

Individual Income Tax Organizer

SECTION 1: Personal Information

TAX PAYER INFORMATION (Please print clearly)

First Name _____ Last Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Taxpayer E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Emergency Contact Name _____ Phone Number _____

Do you prefer a digital copy (PDF) or a paper copy of your tax return? Digital (.pdf) Paper Both

SPOUSE INFORMATION

First Name _____ Last Name _____ M.I. _____ SS# _____
 Occupation _____ Date of Birth _____
 Spouse E-mail Address _____
 Work Phone _____ Cell Phone _____ Home Phone _____

DEPENDENTS

Full Name (First Last)	Social Security No.	Birth Date	Relationship (Son, Daughter)	Months person lived in your home during the year	Did you provide more than 50% support for person?

"You" refers to both taxpayer and spouse – enter "?" if unsure

- YES NO **NEW CLIENTS ONLY:** Please bring a copy of last year's tax return and your Social Security Card(s)
 YES NO **ALL CLIENTS:** Must provide proof of health insurance for all family members (Form 1095-A, B, or C)
 YES NO **EITC CLIENTS:** If you qualify for EITC, provide proof of residency for your school age children
 YES NO Were you legally married as of December 31st?
 YES NO If yes, were you living with your spouse as of December 31st?
 YES NO Did your spouse die within the last 2 years? If yes, date of death:
 YES NO Are any of your dependent children who are not full time students, 19 years of age or older?
 YES NO Did any of the children have income above \$950 for the year?
 YES NO Do you have any children with investment income greater than \$1,900?
 YES NO Did any of the children have a disability?

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Questions – All Taxpayers

SECTION 2: Questions that could lead to helpful deductions

“You” refers to both taxpayer and spouse – enter “?” if unsure

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did any member of your household NOT have health care coverage for the entire year? Please provide copies of all Forms 1095-A, 1095-B 1095-C for ALL MEMBERS of your household
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive unemployment payments during the tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any dealings with virtual currency, i.e. Bitcoin, Ethereum, Litecoin, Dash, etc., last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse receive any other income not provided with this organizer?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse have any gambling winnings or losses during the year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay for child care during the tax year that allowed you to work? Amount paid \$ _____
	<i>Provider's name & tax ID</i> _____
	<i>Provider's phone & address</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family pay student loan interest? Amount paid \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you incur any moving expenses during the tax year? If yes, attach details
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are either you or your spouse legally blind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or your spouse pay alimony or collect alimony during the tax year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were any children born or adopted last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your family attend college or vocational school during the tax year?
	<i>Tuition paid by you \$</i> _____ <i>Books \$</i> _____ <i>Year in college: 1 2 3 4</i>
	<i>Tuition paid by student \$</i> _____ <i>Books paid by student \$</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell, or refinance a principal residence? (Provide closing statement)
<input type="checkbox"/> YES <input type="checkbox"/> NO	If you sold a home, did you claim the first time home buyers credit when it was purchased?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can someone else claim you or your spouse as a dependent on their tax return?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you contribute any money to an Traditional or ROTH IRA last year? Amount contributed \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive an income tax refund from the state of Arizona (or the state you live in) last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay any sales or excise tax on a major purchase last year, such as a vehicle?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you roll over any amounts from a retirement account last year?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you incur any casualty or theft losses during the tax year? Insurance reimbursement: \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you work from a home office or use your car for business?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy, sell or transfer any stocks or bonds or sell rental or investment property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive any income from an installment sale?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you own a business or an interest in an LLC, partnership, or S-corp?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you start a business or purchase rental property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you pay wages to a household employee (babysitter, nanny, housekeeper, etc.)? Amount \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you make any energy-efficient improvements to your home? If yes, provide details.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any foreign financial accounts or signatory powers over a foreign account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you involved in a bankruptcy, foreclosure, or repossession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any debt (including credit cards) forgiven or cancelled?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or your spouse a member of the military?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wish to Direct Deposit any federal or state refunds? (If yes, you must attach a “Voided” check)
	<i>Direct deposit to</i> <input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i>
	<i>Routing #</i> _____ <i>Account #</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Payment for your tax return is due when you pick up your taxes. Did you want to pay by credit card?
IF YES, ---->	<i>Card No.</i> _____ <i>Exp. Date</i> ____ / ____ <i>CVV</i> _____
IF YES, ---->	<i>Name as it appears on the card</i> _____ <i>Billing Zip Code</i> _____

Taxpayer Signature

Spouse Signature

Date

FILING STATUS (check one)

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widower / Surviving Spouse
(with dependent child)

INCOME

- Taxpayer-Wages from your job \$ _____
- Spouse-Wages from your job \$ _____
- Interest Income \$ _____
- Taxpayer-Social Security received..... \$ _____
- Spouse-Social Security received..... \$ _____
- Lottery / Prizes \$ _____
- Alimony received..... \$ _____
- State income tax refund (last year)..... \$ _____

OTHER INCOME

- Business Income (see Business Organizer)..... \$ _____
- Interest Received \$ _____
- Unemployment..... \$ _____
- Sales of Assets (attach documentation) \$ _____
- Gambling Winnings..... \$ _____
- Gambling Losses (\$ _____)
- Self Employment (see Business Organizer)..... \$ _____
- Rental (see Rental Organizer) \$ _____
- Jury Duty Pay..... \$ _____
- Pensions or Annuities \$ _____
- Day Care Provider \$ _____
- Tips..... \$ _____

TAXES PAID

- Real estate taxes paid on your home \$ _____
- Auto Registration (all vehicles) \$ _____
- _____ \$ _____

ESTIMATED TAXES PAID:

Due	Mailed	IRS	AZ
April 15	_____	\$ _____	\$ _____
June 15	_____	\$ _____	\$ _____
Sept 15	_____	\$ _____	\$ _____
Jan 15	_____	\$ _____	\$ _____

MEDICAL EXPENSES

- Prescriptions \$ _____
- Health Insurance Premiums (post tax) \$ _____
- Doctors & Dentist \$ _____
- Hospital \$ _____
- Laboratory / X-Rays \$ _____
- Glasses & Eye Exams \$ _____
- Hearing Aids & Batteries \$ _____
- Long Term Care Insurance \$ _____
- Prosthetic Appliances..... \$ _____
- Physical Therapy..... \$ _____
- Insurance Reimbursements listed above .. \$ _____
- Lodging for medical purposes..... \$ _____
- Miles driven for medical _____

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS

- Church..... \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

AZ STATE TAX CREDITS

- AZ-321 Qual Charitable Organization \$ _____
- AZ-322 Public Schools..... \$ _____
- AZ-323 Private Tuition Aid \$ _____
- AZ-340 Military Family Relief..... \$ _____

NON CASH-CONTRIBUTIONS (over \$500 add'l detail)

- Salvation Army / Goodwill Industries \$ _____
- _____ \$ _____
- _____ \$ _____
- Miles driven for charity _____

INTEREST PAID

- Mortgage interest paid on home \$ _____
- HELOC Interest paid on home..... \$ _____
- Student loan interest..... \$ _____
- Other interest paid..... \$ _____

EMPLOYEE EXPENSES

(Use the business organizer if you have a business)

- Educator Expenses..... \$ _____
- Job Search \$ _____
- Union Dues & Professional Dues \$ _____
- Uniforms (Not General Wear) \$ _____
- Tools and Equipment \$ _____
- Professional Publications..... \$ _____
- Training/Education \$ _____
- Travel..... \$ _____
- Meals and Entertainment..... \$ _____
- _____ \$ _____
- _____ \$ _____
- Auto Miles, TOTAL _____
- Auto Miles, BUSINESS _____
- Auto Miles, COMMUTING _____

MISCELLANEOUS DEDUCTIONS

- Safety deposit box \$ _____
- Income Tax Preparation Fees \$ _____
- IRA or Keogh Plan Fees \$ _____
- Mutual Fund Fees \$ _____

ADJUSTMENTS TO INCOME

- Alimony (Paid to)..... \$ _____
- Social Security Number _____
- IRA Contributions / Penalty-early withdrawal..... \$ _____
- Child Care Expense (No. of Children _____).. \$ _____
- Medical Savings Account..... \$ _____
- _____ \$ _____
- _____ \$ _____

Business Organizer

BUSINESS INFORMATION **TAX YEAR** _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Profession _____

Did you mail out any 1099-MISC forms to vendors you used? YES NO

VEHICLE INFORMATION (used in your business)

Vehicle Make _____

Date Placed in Service..... _____

Total Miles for the Year _____

Business Miles for the Year..... _____

Commuting Miles for the Year..... _____

Is another vehicle available?..... YES NO

Is vehicle available when off duty? YES NO

Do you have business use evidence? ... YES NO

Is mileage evidence written? YES NO

BUSINESS INCOME

Gross Receipts or Sales\$ _____

Refunds and Discounts.....\$ _____

Other Income\$ _____

Cost of Good Sold (COGS)\$ _____

BUSINESS EXPENSES

Advertising\$ _____

Bank Charges\$ _____

Bookkeeping & Accounting\$ _____

Car & Truck Expenses\$ _____

Cell Phone.....\$ _____

Commissions & Fees.....\$ _____

Contract Labor/Outside Srvcs.....\$ _____

Computer Srvcs & Supplies.....\$ _____

Delivery & Freight out\$ _____

Dues & Subscriptions.....\$ _____

Gifts\$ _____

Insurance - Liability\$ _____

Internet Service Provider\$ _____

Janitorial.....\$ _____

Meals & Entertainment.....\$ _____

Legal & Professional Services\$ _____

Licenses & Permits\$ _____

Office Supplies\$ _____

Parking Fees & Tolls\$ _____

Postage\$ _____

Pension & Profit Sharing Plans.....\$ _____

Rent/Lease (equipment, vehicles)\$ _____

Rent/Lease (buildings, office)\$ _____

Repairs & Maintenance.....\$ _____

Security/Alarm System.....\$ _____

Supplies.....\$ _____

Taxes & Licenses\$ _____

BUSINESS EXPENSES (continued)

Telephone/Fax (business line)\$ _____

Tools & Small Equipment.....\$ _____

Training & Education.....\$ _____

Travel.....\$ _____

Uniforms\$ _____

Utilities\$ _____

Wages\$ _____

Other Expenses (list):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

HOME OFFICE

Total Square footage of office _____

Total Square footage of house..... _____

Home Owners Association.....\$ _____

Insurance\$ _____

Mortgage Interest (paid to banks).....\$ _____

Real Estate Taxes\$ _____

Rent.....\$ _____

Repairs (office only)\$ _____

Trash\$ _____

Utilities:

Electric.....\$ _____

Gas.....\$ _____

Water.....\$ _____

Other Expenses (list):

_____ \$ _____

_____ \$ _____

Taxpayer Signature

Spouse Signature

Date

Rental Organizer

RENTAL INFORMATION

Property #1 Address _____
 City _____ State _____ Zip _____

Property #2 Address _____
 City _____ State _____ Zip _____

Property #3 Address _____
 City _____ State _____ Zip _____

VEHICLE INFORMATION (used for rental maintenance)

Vehicle Make..... _____	Is another vehicle available?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Placed in Service..... _____	Is vehicle available when off duty? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Miles for the Year..... _____	Do you have a mileage log? <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Miles for the Year..... _____	Is the mileage log written? <input type="checkbox"/> YES <input type="checkbox"/> NO
Commuting Miles for the Year..... _____	

INCOME

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach 1099s)	\$ _____	\$ _____	\$ _____
Late Fees Received.....	\$ _____	\$ _____	\$ _____
City Taxes Received	\$ _____	\$ _____	\$ _____
Days rented at fair market value	_____	_____	_____

EXPENSES

	RENTAL 1	RENTAL 2	RENTAL 3
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance.....	\$ _____	\$ _____	\$ _____
Commissions.....	\$ _____	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees.....	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees.....	\$ _____	\$ _____	\$ _____
Mortgage Interest.....	\$ _____	\$ _____	\$ _____
HELOC Interest.....	\$ _____	\$ _____	\$ _____
Other Interest Paid.....	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	\$ _____
Other Taxes.....	\$ _____	\$ _____	\$ _____
Plumbing & Electrical.....	\$ _____	\$ _____	\$ _____
Repairs.....	\$ _____	\$ _____	\$ _____
Supplies.....	\$ _____	\$ _____	\$ _____
Tools.....	\$ _____	\$ _____	\$ _____
Telephone.....	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____

Other Expenses

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

 Taxpayer Signature Spouse Signature Date

PETER F. CORRAO, L.L.C.
BOOKKEEPING & TAX SERVICE



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CHECK LIST

Most Important and Commonly Forgotten

- W2's
- 1099-Misc
- K1s from partnership, S-Corp, or estate and trusts
- SS cards for all family members including Newborns
- Proof of Health Insurance Form for all Family Members (Form 1095-A, B, or C)
- EITC Proof of Residence for Children (school records or medical records)
- Mortgage Interest Paid (Form 1098)
- Property Taxes Paid
- Car Registration (for cars, boats, trucks, trailers, quads, jet skis, etc.)
- Day Care Name and Tax ID Number
- Student Loan Interest (Form 1098-E)
- College Tuition (Form 1098-T)
- Routing and Account Numbers for Direct Deposit
- HUD-1 Closing Statement for New Home Purchase or Refinance
- Business Income and Expenses (Busines Organizer)
- Rental Income and Expenses (Rental Organizer)

New Clients Only

- All of the Above Items
- Last 2 Years of Tax Returns

*Note: If you bring originals to your tax appointment I will be able to make copies.
Please request this upon check in.

Client Document Request (New for 2016)

In 2016, Congress passed the PATH Act (“Protecting Americans Against Tax Hikes”) and the Affordable Care Act (“Obama Care”). As a result of this, additional documentation is now required for Health Care, the Earned Income Tax Credit, the Child Tax Credit, and the American Opportunity Tax Credit. In order to comply with these new requirements, please provide the following documents if you have not done so already. For new clients all documents are needed.

1. *Copy of Driver’s License, State Id card, or other picture id for all adults living in the household.
2. *Copy of Social Security Cards for all named in item #1 as well as any child being claimed on the tax return as a dependent. *Copy of Birth Certificates for all children.
3. Proof of health Insurance for **all members** of the household, Form 1095-A, B, or C.
4. Proof of Filing Status if there was change from last year. *Copy of your marriage certificate or divorce decree.
5. Proof that each child who is being claimed has resided in your household for at least 183 days of the tax year. *Provide any one of the following: A copy of school records, school letter or statement; landlord statement or lease agreement; health care provider statement; medical records; child care provider records; social service records; place of worship statement; employer statement; or Indian tribal official statement, are all be acceptable documents.
6. If child is over 18, proof of full time student status or disability status, see 7 below.
7. If your child is over 18 and in college, please provide Form 1098-T from the college, plus a transcript of fees charged by the college, and another transcript of the fees paid by the student or parents.
8. *Copy of last year’s federal and state tax return

Due to these new IRS requirements, I, as your tax professional, am required to substantiate the filing status, dependents and tax credits claimed on your tax return. If I fail to provide proper documentation to the IRS, it will result in a \$510 fine per credit (per return) for me, the tax preparer, so these documents are required.

*Note: If you bring originals to your tax appointment I will be able to make copies. Please request this upon check in.