC or S-Corporation income? (Attach K-1)
- Estate or Trust beneficiary/inheritance? (Attach K-1)
- Gambling winnings? (Attach W-2G, if received) \$ _____
- Alimony? \$ _____
- Social Security income? (Attach SSA1099 or RRB1099)
- Unemployment benefits? (Attach 1099G)
- Tax exempt bond interest or dividends?
- State or local income tax refund? (Attach 1099G)
- Distribution from, or were the grantor, or transferor to, a foreign trust?
- Foreign income or pay any foreign taxes?
- Income from sale of any personal assets at a gain?
- Income from cashing in any U.S. savings bonds?
- Below market rate interest from a loan you made?
- Income not reported elsewhere? [for example barter, tip or other non 1099 income] If so, explain:

ESTIMATED TAX PAYMENTS

If none mark N/A & skip this section 

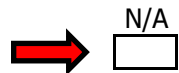
Yes No

Did you make any payments of estimated taxes? If so provide:

	Due Date	DATE PAID	FEDERAL AMOUNT	STATE AMOUNT	CITY AMOUNT	SCHOOL DISTRICT AMOUNT
First Quarter	APR 15					
Second Quarter	JUN 15					
Third Quarter	SEP 15					
Fourth Quarter	JAN 15					

EDUCATION EXPENSES

If you had none check N/A & skip this section

 N/A

Did you or your spouse pay or fund:

Yes No

A College Savings 529 Plan? If yes, complete below:

Beneficiary	Relationship	Host State	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Any tuition for college, university, or vocational school? If yes also include Form 1098-T: [paid directly or with loans]

Student Name	School Name	YR of School*	Tuition**	Materials***
_____	_____	Fr/So/Jr/Sr	\$ _____	\$ _____
_____	_____	Fr/So/Jr/Sr	\$ _____	\$ _____
_____	_____	Fr/So/Jr/Sr	\$ _____	\$ _____

If this the **first tax year** student attended this school - send tax ID and address of school

* "Year of School" means the academic rank (freshman etc.) as determined by the institution at beg of year.

** Do not include board with the tuition amount. Do not include amounts for students convicted of a drug felony.

*** The term "materials" means books, supplies, and equipment needed for a course of study whether or not the materials must be purchased as a condition of enrollment or attendance. It can include a computer.

A Coverdell Education Savings Account (formerly an "Education IRA") If yes, complete below:

Beneficiary	Relationship	Amount
_____	_____	\$ _____
_____	_____	\$ _____

Any education expenses to maintain or improve a skill required for your job or profession different from the above amounts? If yes, include a brief description:

Amount \$ _____

Amount \$ _____


Student loan interest?

\$ _____

Did you receive a distribution from a 529 Plan that was NOT used for educational purposes?

PROPERTY & SALES TAXES

If you paid none mark N/A & skip this section

 N/A

Yes No

Did you or your spouse incur/pay any property or sales taxes? If so, provide:

Real Estate Taxes:	Address:	Amount	\$
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Personal Property Taxes - for example car registration based on value:

Amount _____

Sales/Use Tax paid:

Item:	_____	Tax Paid	\$ _____
Item:	_____	Tax Paid	\$ _____

MORTGAGE & INVESTMENT INTEREST

Include loans secured by primary and second homes only

If you paid no interest check N/A & skip this section

 N/A

Did you or your spouse incur/pay :

Yes No

Mortgage Interest

Mortgage interest on your primary or secondary residence?

[If so include a copy of Form 1098 and note on the form, which property it relates to]

If yes - please complete the following questions/possible IRS limitations to deductibility:

Mortgage debt on the acquisition/improvement of your primary residence in excess of \$1,000,000?

Home equity debt exceeded \$100,000 or not used to buy, build or improve property?

Mortgage loan balances greater than the fair market value of property?

Loan[s] not secured by real estate?

Current or prior year refinanced loan proceeds NOT used directly to buy, build or improve property?

Interest expense on loans for a boat/recreational vehicle [which has sleeping space, toilet & kitchen?

Did you pay any interest to an individual rather than a bank? Amount

PMI [private mortgage insurance] for contracts issued after 12/31/06? \$ _____

Investment Interest

Margin interest on loans used to purchase investment securities? \$ _____

HSA - HEALTH SAVINGS ACCOUNTS

Send **FORM 1099-SA**

Yes No

Did you make contributions to a Health or Medical Sav Acct [HSA/MSA]? \$ Amount _____

Did you take distributions from a Health or Medical Sav Acct [HSA/MSA]? \$ _____

Amount withdrawn medical costs \$ _____

Amount withdrawn for **NON** medical costs \$ _____

MEDICAL EXPENSES

If you do not expect medical to exceed 10% of income mark N/A & skip this section

 N/A

Yes No

Did you or your spouse pay for any medical expenses? If so complete below:

DO NOT SEND RECEIPTS

NOTE: for Health & Medical Sav Accts [HSA/MSA] do NOT include employer paid or pretax employee amounts

Contributions to a MSA/HSA? \$ Amount _____

Medical, Dental, Vision & Hospital Insurance Prem [NOT pre-tax employer plans] _____

Medicare Insurance Premiums (do not incl payroll taxes) _____

Long Term Care Insurance Filer _____

Long Term Care Insurance Spouse _____

Doctors, Dentists (no discretionary cosmetic surgery) _____

Hospital _____

Prescription drugs (no over the counter) _____

Nursing Care _____

Hearing Aids, batteries _____

Lodging for medical treatment _____

Medical equipment/supplies (such as oxygen) _____

Other _____

Other _____

Other _____

Auto mileage to and from medical treatment Miles driven: _____

CHARITABLE CONTRIBUTIONS

If you had none mark N/A & skip this section



Yes No

Did you or your spouse make any charitable contributions?

Charitable Contributions by Cash/Check * - do not send receipts

Charitable Organization:

Amount
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Non-Cash Charitable Contributions*

Did you have less than \$500 of Non-Cash contributions? If so, amount:

\$ _____

Did you have more than \$500 of Non-Cash contributions? If so, provide:

	<u>Donation 1</u>	<u>Donation 2</u>	<u>Donation 3</u>
Organization	_____	_____	_____
Value of donation	_____	_____	_____
Address	_____	_____	_____
Description	_____	_____	_____
Cost or basis of donation	_____	_____	_____
Date acquired	_____	_____	_____
Date donated	_____	_____	_____
Method of Valuation:			
Thrift Shop Value	Y / N	Y / N	Y / N
or other [list]	_____	_____	_____

Charitable Mileage? _____ miles

** To be deductible, contributions must be made to a qualified organization. A complete online list of these organizations is available at: <http://www.irs.gov/app/pub-78/>. The IRS requires written acknowledgment from the donee - or bank records - IRS Pub 526. If you received something in return for your contribution you should reduce the contribution by the FMV of what you receive. For donation values see IRS Pub 561- in addition many charities provide websites provide valuation guides - For example: <http://www.salvationarmyusa.org> or <http://www.goodwill.org>*

OTHER DEDUCTIONS

Did you or your spouse incur/pay :

Yes No

A theft or damage loss, not compensated by insurance that will exceed 10% of your income?

Alimony to an ex-spouse? \$ _____

Gambling losses (deductible to the extent of winnings)

Car expenses for your job (other than to commute to and from work)

If yes, did your employer reimburse you at maximum IRS rates? Y / N AMOUNT

If not what amount was reimbursed to you that was not included in your W-2 \$ _____

Attorney fees (to protect or produce taxable income only) _____

Union & professional dues _____

Estate planning or tax preparation fees _____

Safe deposit box _____

IRA annual fees [paid by sep check] _____

Uniforms or protective clothing _____

Work tools _____

Investment advisory/broker fees [Non retirement accounts] _____

Job hunting costs _____

Job related costs [not reimbursed by your employer] or other misc itemized deductions _____

N/A THESE DEDUCTIONS NO LONGER DEDUCTIBLE

RETIREMENT PLANS

If you had none mark N/A & skip this section 

Did you or your spouse :

Yes No

- Withdraw any amount from a profit-sharing plan, retirement plan or IRA (including Traditional IRA, Roth IRA, SEP, Simple, etc.)?
- CONVERT a traditional IRA to a Roth IRA?
- ROLLOVER a retirement plan distribution into another plan?
- TRANSFER/RECHARACTERIZE funds back from a Roth IRA to a Traditional IRA?
- Make a retirement distribution directly to a charity?
- Receive any death benefit distribution from an IRA that you inherited AND that had estate taxes previously paid to the IRS?

Contributions to retirement plans (you do NOT need to supply information for employer plans such as 401[k] or Simple plans as these pretax amounts are reflected on your w-2)

Do you or your spouse wish to contribute to - indicate amount or write "MAX"

	TAXPAYER	SPOUSE
Traditional IRA due by April 15th	\$ _____	\$ _____
Roth IRA due by April 15th	_____	_____
SEP or other plan	_____	_____

STATE & LOCAL SALES TAX INFORMATION

Yes No


Did you or your spouse make any out-of-state purchases on which you were NOT charged state sales taxes and that you owe use tax to your state of residence? If yes:

Cost of out of state purchases _____

Rate of resident tax x _____ %

Amount of resident use tax due _____

DEBT TRANSACTIONS

If you had none mark N/A & skip this section 

Did you or your spouse:

Yes No

- Have any debt you owed cancelled or forgiven?
- Have any investments or debts owed to you that became worthless?
- File for bankruptcy?

DEPENDENT CARE COSTS

If none mark N/A & skip this section 

Yes No

Child care costs-did you incur any while you worked/looked for work or were a student? If yes, provide:

Dependent Name	Provider & Address	TAX ID#	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Did you fund any dependent care costs [DCB] through an employer's pretax plan? These amounts are normally reported in Box 10 of Form W-2.

REAL ESTATE TRANSACTIONS

**If you had none mark
N/A & skip this section**

→ N/A

Did you or your spouse:

Yes No

Refinance, sell, exchange or purchase any real estate?

If yes, please include a copy of the closing document [Form HUD-1].

Sell your primary residence last year? If yes, include a copy of the closing document from
1) original purchase and 2) sale of your home.

Has this residence ever been rental property or had an office in home?

Sell, dispose of or cease residing in any property on which you previously claimed a tax credit?

STOCK AND INVESTMENT SALES

**If you had none mark
N/A & skip this section**

→ N/A

Did you or your spouse:

Yes No

Sell any stocks, bonds, investments, real estate or other assets

If yes, supply information relating to cost of assets, improvements and date[s] of acquisition.

For brokerage account sales of stocks and bonds, you will receive a report which contains
this information. (**DO NOT include retirement account activity**)

Enter into any put or call stock transactions, exchange of securities or investments for something
other than cash, sales of inherited property, sale of property for which you will receive payment in
future years, commodity sales, short sales or straddles ?

EMPLOYER STOCK OPTIONS

**If you had none mark
N/A & skip this section**

→ N/A

Did you or your spouse:

Yes No

Have any stock option transactions, including grants, exercises or sales?

Were your options Non-Qualified [NQSO] or Incentive [ISO] stock options? [Circle one]

Receive a stock option grant of rights to purchase stock in the future?

Exercise stock options?

Was this exercise included by your employer in your Form W-2?

Sell shares of previously exercised stock options?

Was the gain on your sale included by your employer in your Form W-2?

CURRENT YEAR INFORMATION
To be completed by all taxpayers

Did you or your spouse:

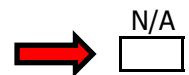
Yes No

- Utilize employer provided COBRA health insurance assistance?
- Get notified by the IRS of changes to a prior year's return, or received a tax notice
- Claim a First-time Homebuyers credit that requires repayment to IRS for a home purchased in 2008?
- Make gifts of more than \$15,000 to any one person?
- Have a foreign bank account with a balance of over \$10,000 at anytime during the year?
- Receive any accelerated death benefit from a life insurance policy that you own?
- Work out of state for part of the year? State name: _____
- Incur moving expenses due to a change of employment that were not reimbursed to you?
- Work outside the city's limits for periods that your employer continued to withhold city taxes?
- Use your home for business? Amount _____
- Incur expenses working as a fulltime teacher for grades K-12? \$ _____
- Purchase a plug-in electric vehicle?
- Employ household workers and pay them in excess of \$1,700 during the year?
- Want to allocate \$3 to the Presidential Election Campaign Fund?
- Did you claim the First Time Homebuyer Credit in 2008, 2009, or 2010 **AND** have a disposition or change in use of your main home for which you claimed the credit?
- Have you been a victim of identity theft AND did you notify the IRS? If so, please provide - your six digit pin. _____

RESIDENTIAL ENERGY IMPROVEMENT CREDITS

Yes No

If you had none mark N/A & skip this section



Did you pay for any qualified energy improvements? If so provide cost below:

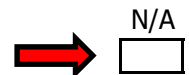
	Amount
<u>Residential Energy Efficient Property Credit (30% credit-No Lifetime Limit)</u>	\$ _____
Geothermal heat pumps qualifies [incl install - 2nd home & new const]	_____
Small wind turbines [incl install - 2nd home & new const]	_____
Solar energy systems [incl install - 2nd home & new const]	_____
Fuel cells	_____

Few energy efficient improvements qualify for tax credits . <http://www.energystar.gov/> - choose the TAX CREDITS FOR ENERGY EFFICIENCY icon. Costs DO NOT include installation costs unless indicated above. Most existing principal residence, second homes & new construction qualify - rental property does not qualify

FOREIGN TRANSACTIONS

Yes No

If you had none mark N/A & skip this section



- Did you or your spouse own any foreign financial assets?
- Did you or your spouse have any transactions related to a foreign trust?
- Did you or your spouse have an interest in or other authority over a foreign financial account?
- Did you or your spouse own any foreign retirement accounts?

Note: taxpayers with foreign transactions should review US Treasury Form 90-22.1 to determine and fulfill their filing requirements. This is not an income tax filing but may be required.