

# Weidrick Livesay & Company

ORGANIZER

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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2150 N Cleveland-Massillon Rd  
 Akron, OH 44333  
 Telephone number: (330) 659-5985  
 Fax number: (330) 659-5986

46 Munroe Falls Avenue  
 Munroe Falls, OH 44262  
 Telephone number: (330) 688-0046  
 Fax number: (330) 688-0147

**This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information.**

**Please note that in order to electronically file any state return for 2016 and beyond, we are required to provide the state with your state driver's license information. Please make sure you enter it in the highlighted boxes below. We need it for both spouses. If you do not want to provide it, we understand, but you will not be eligible to e-file your state tax return.**

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
<b>Driver's license #</b>		
<b>State issuing license</b>		
<b>Date license issued.</b>		
<b>Date license expires</b>		
Contact phone		
E-mail address		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number.	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

# Weidrick Livesay & Company

ORGANIZER

2016

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?  |

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ORGANIZER

**2016**   **1040**   **US**   **Tax Organizer**

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

## WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2016 Amount	2015 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

## INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

## DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

## PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G .....  
Total gambling losses .....

## OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds .....	<b>Attach Forms 1099</b>
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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# Weidrick Livesay & Company

ORGANIZER

**2016 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....		
Spouse: Alimony received.....		
Other: _____		

**RETIREMENT PLAN CONTRIBUTIONS**

	2016 Amount	2015 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

<input type="checkbox"/> Form 1098-E - Student loan interest.....	<b>Attach Forms 1098</b>	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

**AFFORDABLE CARE ACT**

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	<b>Attach Forms 1095</b>	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....		

**ADJUSTMENTS TO INCOME**

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
Alimony paid - Recipient name & SSN.....		
_____		
Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
Alimony paid - Recipient name & SSN.....		
_____		

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....		
Doctors, dentists and nurses.....		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses.....		
Number of medical miles.....		
Other: _____		
_____		

**TAXES PAID**

State income taxes - 1/16 payment on 2015 state estimate.....		
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# Weidrick Livesay & Company

ORGANIZER

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Estimates (Form 1040 ES)</b>	<b>6</b>
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## 2016 ESTIMATED TAX / 1040-ES (6)

### Federal

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment.....				
4th quarter payment.....				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     Additional Estimated Tax Payments                 </div>				
Paid with extension.....				
Former spouse SSN if joint estimates.....				

### State

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment.....				
4th quarter payment.....				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     Additional Estimated Tax Payments                 </div>				
Paid with extension.....				

### Local

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment.....				
4th quarter payment.....				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     Additional Estimated Tax Payments                 </div>				
Paid with extension.....				

# Weidrick Livesay & Company

ORGANIZER

2016

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.  
Attach the document with this organizer if you have it.

## GENERAL INFORMATION

1=entire household covered for all months, 2=no months .....   
Date married (if in current year).....

### COVERED INDIVIDUAL (#1)

(a) First name ..   
(a) Last name ..   
(b) ID number (SSN or TIN)....   
(d) 1=covered all 12 months ...   
(e) Months of coverage:  
1=November 2015 .....   
1=December 2015 .....   
1=January .....   
1=February .....   
1=March .....   
1=April .....   
1=May .....   
1=June .....   
1=July .....   
1=August .....   
1=September .....   
1=October .....   
1=November .....   
1=December .....

### COVERED INDIVIDUAL (#2)

(a) First name ..   
(a) Last name ..   
(b) ID number (SSN or TIN)....   
(d) 1=covered all 12 months ...   
(e) Months of coverage:  
1=November 2015 .....   
1=December 2015 .....   
1=January .....   
1=February .....   
1=March .....   
1=April .....   
1=May .....   
1=June .....   
1=July .....   
1=August .....   
1=September .....   
1=October .....   
1=November .....   
1=December .....

### COVERED INDIVIDUAL (#3)

(a) First name ..   
(a) Last name ..   
(b) ID number (SSN or TIN)....   
(d) 1=covered all 12 months ...   
(e) Months of coverage:  
1=November 2015 .....   
1=December 2015 .....   
1=January .....   
1=February .....   
1=March .....   
1=April .....   
1=May .....   
1=June .....   
1=July .....   
1=August .....   
1=September .....   
1=October .....   
1=November .....   
1=December .....

### COVERED INDIVIDUAL (#4)

(a) First name ..   
(a) Last name ..   
(b) ID number (SSN or TIN)....   
(d) 1=covered all 12 months ...   
(e) Months of coverage:  
1=November 2015 .....   
1=December 2015 .....   
1=January .....   
1=February .....   
1=March .....   
1=April .....   
1=May .....   
1=June .....   
1=July .....   
1=August .....   
1=September .....   
1=October .....   
1=November .....   
1=December .....

39.1

# Weidrick Livesay & Company

ORGANIZER

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C)</b>	No. <input style="width: 30px;" type="text"/>	<b>16</b>
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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

## INCOME

	2016 Amount	2015 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

## COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year.....		



# Weidrick Livesay & Company

ORGANIZER

**2016**

**1040**

**US**

**Business Income (Schedule C) (cont.)**

No.

**16** p2

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2016 Amount	2015 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**16** p2

# Weidrick Livesay & Company

ORGANIZER

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width: 40px;" type="text"/>	<b>18</b>
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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

	2016 Amount	2015 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business..... 1=rental other than real estate. 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

## INCOME

	2016 Amount	2015 Amount
Rents or royalties received.....		

## DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.