



2016 Income Tax Preparation Questionnaire & Organizer

Name: _____
 Address: _____
 City/State/Zip: _____
 Preferred Phone: (____) _____ Cell Work Home Other
 Alternate Phone: (____) _____ Cell Work Home Other
 E-Mail: _____

***Please check box on left to indicate new information from last year**

This document is meant as a guideline for helping you organize your tax information. It is not intended to replace original documentation. We have modified this organizer from prior years to incorporate reporting changes under both the Affordable Care Act and other legislation recently passed by Congress.

General Return & Filing Information

	YES	NO
1) Were you notified by the IRS or your State of any changes to a prior year's return? <i>*If Yes, please provide a copy of IRS or State notices.</i>		
2) Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return? <i>*If Yes, please explain or attach documentation.</i>		
3) Is the address listed above a NEW primary residence for 2016? <i>*If Yes, please provide date of move and closing documents related to this move.</i>		
4) Did your marital status change in 2016? (Married, Divorced, Remarried) a) <i>If married or remarried, please provide spouse's DOB, SSN & Full Name.</i> b) <i>If divorced, please provide date and copy of decree.</i> New Information: _____ _____		
5) Dependents: Are there changes in your dependent information from the prior year? (New baby, adoption, child left home, no longer full time student, claimed by other, etc.) <i>*If Yes, please provide the following for the dependent(s) being added/removed:</i> Full Name: _____ Full Name: _____ Full Name: _____ DOB: _____ DOB: _____ DOB: _____ SSN: _____ SSN: _____ SSN: _____ <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove Other Changes or information on dependents: _____ _____ <u>If you are unsure please contact our office for additional information</u>		

	YES	NO
6) DAY CARE - Did you pay <u>child care costs</u> for a dependent child under the age of 13? <i>*If Yes, please provide statement from care provider including: name, address, federal ID # & amount paid .</i>		
7) Did you provide over ½ of the support for another person (who is not your child, i.e. niece/nephew, stepchild)? <i>*If Yes, please provide the following: Full Name DOB _____ SSN _____</i>		
8) Do you have dependents for which a tax return may need to be filed?		
9) Any other general information regarding your return filing status? (Additional dependents, new spouse, name change, DOB, SSN, etc.) <i>Additional info: _____</i>		
10) Did you (or spouse) make Estimated FEDERAL TAX Payments for 2016? <i>*If Yes, please provide the following:</i> Date _____ Amount _____ Date _____ Amount _____ Date _____ Amount _____ Date _____ Amount _____		

Notes pertaining to General Return & Filing Information:

Health Care Information

	YES	NO	
11) If you purchased your insurance through the <u>marketplace</u> please provide form(s) 1095A . <i>*Contact the marketplace if you did not receive a form and you were insured in 2016. (FORM 1095A IS REQUIRED TO COMPLETE YOUR RETURN)</i>			1095A(s) Qty <input type="text"/>
12) If your insurance is through your employer or privately purchased (not through the market place) please provide form(s) 1095-B or 1095-C. If you did not receive this form, provide your policy information and the number of months covered for 2016 for all members of your household. <i>Policy# _____ Carrier# _____</i>			1095B(s) Qty <input type="text"/>
<input type="checkbox"/> I/We had coverage for the entire year			1095C(s) Qty <input type="text"/>
<input type="checkbox"/> I/We had coverage for _____ months			
<input type="checkbox"/> I/we had NO health insurance for entire year			
<input type="checkbox"/> I/we are not required maintain coverage under an exemption? (If yes, please explain below)			
13) Did you (or spouse) make HSA contributions or receive distributions? <i>*Please provide all 1099-SA forms.</i>			1099-SA Qty <input type="text"/>

Client notes pertaining to Health Care Information

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Income and Earnings Information (Standard)

		YES	NO	
14)	Did you (or spouse) have <u>Wages</u> as an employee during the year? <i>*Please provide all W-2 forms.</i>			W-2(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
15)	Did you (or spouse) receive <u>interest</u> from a bank account or other financial institution? (include regular, tax exempt and bond interest) <i>*Please provide all 1099-INT forms.</i>			1099-INT(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
16)	Did you (or spouse) receive <u>dividends</u> from investments? <i>*Please provide all 1099-DIV forms.</i>			1099-DIV(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
17)	Did you (or spouse) receive a <u>state or local income tax refund</u> , credit or offset of prior year? <i>*Please provide all 1099-G forms.</i>			1099-G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
18)	Did you (or spouse) receive or pay <u>alimony</u> during the year? <i>*If Yes, please provide:</i> <i>Ex-Spouses Name: _____</i> <i>SSN: _____</i> <i>Amount paid or received: \$ _____</i>			
19)	Did you (or spouse) operate a sole proprietorship, single member LLC or other unincorporated business during the year (Sch C)?			Go to www.atscpas.com for Schedule C Worksheet
20)	Did you (or spouse) <u>sell</u> stocks, securities or mutual funds? <i>*Please provide all 1099-B forms & cost basis info.</i>			1099-DIV(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
21)	Did you (or spouse) receive stock from a plan with your employer? <i>*Please provide 1099-B forms.</i>			1099-B(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
22)	Did you (or spouse) sell or purchase a principal residence, 2 nd home, timeshare, cottage, etc.? <i>*If Yes, please provide date and closing documents.</i>			
23)	Did you (or spouse) receive payments from a <u>pension</u> , profit sharing or other employer sponsored plan? <i>*Please provide all 1099-R forms.</i>			1099-R(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
24)	Did you (or spouse) receive payments from an IRA, Roth IRA or other qualified plan? <i>*Please provide all 1099-R forms.</i>			1099-R(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
25)	Did you (or spouse) purchase, sell or have income from a <u>rental property</u> (Sch E)? <i>*If Yes, please provide detailed income and expense summary for each property.</i>			Go to www.atscpas.com for Schedule E Worksheet
26)	Did you (or spouse) receive <u>unemployment</u> benefits? <i>*Please provide all 1099-G forms.</i>			1099-G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
27)	Did you (or spouse) receive <u>social security</u> benefits? <i>*Please provide all 1099-SSA forms.</i>			1099-SSA(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
28)	Did you (or spouse) have any <u>gambling</u> income during the year? <i>*Please provide all W-2G forms.</i>			W-2G(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
29)	Did you (or spouse) acquire interests in or have income from partnerships or trusts? <i>*Please provide all K1 Forms 1065 or 1041</i>			K-1(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>
30)	Did you (or spouse) acquire interests in or have income from S-Corporations? <i>*Please provide all K1 Forms 1120S</i>			K-1(s) Qty. <input style="width: 50px; height: 20px;" type="text"/>

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Income and Earnings Information (Special)

		YES	NO
31)	Did you (or spouse) receive income from any of the following situations?		
	<i>a) Gambling winnings not reported on form W-2G?</i>		
	<i>b) Other income reported on 1099-Misc Box 3? (*Please provide form)</i>		
	<i>c) Qualified tuition program earnings? (Form 1099-Q)</i>		
	<i>d) Child's <u>investment</u> income in excess of \$2,100.00?</i>		
	<i>e) Jury duty fees?</i>		
	<i>f) Cancelled Debts? Form 1099-C or Form 1099-A</i>		
	<i>g) Do you have any foreign bank/financial accounts?</i>		
	<i>h) Other income? (please provide details)</i>		

Client notes pertaining to Income and Earnings Information (Special)

Adjustments to Income & Earnings

		YES	NO
32)	Did you (or spouse) make contribution or get distributions from any of the following situations?		
	<i>a) Moving expenses for a job relocation? (distance greater than 50 miles)</i>		
	<i>b) SEP or Simple IRA contributions (not IRA or Roth)</i>		
	<i>c) Self-employed health insurance premiums?</i>		
	<i>d) IRA or Roth IRA contributions? (not SEP or Simple) Form 5498</i>		
	<i>e) Student loan interest paid? (If Yes, please provide Form(s) 1098-E)</i>		

Medical Expenses

		YES	NO
33)	Did you (or spouse) pay medical expenses out of pocket that were neither reimbursed or paid from a health savings account?* <i>*Please note expenses must exceed 10% of your gross income to be eligible for deduction. Please provide a summary schedule of medical expenses not reimbursed or paid from an HSA.</i>		

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Taxes – State & Local Income, Property and Personal

	YES	NO
34) Did you (or spouse) make Estimated STATE payments for 2016? <i>If Yes, please provide the following:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 45%;">Amount \$ _____</div> </div>		
35) Did you (or spouse) pay <u>real estate taxes</u> on any real property which you own? (Primary residence, 2 nd Home, family cottage, timeshare, etc.) <i>*If Yes, please provide all tax bills for taxes you paid or were paid on your behalf.</i>		
36) Did you (or spouse) pay any <u>personal property taxes</u> based on the value of the personal property? (i.e. plate fees on autos, boats and other vehicles)		
37) Did you (or spouse) pay any <u>other taxes</u> you feel may be deductible? <i>*If Yes, please provide details.</i>		

Client notes pertaining to Taxes - State & Local Income, Property and Personal

Interest – Mortgage, PMI & Investment

	YES	NO	
38) Did you (or spouse) make payments on a <u>1st or 2nd mortgage</u> , refinance or take out a home equity loan? <i>*Please provide all 1098 forms.</i>			1098(s) Qty. <input style="width: 50px; height: 25px;" type="text"/>
39) Did you (or spouse) take out a NEW mortgage or refinance in 2016 on which you may have paid PMI for 2016? <i>*If Yes, please provide all 1098's & closing documents</i>			1098(s) Qty. <input style="width: 50px; height: 25px;" type="text"/>
40) Did you (or spouse) make payments on a mortgage that was <u>not</u> reported to you on form 1098? (land contract or other) <i>*If Yes, please provide name, address and TIN of the land contract holder:</i> Name: _____ Address: _____ TIN/SSN: _____			

**Higher Education Expenses

41) **Please note: If you are claiming a deduction or tax credit for higher education expenses paid new regulations REQUIRE form 1098-T for all schools for which you are claiming tuition paid. Additionally new due diligence requirements require that in addition to the 1098-T you must provide proof of payment in the form of a statement from the school or cancelled checks and receipts for payments of tuition and qualified expenses (ie books etc.)		
42) Did you pay any <u>Higher Education Expenses</u> that were not covered by scholarships or qualified tuition payment plans? <i>*Please provide all forms 1098-T, 1099Q and relevant records pertaining to the tuition paid</i>		

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Charitable Contributions – Cash & Non-cash

		YES	NO
43)	Did you (or spouse) make <u>CASH contributions</u> to a qualified charity? <i>*If Yes, please provide receipts or bank records of cash donations.</i>		
44)	Did you (or spouse) make <u>NON-CASH contributions</u> to a qualified charity? <i>*If Yes, please provide receipt and "in good used condition" letter These amounts may not be "estimated" please provide specific detail of items donated!</i>		
45)	Did you (or spouse) donate a vehicle to a qualified charity? <i>*If Yes, please provide statement from charity and form 1098-C.</i>		

Client notes pertaining to Charitable Contributions – Cash & Non-cash

****Under tax regulations you acknowledge that you have a letter from the organization or a bank record of the donation reflecting the amount and date of the donation and that any non-cash items were in "good used condition" and that your donation receipt reflects that statement.**

Other Deductions & Misc. Expenses

		YES	NO
46)	Do you (or spouse) have expenses from any of the following situations?*		
	<i>a) Business related educational expenses? (not reimbursed)</i>		
	<i>b) Job related travel & entertainment expenses? (not reimbursed)</i>		
	<i>c) Job related mileage expenses? (not commuting & not reimbursed)</i>		
	<i>d) Job related tools, uniforms, supplies, etc.? (not reimbursed)</i>		
	<i>e) Investment advisory fees and or tax preparation fees?</i>		
	<i>f) Gambling losses to the extent of winnings?</i>		
	<i>g) Other expenses you feel may be deductible?</i>		
	<i>*Please note expenses must exceed 2% of your gross income to be eligible for deduction</i>		
47)	If you are a Renter, please provide: Landlord Name & Address _____ Number of months you paid rent for 2016: _____ Total amount of Rent for 2016: \$ _____		

Client notes pertaining to Other Deductions & Misc. Expenses

Client Last Name _____

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Other information you feel we should be aware of for your 2016 tax preparation:

For direct deposit of any available refund please attach a voided check or a copy of a check.

****Deposits slips are not an acceptable substitute the IRS will reject the direct deposit information.
(Note with all the banking changes it is crucial that we have an updated copy each year)**

If bank information is not provided (written and legible account and routing numbers) we will assume you would like a paper check for any refunds.

Please specify: Checking Account Savings Account

Bank Name: _____

Routing #: _____

Account #: _____

If you have any further questions please contact your ATS Advisors office:

Headquarters
875 S Main St
Plymouth, Michigan 48170
734.454.4100 – Tel
734.454.1300 – Fax

Down River
7915 Allen Road
Allen Park, Michigan 48101
313.388.7180 – Tel
313.388.3216 – Fax

Livonia (Rea & Shoemaker)
35951 5 Mile Road
Livonia, MI 48154
734.462.6161 – Tel
734.462.6059 – Fax

Northern Michigan
P O Box 627
Grayling, Michigan 49738
989.348.4055 – Tel
989.792.1985 – Tel
989.348.6451 – Fax

Oakland County
2310 E 11 Mile Rd
Royal Oak, Michigan 48067
248.399.7331 – Tel
248.544.6160 – Tel (EA Schensky)
989.792.8095 – Fax

Eastside
23000 Greater Mack Ave, Ste 500
St. Clair Shores, Michigan 48080
313.371.6600 – Tel
586.859.7045 – Fax

**** PLEASE REMEMBER TO SIGN THE ENCLOSED ENGAGEMENT LETTER ****
**** AS WE CANNOT e-FILE WITHOUT THE SIGNED LETTER ON FILE ****

Client Last Name _____

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