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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
 AICPA & FICPA

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TAX YEAR ENDED 2017

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: 2017

ADJUSTMENTS

<u>T/S/J</u>	Source	
	ROTH IRA Contributions (not included on W-2)	\$ _____
	Regular IRA Contributions (not included on W-2)	\$ _____
	Educator Expense	\$ _____
	Medical Savings Accounts or Health Savings Contributions	\$ _____
	Moving Expense (provide detail)	\$ _____
	Alimony Paid to: _____	\$ _____
	Recipient's Social Security #: _____	

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

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck	\$ _____
Prescriptions and eyeglasses not reimbursed by your medical insurance	\$ _____
Doctors and hospitals not reimbursed by your medical insurance	\$ _____
Auto mileage for medical purposes	_____
Other (please explain)	\$ _____

TAXES

Sales Tax (If you bought any type of vehicle, please include invoices/documentation)	\$ _____
Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt	\$ _____
Other taxes (please explain) personal property, intangible etc.	\$ _____

INTEREST

Personal home interest - principal home (enclose Form 1098)	\$ _____
Equity Line Interest or Second Mortgage	\$ _____
Personal home interest - 2nd home (enclose Form 1098) (includes certain boats)	\$ _____
Personal investment interest	\$ _____

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

CONTRIBUTIONS

By cash or check: Church(es) <u>Taxpayer must have receipts or cancelled checks</u>	\$ _____
By cash or check: Charities <u>please provide statements for all contributions listed here</u>	\$ _____
Non-cash - volunteer travel expenses	\$ _____
Non-cash - supplies for church or charity	\$ _____
Non-cash mileage for volunteer work	\$ _____
Non-cash - fair market value of clothing, furniture, real estate, etc.	\$ _____

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

Tax preparation expense	\$ _____
Accounting/tax books	\$ _____
Employee business expenses: (If you receive a W-2 for work) (**Ministers please put this information on minister's worksheet *NOT HERE)	
Equipment	\$ _____
Office supplies and postage	\$ _____
Seminar and dues	\$ _____
Subscriptions, etc.	\$ _____
Telephone:	
Business portion long distance	\$ _____
Business portion cell phone	\$ _____
Union dues	\$ _____
Uniforms	\$ _____
Small tools	\$ _____
Other employee expenses (please explain)	\$ _____

TRAVEL AND ENTERTAINMENT

Meals and Entertainment	\$ _____
* Business Mileage	_____
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: 2017

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

Name of Dependent	Age	Relationship	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Information on Child Care Provider is required:

Provider's name: _____

Address: _____

Federal ID or Social Security #: _____

(Attach list of additional providers, if necessary.)

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HOME OFFICE INFORMATION

Name: _____ **Tax Year: 2017**

**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 2017 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.**

Name: _____

Tax Year: 2017

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

<u>Type of Expense</u>		<u>Unreimbursed Professional Expenses</u>	
Rent paid	\$ _____	Religious materials (Ministers)	\$ _____
Principal payments	\$ _____	Continuing Education	\$ _____
Taxes	\$ _____	Gifts to Congregation	\$ _____
Interest	\$ _____	Office supplies	\$ _____
Insurance	\$ _____	Postage	\$ _____
Repairs and upkeep	\$ _____	Seminars and Dues	\$ _____
Lawn Care Expenses	\$ _____	Subscription	\$ _____
Furniture/appliances	\$ _____	Telephone	\$ _____
Decorator items	\$ _____	*Business Long Distance	\$ _____
Misc. supplies/expenses	\$ _____	*Business Cell	\$ _____
Utilities (water, electric,		Vestments	\$ _____
gas, phone, etc.)	\$ _____	Ministry Meals	\$ _____
		Entertain # of People	\$ _____
		Travel Fares & Hotels & Other	\$ _____
		Other (give details)	
		Description	Amount
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		Equipment purchases (itemize)	\$ _____

Name: _____

Tax Year: 2017

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?

Yes No

If Yes, did the balance exceed \$10,000 in 2017?

Yes No

Please Provide:

1. Name & type of account _____
2. Maximum balance in 2017 _____
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 _____