2017	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2017,
please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Please provide us with your current e-mail address: ______________________________
☐	☐	Do we have permission to send information to your e-mail address?
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2017?

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2017?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of $1050, or total investment income in excess of $2,100?
☐	☐	If you are divorced did any child live with you in your home for over half the year? If so, list names of children______________________________
☐	☐	If your child does not live in your home (other than a college student) for more than ½ of the year. Please attach Form 8332.
☐	☐	Has your dependent college student child already filed his/her tax return? If so, please let us know if that child claimed an exemption for him/herself.
☐	☐	Do you support your parents or another family member other than your children?

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you and your dependents have health care coverage for the full-year?

2017	1040	US	Miscellaneous Questions

Yes	No	
☐	☐	Please provide one or more of the following: Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)
☐	☐	If you or your dependents did not have health care coverage during the year, are you eligible for an exemption: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please provide.
☐	☐	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2017?

INCOME

Yes	No	
☐	☐	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 dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes (apart from US Brokerage accounts)?

PURCHASES, SALES AND DEBT

Yes	No	
☐	☐	During 2017, did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2017?
☐	☐	Did you receive, exercise or sell employment stock options - RSU, NQ, ISO? If so, please provide last pay stub of the year, company breakdown and brokerage statements of options that were vested and/or exercised.
☐	☐	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2018?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, provide HUD settlement sheets.
☐	☐	Did you purchase a U.S. home in 2017 while you were overseas on official extended duty?

Miscellaneous Questions (Continued)

ORGANIZER

2017 | 1040 | US | Miscellaneous Questions

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving, geothermal or fuel cell energy source?

☐ ☐ Did you have any debt canceled or forgiven? Did you receive a 1099-C or 1099-A? Please provide.

☐ ☐ Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

Yes No

☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Please provide 1099-R.

☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, Roth or Traditional (Due April 17), SEP (Due September 15), SIMPLE, Qualified Plan, etc.)? Please provide amount and dates funded

☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

☐ ☐ Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2017?

☐ ☐ If you are over 70 1/2, did you take Required Minimum Distribution (RMD)?

☐ ☐ Do you want to contribute to an IRA or Roth IRA before April 17th? Please let us know.

EDUCATION

Yes No

☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

☐ ☐ Did you receive any tuition reimbursements from your employer?

☐ ☐ Did the student complete the first 4 years of post-secondary education before 2017?

ITEMIZED DEDUCTIONS

Yes No

☐ ☐ Did you incur a loss because of damaged or stolen property?

☐ ☐ Did you use your car on the job (other than to and from work)?

2017 | 1040 | US | Miscellaneous Questions

☐ ☐ Do you have long-term care insurance? If so, send proof of premium.

☐ ☐ Did you contribute more than $500 non cash items to charity? If so, please provide for us what you originally paid for those items.

☐ ☐ Do you own more than one home that is NOT a rental property? Please help us by indicating which mortgage statements belong to which properties, including rentals.

☐ ☐ Do your mortgage balances for all non rental properties exceed $1M?

ESTIMATED TAXES

Yes No

☐ ☐ Did you make quarterly estimated tax payments? If so, please send copies of payments made and dates they were made.

☐ ☐ Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?

☐ ☐ If you have an overpayment of 2017 taxes, do you want the excess applied to your estimated tax payment (instead of being refunded)?

☐ ☐ Were you notified or audited by or receive any correspondence changing prior year overpayments by either the Internal Revenue Service or the state taxing authority? If you received any notices please provide.

☐ ☐ If you are in a refund status, do you want it direct deposited? If so, provide your information below?

Bank Routing Number ______________________________

Account Number ___________________________________

Checking or Savings (please circle)

☐ ☐ Do you expect your 2018 taxable income and withholdings to be different from 2017?

MISCELLANEOUS

Yes No

☐ ☐ Do you want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ May the IRS discuss your tax return with your preparer?

☐ ☐ Did you work out of town for part of the year?

2017	1040	US	Miscellaneous Questions

☐ ☐ 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, life insurance or other financial account? Do accounts together total $10,000 or more on any day of 2017?

☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a trust or did you have an interest in any foreign assets or accounts?

☐ ☐ Was your home rented out or used for business?

☐ ☐ Did you purchase items online or from out of state for which you did not pay sales tax? If so, please provide the total amount you paid in 2017, as you will owe use tax to Colorado this year. $ ___________

☐ ☐ 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?

☐ ☐ Do you have an HSA? If so, is it an individual or family plan.

☐ ☐ Did you incur moving expenses due to a change of employment?

☐ ☐ Did you engage the services of any household employees?

☐ ☐ Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust?

☐ ☐ If you have a business, did you issue 1099's?

EXTENSION

Yes No

☐ ☐ We (I), give Zaffore Ruane CPAs PC our (my) permission to file an extension of time to file our (my) tax return. This will extend the due date of filing the 2017 return from April 17, 2018 to October 15, 2018. **This is an extension of time to file the 2017 tax return, not an extension of time to pay any tax owed. I understand that I must pay my taxes in full by April 17th, 2018 potentially to avoid interest and penalities**

Signature ____ Date ________________

Signature ____ Date_________________

Under current law, we need your permission in writing to speak to you about financial instruments designed to reduce your current tax (such as IRAs, SEPs-remember, we do not sell any financial instruments, but we would like to be able to advise you/talk with you).

2017	1040	US	Miscellaneous Questions

☐ ☐ We (I), give *Zaffore Ruane CPAs PC* our (my) permission to speak to us (me) regarding financial instruments designed to reduce current tax for the 2017 tax return.

Signature ____ Date ________________

Signature ____ Date_________________

We must have signatures before we can start your tax return. Please contact the office if you cannot sign the above stated permissions.

ORGANIZER

2017	1040	US	Tax Organizer

Kathleen M. Zaffore, P.C.
19755 E Pikes Peak Ave Ste 101
Parker, CO 80138
Telephone number: (303) 841-4920
Fax number: (303) 841-9720
E-mail address: kathyz@zaffore.com

Tax Return Appointment

Date:
Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial	Chris	Vicki
Last name	Hager	Hager
Title/suffix		
Social security number	On File	On File
Occupation	Business Owner	Bookkeeper
Date of birth (m/d/y)	4/21/1964	9/10/1965
Date of death (m/d/y)		
1=blind		
Home phone	(720) 314-9100	(303) 475-3768
Work phone		
Work extension		
Cell phone	(303) 475-3768	
E-mail address	vicki@zaffore.com	
Drivers License #	99-118-0407	99-118-0407
Drivers License State	CO	CO
Expiration Date	4/21/2019	9/10/2022
Issue Date	4/25/2014	9/08/2017

Address		
	Street address	17665 E Cranberry Cir
	Apartment number	
	City	Parker
	State	CO
	ZIP code	80134

DEPENDENTS

	Dependent No. 1	Dependent No. 2
First name	Harrison	Braeden
Last name	Hager	Hager
Title/suffix		
Date of birth (m/d/y)	6/15/2000	7/14/2001
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number	On File	On File
Relationship	Son	Son
Months lived at home	12	12

	Dependent No. 3	Dependent No. 4
First name	Emma	Samantha
Last name	Hager	Stevens
Title/suffix		
Date of birth (m/d/y)	5/19/2003	11/13/1991
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number	On File	On File
Relationship	Son	Daughter
Months lived at home	12	12

ORGANIZER

2017	1040	US	Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

WAGES, SALARIES AND TIPS

Employer Name:	2017 Amount	2016 Amount
Granite Software Inc	Attach Forms W-2	183
Zaffore Ruane Gerdemann CPAs PC		45,836
Personal Touch Senior Services		4,033

INTEREST INCOME

Payer Name:		
	Attach Forms 1099-INT	

DIVIDEND INCOME

Payer Name:		
	Attach Forms 1099-DIV	

PENSION AND IRA INCOME

Payer name:		
	Attach Forms 1099-R	

2017	1040	US	Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

GAMBLING WINNINGS

Payer name:	2017 Amount	2016 Amount
☐	Attach Forms W-2G	
☐		
Total gambling losses		
Winnings not reported on Form W-2G		

OTHER GOVERNMENT FORMS - INCOME

	2017 Amount	2016 Amount
☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-K - Merchant card and third party network payments		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	848
Taxpayer:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
Spouse:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		

MISCELLANEOUS INCOME

	2017 Amount	2016 Amount
Alimony received		
Spouse: Alimony received		
Other:		

RETIREMENT PLAN CONTRIBUTIONS

	2017 Amount	2016 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

	2017 Amount	2016 Amount
☐ Form 1098-E - Student loan interest	Attach Forms 1098	
☐ Form 1098-T - Tuition and related expenses		

Affordable Care Act

	2017 Amount	2016 Amount
☐ Form 1095-A - Health Insurance Marketplace Statement	Attach Forms 1095	
☐ Form 1095-B - Health Coverage		
☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

ORGANIZER

2017 | 1040 | US | Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

ADJUSTMENTS TO INCOME

	2017 Amount	2016 Amount
Taxpayer:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
Alimony Paid - Recipient name & SSN		
Spouse:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
Alimony Paid - Recipient name & SSN		

MEDICAL AND DENTAL EXPENSES

	2017 Amount	2016 Amount
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Taxpayer: Long-term care premiums		
Spouse: Long-term care premiums		
Insurance reimbursements		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

	2017 Amount	2016 Amount
State income taxes - 1/17 payment on 2016 state estimate		
State income taxes - paid with 2016 state extension		
State income taxes - paid with 2016 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/17 payment on 2016 city/local estimate		
City/local income taxes - paid with 2016 city/local extension		
City/local income taxes - paid with 2016 city/local return		
State and local sales taxes paid (except autos and special items)		
Use taxes paid on 2017 purchases		
Use taxes paid on 2016 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft and other special items		
Real estate taxes - principal residence		2,485

ORGANIZER

2017	1040	US	Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

TAXES PAID (Continued)

	2017 Amount	2016 Amount
Real estate taxes - property held for investment		
Foreign income taxes		
Other:		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

INTEREST PAID

Home mortgage interest and points paid	2017 Amount	2016 Amount
☐	Attach Forms 1098	6,894
☐		11,879
☐		
☐		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)		
Points not reported on Form 1098		
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		
Passive Interest		

CASH CONTRIBUTIONS

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

	2017 Amount	2016 Amount
SPIRIT OF HOPE UNITED METHODIST CHURCH		75
JOY LUTHERAN		742
Volunteer Expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

	2017 Amount	2016 Amount
		495

2017	1040	US	Tax Organizer

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount.

MISCELLANEOUS DEDUCTIONS

	2017 Amount	2016 Amount
Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		
Unreimbursed employee expenses:		
Other:		