ALL TAXPAYERS MUST SUBMIT A COPY OF CURRENT PHOTO ID/OH DRIVER LICENSE FOR OHIO EFILING REQUIREMENTS
IF CLAIMING EIC/CHILD CARE/EDUCATION CREDITS, DEPENDENT ADDRESS VERIFICATION REQUIRED

2017 INCOME TAX DATA ORGANIZER

Taxpayer's name_____ Soc Sec No_____ Birthdate_____

Spouse's name_____ Soc Sec No_____ Birthdate_____

Street Address_____

City_____ State_____ Zip_____

Phone_____ Cell_____ E-mail_____

DEPENDENTS

Name	Relationship	Soc Sec No	Birthdate
1)			
2)			
3)			
4)			

NOTE: You must provide a Social Security Number for all dependents.

THINGS TO BRING

**** ALL W-2's_____ ALL 1099's_____ ALL 1098's_____ ALL 1095's_____ ALL K-1's_____ ALL SSA-1099's:_____

Verification of Estimated taxes paid:

	Federal	**State**	**Local**
1st Qtr:	_____	_____	_____
2nd Qtr:	_____	_____	_____
3rd Qtr:	_____	_____	_____
4th Qtr:	_____	_____	_____

RENTAL INCOME AND EXPENSES

Total Rents Received: $

Rental Expenses	**Rental Expenses**
Taxes:	Auto Mileage:
Utilities:	Repairs:
Interest:	Supplies:
Insurance:	Other:

OTHER INCOME

If you have other income, please bring all supporting documents

Examples:

Social Security:	Employment:
Child Care:	Alimony:
Jury Duty:	Lotteries/Prizes:
Pensions/Annuities:	Tax Refunds:

NOTE: Please bring all supporting documents

Health Care Coverage Documentation: ____yes ____no

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DEDUCTIONS AND CREDIT ITEMS

INTEREST EXPENSE

Home Mortgage Interest:_____
Investment Interest: _____
Interest paid on student loans:_____

MISCELLANEOUS DEDUCTIONS

Real Estate Taxes:_____ Uniforms:_____
Safe Deposit Box:_____ Investment/Tax Advice:_____
Prof. Dues & Subscriptions: _____
Prof. Education: _____

PAYMENTS TO A TRADITIONAL IRA

Taxpayer Date ___-___-___ Amount: $_____

Spouse Date ___-___-___ Amount: $_____

PENALTY FOR EARLY WITHDRAW $_____

ALIMONY PAID Amount: $_____

PAYMENTS TO A ROTH IRA

Taxpayer Date ___-___-___ Amount $_____

Spouse Date ___-___-___ Amount $_____

KEOGH, SEP & SIMPLE CONTRIBUTIONS: $_____

SELF EMPLOYED HEALTH INS. $_____

MEDICAL EXPENSES

Medical savings acct. contributions $_____
Unsubsidized Insurance Premiums-excluding Medicare $_____
Prescriptions $_____
Hearing Aids & Batteries $_____
Doctors and Dentists $_____
Hospitals $_____
Travel $_____
Auto Mileage _____

CONTRIBUTIONS

Churches $_____
Other Cash contributions $_____
Charitable Auto Mileage _____
Property donated w/receipts $_____
Other: $_____

MOVING EXPENSES

Travel and Lodging: $_____
Moving household goods $_____

CHILD CARE EXPENSES

Provider's name	Address	ID# of Provider(s)	Amount Paid

EDUCATION EXPENSES

Name of Institution	Tuition Paid	Who attended	When classes began
Bring all original 1098-T forms issued by institution(s)			

QUESTIONS OR CONCERNS: