



INCOME TAX AND ACCOUNTING

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Individual Income Tax Organizer

Bay Creek Business Center
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Loganville, GA 30052

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Personal Information:

TAX YEAR: 2016

Taxpayer Name _____ SS# _____ DOB _____

Occupation _____ Cell Ph # _____ Email _____

Spouse Name _____ SS# _____ DOB _____

Occupation _____ Cell Ph # _____ Email _____

Home Address _____

Home Phone _____ Email _____

County of Residence _____ **Are You New To Our Firm?** Yes No

College Students? Taxpayer What Year of Study: 1 2 3 4 or Grad Full Time: Y N
 Y N Spouse What Year of Study: 1 2 3 4 or Grad Full Time: Y N

Filing Status:

Single Married Filing Jointly Married Filing Separate Head of Household
 Widow(er) Divorced or Separated During The Year? Any Deaths in the Family?

Dependents:

IMPORTANT NOTE: Parents with dependent children who are employed....If your child chooses to complete their own tax return, make sure they **DON'T** claim their own exemption on their return. Otherwise your return will be rejected.

List Name as it Appears on SS Card	Social Security Number	Date of Birth	Relationship to Taxpayers	Child Care Expenses	If a College Student What Year of Study	Disabled
1				\$	1 2 3 4 or Grad	Y N
2				\$	1 2 3 4 or Grad	Y N
3				\$	1 2 3 4 or Grad	Y N
4				\$	1 2 3 4 or Grad	Y N
5				\$	1 2 3 4 or Grad	Y N

Child Care Expenses:

NOTE: All of this information is required to qualify for the dependent care tax credit.

Name of Child Care Provider	Social Security Number or EIN	Street Address of Individual or Company Providing Care	Amount Paid To Provider
			\$
			\$
			\$

For Taxpayers Expecting Refunds: Would you like direct deposit of your refunds? Y N

If you expect to receive a refund and you want direct deposit of those refunds, please complete the following information

Name of Financial Institution	Routing Number	Account Number	Checking	Savings
			<input type="checkbox"/>	<input type="checkbox"/>

If you're depositing into a checking account, attaching a voided check will be sufficient for your direct deposit

Questions For All Taxpayers:

- Y N Would you like an electronic copy of your tax return in a PDF format emailed to you?
- Y N Are either you or your spouse legally blind?
- Y N Did you pay or receive alimony? Paid \$ _____ Received \$ _____
Name of person you paid: _____ Recipients SS# _____
- Y N Were any children born or adopted this tax year? *Provide adoption costs paid during the tax year*
- Y N Did you sell a home this tax year? *If yes, provide closing statement*
- Y N Did you purchase a new main home during the tax year? *If yes, provide closing statement*
- Y N Did you refinance a mortgage or obtain a home equity loan (heloc)? *If yes, provide closing statement*
- Y N Do you have any children who earned more than \$2,100.00 of investment income?
- Y N Did you pay sales or excise taxes on a major purchase, such as a vehicle, boat or home?
- Y N Will there be any significant changes in your income or deductions next year, such as retirement?
- Y N Did you have any uninsured loss or experience a casualty loss during the tax year?
- Y N Did you work from home or use your personal vehicle for business purposes?
- Y N Did you sell or transfer any stock or sell rental or investment property during the tax year?
- Y N Did you have any investments become worthless during the tax year?
- Y N Did you receive any income from an installment sale?
- Y N Do you own a business or an interest in a partnership, LLC, corporation or other venture?
- Y N Have you paid alternative minimum tax (AMT) in previous years?
- Y N Were you granted or did you exercise, any employer stock options during the tax year?
- Y N Did you engage in any farming activities?
- Y N Did you make any new energy efficient improvements to your home? *If yes, detail on back of page.*
- Y N Have you had any mortgage, credit card or loan debt cancelled during the tax year?
- Y N Are you in bankruptcy?
- Y N Are you a member of the military?
- Y N Were you a citizen of or live in a foreign country and receive income in that country?
- Y N Do you have an interest in or signature over a bank, securities or other financial account in a foreign country? If so, you will need to complete Form F90-221.1.
- Y N Did you have any moving expenses related to a job change? *If so, provide costs to include.....*
Costs to transport your belongings and your travel expenses related to the move.
- Y N Have you received any correspondence from the IRS and/or any State taxing agency? *If yes, please provide those notices with your tax documents.*
- Y N Did you make any gifts or more than \$14,000.00 to any individual during the tax year?
- Y N Did you engage in any bartering transactions during the tax year?

Estimated Tax Payments:

	Federal Paid	Date Paid
1st Quarter (04-15)	\$	
2nd Quarter (06-15)	\$	
3rd Quarter (09-15)	\$	
4th Quarter (01-15)	\$	

	State Paid	Date Paid
	\$	
	\$	
	\$	
	\$	

Refunds from the prior tax year applied to the current tax year

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Federal \$ _____

State \$ _____

State Residency Information:

Y N Were you a full year resident of Georgia? If so, the questions below don't apply to you.
If you were a part year resident of Georgia, in what other state(s) have you resided. Please complete the following information.

State 1 _____	State 2 _____	State 3 _____	State 4 _____
School District in State 1 _____		Own a home in State 1: Y N	
School District in State 2 _____		Own a home in State 2: Y N	
School District in State 3 _____		Own a home in State 3: Y N	
School District in State 4 _____		Own a home in State 4: Y N	

**Tax Documents That Are Provided To Taxpayers Which May or May Not Apply To Each Individual.
Please check the box and provide to us the documents that you have received.**

- W-2** Wage & Tax Statement
- W-2G** Gambling Winnings
- 1099-SSA** Social Security Benefit Statement
- 1095 - A, B, C** Health Insurance Statement From: **A - ACA Marketplace B - Insurance Provider C - Employer**
- 1099-DIV** Dividends & Distributions
- 1099-INT** Interest Income
- 1099-MISC** Miscellaneous Income
- 1099-OID** Original Issue Discount
- 1099-A** Acquisition or Abandonment of Secured Property
- 1099-B** Proceeds From Broker & Barter Exchange Transactions - **1099 Must Include Basis Information**
- 1099-C** Cancellation of Debt
- 1099-G** Certain Government Payments (Unemployment Compensation & Refunds of State Income Tax)
- 1099-H** Health Care Tax Credit (HCTC) Advance Payments
- 1099-K** Merchant Card & Third Party Network Payments
- 1099-LTC** Long-term Care & Accelerated Death Benefits
- 1099-Q** Payments From Qualified Educational Programs (529 Accounts)
- 1099-R** Distributions From Pensions, IRA's, Annuities, Retirement & Profit Sharing Plans
- 1099-R RRB** Railroad Retirement Payments
- 1099-S** Proceeds From Real Estate Transactions
- 1099-SA** Distributions From HAS or MSA Accounts (Health Savings Accounts)
- 1098** Mortgage Interest Statement. **If you refinanced this tax year, include your closing statement**
- 1098-C** Contributions of Motor Vehicles, Boats & Airplanes
- 1098-E** Student Loan Interest
- 1098-MA** Mortgage Assistance Payments
- 1098-T** Tuition Statement
- K-1** Share of Income From S-corporations, Partnerships & Trusts
- 5498** IRA Contribution Information
- 5498-SA** Health Savings Account Contributions

IRA's and Retirement Plans

- Y N Do you or your spouse participate in an employer provided retirement plan? Taxpayer Spouse
- Y N Did you or your spouse contribute to an IRA or SEP during the tax year?

Taxpayer: \$ _____	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP
Spouse: \$ _____	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP
- Y N Did you convert a traditional IRA to a ROTH or Rollover any amounts from a retirement account?
- Y N Did you receive a distribution from a qualified retirement account?

Health Care Coverage Questionnaire and Medical Expenses

Y N Did you have qualifying health coverage for every member of your family for every month of the tax year?

If not, please complete, in full, the following information.

Name of Every Person On Your Return, Incl Dependents	Indicate For Each Person If They Had Health Care & Which Applies			
	For The Entire Year	Less Than 12 Months	Circle Which Months	No Insurance
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	<input type="checkbox"/>

- Y N Did anyone besides the taxpayer or spouse pay for health care coverage for anyone listed above?
- Y N Did you pay for health care coverage for anyone not listed above?
- Y N Did you or anyone in your family qualify for an exemption from the health care mandate?
- Y N Did you have a Health Savings Account (HSA or MSA)?

If yes, please provide Form 1099SA for the distributions from the account and Form 5498-SA for the contributions to the account.

If you had coverage for any part of the year, mark the box(es) of what providers you were covered with.

- Employer Provided Health Care ACA Marketplace Exchange Medicare or Medicaid
- TRICARE Health Care Sharing Ministry Indian Tribe Health Care Services

PLEASE INCLUDE THE FORM 1095 A, B or C, THAT YOU WERE PROVIDED BY THE HEALTH CARE PROVIDER

Medical and Dental Expenses That You May Be Able To Itemize and Deduct.

Amount Paid	Deductible Insurance Premiums	Amount Paid	Medical Expenses Not Reimbursed By Insurance
\$ _____	Medical Insurance Premiums	\$ _____	Prescriptions & OTC Medications
\$ _____	Dental Insurance Premiums	\$ _____	Physicians, Clinics, Hospitals
\$ _____	Vision Insurance Premiums	\$ _____	Vision - Glasses, Contact Lenses & Supplies
\$ _____	Supplemental Insurance Premiums	\$ _____	Dental & Orthodontics
\$ _____	Other Insurance Premiums	\$ _____	Nursing or Long Term Care Facilities
\$ _____	Long-term Care Insurance Premiums - TAXPAYER		
\$ _____	Long-term Care Insurance Premiums - SPOUSE		Medical Miles Driven: _____

Educational Expenses - Please provide Forms 1098-T from colleges

Tuition, Fees, Books & Supplies: Taxpayer \$ _____ Spouse \$ _____ Dependent 1 \$ _____
 Dependent 2 \$ _____ Dependent 3 \$ _____ Dependent 4 \$ _____ Dependent 5 \$ _____

Has the taxpayer, spouse or any dependents, who are currently enrolled in college, ever taken any education credits in the prior tax years? Yes No *If yes, please indicate who, which type of credit and how many years.*

- American Opportunity Credit Lifetime Learning Credit Name _____ Amount \$ _____
- American Opportunity Credit Lifetime Learning Credit Name _____ Amount \$ _____

Personal Itemized Deductions

Taxes Paid:

Amount Paid	Description of Deduction
\$ _____	Real estate property taxes paid
\$ _____	State and local income taxes
\$ _____	Sales tax paid, including sales tax on Autos, Boats and RV's
\$ _____	Other taxes...List type and amount below
	Other Tax \$ _____
	Other Tax \$ _____
	Other Tax \$ _____

Interest Paid:

Amount Paid	Description of Deduction
\$ _____	Total home mortgage interest reported to you on Form(s) 1098 - Provide Form 1098
\$ _____	Total home mortgage interest NOT reported to you on Form 1098. If paid to an individual for a seller-financed mortgage, please provide the following information for the deduction
	Individuals Name _____
	Address _____
	Social Security Number or EIN _____
\$ _____	Amortization of refinance points paid in prior years
\$ _____	Mortgage insurance premiums (PMI) for your home purchased after 2006
\$ _____	Investment interest paid on loans used to acquire investment property
\$ _____	Student loan interest - Provide Form 1098-E

Charitable Contributions:

Amount Paid	Description of Deduction
\$ _____	Cash or check donations. You must have receipts for all individual contributions over \$250
\$ _____	Non-monetary, In-kind donations, such as...Goodwill, Salvation Army, etc.,
	The sum total of all In-kind donations must not exceed \$500.00
	Non-monetary, In-kind donations exceeding \$500.00 must be listed individually. Please list below
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____
	Charitable Organization _____ Date Given _____ Amount \$ _____

If more lines are needed, please attach a separate piece of paper with the detail

Miles driven for volunteer work : _____

Other Miscellaneous Deductions

Other miscellaneous deductions - Subject to the 2% rule of adjusted gross income

- \$ _____ Tax return preparation fee
- \$ _____ Union and professional dues
- \$ _____ Continuing job education
- \$ _____ Professional Licenses
- \$ _____ Investment expenses
- \$ _____ Job seeking expenses
- \$ _____ Safety Equipment for job purposes
- \$ _____ Subscriptions & trade publications
- \$ _____ Supplies for job purposes
- \$ _____ Tools for job purposes
- \$ _____ Expenses to enable individuals, who are physically or mentally impaired, to work.
- \$ _____ Legal fees - *Only if related to producing or collecting taxable income*
- \$ _____ Uniforms (for work only) - *Work clothing is not deductible if adaptable for every day wear*

Other miscellaneous deductions - Not subject to the 2% rule of adjusted gross income

- \$ _____ Gambling losses - *Only up to the amount of gambling winnings reported - Losses must be verifiable*
- \$ _____ Federal estate tax on IRD (Income in respect of a decedent)
- \$ _____ Impairment related work expenses, if paid by the employee
- \$ _____ Amortizable bond premiums
- \$ _____ Claim repayments
- \$ _____ Unrecovered pension investments
- \$ _____ Ordinary loss debt instrument

Employee Business Expenses

Vehicle Information:

	Vehicle 1	Vehicle 2
Vehicle description		
Date place in service		
Total mileage for the year		
Business miles		
Commuting miles		
Taxes on vehicle	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Licenses	\$ _____	\$ _____

Questions	Yes	No
Was vehicle available for use during off duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
You or your spouse have another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the evidence to support your deduction written?	<input type="checkbox"/>	<input type="checkbox"/>

Other Expenses:

- \$ _____ Parking, tolls, airfare, transportation
- \$ _____ Meals and entertainment
- \$ _____ Hotel and lodging
- \$ _____ Car rental
- \$ _____ Gifts to employees - Not to exceed \$25 each
- \$ _____ Supplies & materials
- \$ _____ Other _____
- \$ _____ Other _____

Sole Proprietor Worksheet - Use a separate sheet if more than one business

Business name _____ EIN # _____
 Business address _____ County _____
 Business product or service _____ Ph # _____
 Accounting method of business Cash or Accrual NAICS Code (if known) _____

Yes	No	Questions	Yes	No	Questions
<input type="checkbox"/>	<input type="checkbox"/>	Were payments made that require 1099's to be filed?	<input type="checkbox"/>	<input type="checkbox"/>	Do you operate your business from home?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did or will the taxpayer file the required 1099's?	<input type="checkbox"/>	<input type="checkbox"/>	Has your business reported losses in prior years?
<input type="checkbox"/>	<input type="checkbox"/>	Did you materially participate in the business?	<input type="checkbox"/>	<input type="checkbox"/>	Did you make contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have inventory?	<input type="checkbox"/>	<input type="checkbox"/>	Was the business started during this tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay for own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Was the business closed during this tax year?

Income		Direct Costs	
\$ _____	Gross receipts / Sales	\$ _____	Materials and supplies (Cost of goods)
\$ _____	Returns and allowances	\$ _____	Cost of labor
\$ _____	Other income	\$ _____	Other direct costs

Expenses			
\$ _____	Advertising	\$ _____	Rent or lease - Office, storage
\$ _____	Commissions and fees	\$ _____	Rent or lease - Vehicles, machinery, equip
\$ _____	Contract labor	\$ _____	Repairs and maintenance
\$ _____	Employer benefit programs	\$ _____	Supplies (not included in inventory)
\$ _____	Insurance (other than health)	\$ _____	Taxes and licenses
\$ _____	Interest - Mortgage	\$ _____	Travel - Lodging and transportation
\$ _____	Interest - Other	\$ _____	Travel - Meals and entertainment
\$ _____	Legal and professional fees	\$ _____	Utilities
\$ _____	Office expense	\$ _____	Wages (not owner draws)
\$ _____	Pensions and profit sharing plans	\$ _____	Other _____

Yes No Automobile Expenses / Business Use of Home

- Did you have any auto expenses? **If yes, complete the vehicle information section on the prior page.**
- Is your business located inside of your home? **If yes, please complete the following information**

- Total square feet of your home - heated area only _____
- Total square feet used exclusively for business _____

➔ **For day care use of home:**

- Area used part-time for day care business _____
- Total hours used (day care facilities not used exclusively) _____
- Total hours available _____

Equipment Purchases & Disposals

Asset Purchased	Date Purchased/Disposed	Cost	Purchase	New	Used	Disposed
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rental Property Worksheet & Royalties - Use a separate sheet if more than one property

Yes	No	Questions
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- Did you make any payments that would require you to file Forms 1099?
- If yes, did you or will you file the required 1099's?
- Was property disposed of during the tax year? *If yes, please provide closing statement*
- Original purchase price of home \$ _____ If sold, sales price of home \$ _____
- Date of original purchase of home: _____ Date of sale of home: _____

Please check the appropriate box:

- Single family residence Vacation/short-term rental Land
- Multi-family residence Commercial property Royalties

Please complete the following:

- Fair rental days during the year _____
- Personal use days _____

Income

\$ _____ Royalties - From oil, gas, mineral, copyright or patent
 \$ _____ Rental property income

Expenses

\$ _____ Advertising \$ _____ Auto and travel expenses \$ _____ Cleaning and maintenance \$ _____ Commissions \$ _____ Home owner association/condo dues \$ _____ Insurance \$ _____ Legal and professional \$ _____ Management fees \$ _____ Interest - mortgage \$ _____ Interest - other \$ _____ Pest Control \$ _____ Repairs	\$ _____ Supplies \$ _____ Taxes \$ _____ Utilities \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____ Other _____
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Equipment, Furniture, Appliances & Improvements (landscaping, roof, fence, floor coverings, etc.)

Asset Purchased - including the home purchase	Date Purchased/Disposed	Cost	Purchase	New	Used	Disposed
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those working with us at our firm who need to know in order to provide you with service. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic and procedural safeguards in compliance with federal regulation that protect your personal information from unauthorized access.

Tax Preparation Checklist - *Please provide the following documentation as it applies to you.*

- All Forms W2 (wages), 1099INT (interest), 1099DIV (dividends), 1099B (proceeds from broker or barter transactions), 1099R (pensions and IRA distributions), Schedules K1 from partnerships, S-corporations, estates, trusts, and other income reporting statements, including all copies provided from the payers.
- If you are a new client, provide copies of the prior year tax returns, all pages.
- The completed Individual Income Tax Organizer. *NOTE:* If you decide not to complete the organizer, please at least answer the "Yes" or "No" questions on page 2, titled "Questions For All Taxpayers."
- The closing statement if you bought or sold any real estate.
- Mileage figures for any auto expenses claimed, including total mileage, commuting mileage and business mileage.
- Detail of estimated tax payments made, if any
- Income and deductions categorized for business and/or rental property activities
- Your itemized deductions, if any, for medical, taxes paid, interest paid, contributions and miscellaneous deductions.

Tax Return Preparation Statement

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change of income or deductions
- Job change
- Marriage, separation or divorce
- Death of a spouse
- Attainment of age 59 1/2 or 70 1/2
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other taxing authority
- Self-employment
- Contributions in excess of \$5,000.00
- Sale or purchase of a business