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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
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TAX YEAR ENDED 2016

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name _____
 (S) Spouse's Full Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Same address as last year: Yes _____ No _____
 T Social Security # _____ S Social Security # _____
 T Date of Birth _____ S Date of Birth _____
 T Occupation _____ S Occupation _____
 Home Phone # _____ Work Phone # _____
 Work Phone # _____ Fax #(s) _____
 E-mail address _____ E-mail address _____

DEPENDENTS

Name	Birth Date	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)

DO NOT INCLUDE WITHHOLDING FROM SALARIES

	IRS:	State:	Date paid	IRS:	State:
1st Qtr pymt:	_____	_____	_____	_____	_____
2nd Qtr pymt	_____	_____	_____	_____	_____
3rd Qtr pymt	_____	_____	_____	_____	_____
4th Qtr pymt	_____	_____	_____	_____	_____
Amt paid w/ extension	_____	_____	_____	_____	_____

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

T/S/J	Sources	
_____	Prizes and awards	\$ _____
_____	Royalties	\$ _____
_____	Honorariums	\$ _____
_____	Alimony received (No Child Support)	\$ _____
_____	Other: Please Itemize	\$ _____

Do you have any expenses to offset other income Yes _____ No _____

If yes, please request a business checklist or download a copy from our website

Please visit our website at www.simonic.net

Name:

Tax Year: 2016

ADJUSTMENTS

Table with columns: T/S/J, Source, and Amount. Rows include ROTH IRA Contributions, Regular IRA Contributions, Educator Expense, Medical Savings Accounts, Moving Expense, and Alimony Paid to.

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Table with 2 columns: Description and Amount. Rows include Medical Insurance Premium, Prescriptions, Doctors, Auto mileage, and Other.

TAXES

Table with 2 columns: Description and Amount. Rows include Sales Tax, Real Estate, and Other taxes.

INTEREST

Table with 2 columns: Description and Amount. Rows include Personal home interest, Equity Line Interest, and Personal investment interest.

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS

Table with 2 columns: Description and Amount. Rows include Church(es), Charities, Non-cash expenses, and Non-cash mileage.

Note: If over \$500, supply detailed list with name and address of donee organization for each date of contribution, and Form 1098C for vehicle contribution.

MISCELLANEOUS ITEMIZED DEDUCTIONS

Table with 2 columns: Description and Amount. Rows include Tax preparation expense, Accounting/tax books, Employee business expenses, and Telephone.

TRAVEL AND ENTERTAINMENT

Table with 2 columns: Description and Amount. Rows include Meals and Entertainment, Business Mileage, and Travel Expenses.

Do you have an office in the home for an out of town employer? Yes No

* Note: We may require additional information for Business Vehicle

Name:

Tax Year: 2016

MISCELLANEOUS ITEMIZED DEDUCTIONS (Continued)

Investment Expenses

Publications \$ Safe deposit box \$
Broker Fees \$ Other Investment Expense \$

Job Hunting Expense

Meals \$ Auto travel (miles)
Lodging \$ Postage, typing \$
Airfare, auto rental \$ Other \$

EDUCATION CREDITS

Name of Student: (Provide Form 1098T)

Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate

Tuition and fees \$ Date paid

Student loan interest paid \$

Payee

Educational Expense Please separate expense by each student

Tuition and fees \$ Transportation \$

Books and supplies \$ Lodging \$

Auto travel (miles) \$ Meals \$

Courses taken:

CHILD CARE CREDIT

Table with 4 columns: Name of Dependent, Age, Relationship, Amount. Includes dollar signs and blank lines for data entry.

Information on Child Care Provider is required:

Provider's name:

Address:

Federal ID or Social Security #:

(Attach list of additional providers, if necessary.)

HOME OFFICE INFORMATION

Name: _____ **Tax Year: 2016**

Please use a separate page for each business activity (i.e., one page for employee business expenses one separate page for self-employed business expenses).

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase _____

Purchase price \$ _____

Total square footage of home _____

Square footage of office and product area _____

Is office space used exclusively for business? Yes _____ No _____ (if no stop here)

Is home office for convenience of employer? Yes _____ No _____ (if no stop here)

Do you received any rents from your employer for your office in home? Yes _____ No _____

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ _____ Interest \$ _____

Insurance \$ _____ Taxes \$ _____

Utilities (gas, electric, etc.) \$ _____

Repairs and Upkeep \$ _____

Building

Building Improvements \$ _____

Type of Expense - Direct

R & M on Office Area \$ _____

Supplies for Office Area \$ _____

Furnishing for Office Area \$ _____

Auto Expenses

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use _____

Auto Information

	<u>Auto #1</u>	<u>Auto #2</u>
Year/make	_____	_____
Purchase price (If purchased in 2016 include copy of invoice)	\$ _____	\$ _____
Date of purchase	_____	_____
Odometer at purchase	_____	_____
Total miles for year **	_____	_____
Business miles	_____	_____
Commuting miles	_____	_____
Auto lease (if 1st year, enclose copy of lease)	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Garage rent	\$ _____	\$ _____
Gas, oil and lube	\$ _____	\$ _____
Insurance and auto club	\$ _____	\$ _____
Repairs, tires and batteries	\$ _____	\$ _____
Tolls and parking **	\$ _____	\$ _____
Washing and polishing	\$ _____	\$ _____
Interest on auto loan (do not include elsewhere) **	\$ _____	\$ _____

**** NOTE: Complete this whether claiming mileage or actual expenses.**

MINISTER'S INFORMATION

GENERAL INFORMATION

	Yes	No
Are you ordained, licensed or equivalent	_____	_____
Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes)	_____	_____
Does your employer own and provide your parsonage?	_____	_____
If yes, what is its furnished rental value?		
Current fair market value	\$ _____	
If no, do you own your own home?	_____	_____
Date of purchase	_____	
Purchase price	\$ _____	
Parsonage allowance officially designated	\$ _____	
Is this amount included on the income line of W-2 or 1099?	_____	_____

Fair rental value of furnished home per month (For all housing over \$36,000, please provide written Real Estate Professional appraisal)

Business Expenses

Have you been reimbursed for your professional expenses, including mileage?

If yes, how much? \$ _____

Show the details of your unreimbursed expenses by completing below:

Total Parsonage Expenses Paid by You for Year

Type of Expense

Rent paid	\$ _____
Principal payments	\$ _____
Taxes	\$ _____
Interest	\$ _____
Insurance	\$ _____
Repairs and upkeep	\$ _____
Lawn Care Expenses	\$ _____
Furniture/appliances	\$ _____
Decorator items	\$ _____
Misc. supplies/expenses	\$ _____
Utilities (water, electric, gas, phone, etc.)	\$ _____

Unreimbursed Professional Expenses

Religious materials (Ministers)	\$ _____
Continuing Education	\$ _____
Gifts to Congregation	\$ _____
Office supplies	\$ _____
Postage	\$ _____
Seminars and Dues	\$ _____
Subscription	\$ _____
Telephone	\$ _____
*Business Long Distance	\$ _____
*Business Cell	\$ _____
Vestments	\$ _____
Ministry Meals	\$ _____
Entertain # of People	\$ _____
Travel Fares & Hotels & Other	\$ _____
Other (give details)	
Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Equipment purchases (itemize)	\$ _____

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable \$ _____

Date of purchase _____

Purchase price \$ _____

If property was purchased or sold in 2016, please provide settlement statement

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

Expenses:

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		_____

Do you actively participate in this activity?

- Yes _____ No _____ More than 100 hrs
- Yes _____ No _____ More than 500 hrs
- Yes _____ No _____ More than 750 hrs

Name: _____

Tax Year: 2016

PLEASE COMPLETE

I have provided all income received from all sources for the current year. YES _____ NO _____
I have adequate records or sufficient written evidence to justify these deductions. YES _____ NO _____

Note that having substantiation for Travel, Meals and Entertainment is critical.

FOREIGN ACCOUNTS

Do you have a financial interest in, or signing power over, a bank, securities, assets including property or other financial accounts in a foreign country?

If Yes, did the balance exceed \$10,000 in 2016? Yes No

Please Provide:

1. Name & type of account _____
2. Maximum balance in 2016 _____
3. Name & address of financial institution _____
4. Account Number _____

Do you have an Offshore Trust? Yes No

HEALTH INSURANCE

1. Do you have full health insurance coverage for the entire year for all individuals named on your tax return?

Yes No

2. Did you purchase your health insurance through the Health Insurance Marketplace?

Yes No

If yes, please provide Form 1095-A

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Signed _____
Date _____