

**2017 Personal Organizer**  
 Norwalk Business Service, Inc.  
 www.nbs-tax.com  
 nbsinc@nbs-tax.com

Your Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Your Driver's License: \_\_\_\_\_ Spouse's Driver's License: \_\_\_\_\_  
 Your License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Spouse's License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Note:** The items and questions listed on this personal deduction sheet may or may not pertain to your tax situation. We are all different with special situations. Please use this sheet or a separate sheet to list all questions and items you feel are important to your tax return.

**\*\*\*\*New clients please bring a copy of your prior years tax return\*\*\*\***

Name	Birthdate	SSN (Mandatory)	Relationship	Months lived at home (if less than 12)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**Estimated Taxes:**

Federal			State		
<u>Due Date</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Due Date</u>	<u>Date Paid</u>	Amount
4/18/2017	_____	\$ _____	4/18/2017	_____	\$ _____
6/15/2017	_____	\$ _____	6/15/2017	_____	\$ _____
9/15/2017	_____	\$ _____	9/15/2017	No Due Date	\$ _____
1/16/2018	_____	\$ _____	1/16/2018	_____	\$ _____

Other Payments to IRS Date: \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Payments to FTB Date: \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

**1. Interest Received: Bring Form 1099 INT**

Banks, Savings, Credit Unions		Tax Exempt Interest (Do not include IRA earnings)	
From	Amount	From	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Interest Received from Individuals:**

Name	Address	SSN(Mandatory)	Amount
_____	_____	_____	\$ _____

**2. Stocks Dividends Received: Bring Form 1099-DIV & 1099-B**

From	Amount	From	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**3. Unemployment Income Received**

\$ \_\_\_\_\_

**Unemployment Income Repaid**

\$ \_\_\_\_\_

**4. Investment Interest Paid:**

Paid To: \_\_\_\_\_ \$ \_\_\_\_\_

**5. Profit Sharing Distribution**

- a) Date Distribution Received \_\_\_\_\_
- b) Your Contribution \$ \_\_\_\_\_
- c) Company Contribution \$ \_\_\_\_\_

**6. Pension/401k: Bring Forms 1099R**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Pension/401k: Rollover: Bring Form 1099R**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**7. IRA Distribution Received: Bring Form 1099R**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**8. IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**9. IRA Rollovers: Bring Form 1099R**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**10. Roth IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**11. Gambling Winnings: \$ \_\_\_\_\_**

**12. Social Security: Bring Form SSA-1099**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**13. Any other income we should be aware of.**

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**14. Lottery Winnings: Bring Form W-2G**

**15. Were any debts discharged during the year? (Bankruptcy, Etc.) Yes / No** Amount: \$ \_\_\_\_\_

**16. Bring information if your dependent, under 24, has unearned income of \$1050 or more during the year**

**17. Do you have any household employees? Yes / No**

**18. Do you have any unreported CA. Sales and Use Tax to report? Yes / No** Amount: \$ \_\_\_\_\_

**19. Student Loan Interest Paid: \$ \_\_\_\_\_**

**20. Did you do a Roth conversion? Yes / No** Amount: \$ \_\_\_\_\_

**Medical Expense:**

- Prescriptions \$ \_\_\_\_\_
- Doctors, Dentists, Nurses & Co-Pay \$ \_\_\_\_\_
- Hospital & Nursing Homes \$ \_\_\_\_\_
- Medical Ins. Premiums \$ \_\_\_\_\_
- Long Term Care Premiums \$ \_\_\_\_\_
- Long Term Care Premiums (Spouse) \$ \_\_\_\_\_
- Glasses, X-Rays & Lab Fees \$ \_\_\_\_\_
- Other-Hearing Aids, ETC. \$ \_\_\_\_\_

**Miles For Medical Care** \_\_\_\_\_

**Taxes:**

- Property Tax (Pers. Residence) \$ \_\_\_\_\_
- Property Tax (Land, 2nd Prop) \$ \_\_\_\_\_
- Auto Registration (No. of Vehicles \_\_\_) \$ \_\_\_\_\_
- Pers. Prop Tax (Boat, etc.) \$ \_\_\_\_\_
- Sales Tax (Car, Boat, Airplane) \$ \_\_\_\_\_
- Hero Program (Bring Tax Bill)

**Interest Paid:**

Home Mtg: **Bring Form 1098 from Mortgage Holder**  
Mortgage Co.

\_\_\_\_\_ \$ \_\_\_\_\_

Home Mtg: Paid to Individuals \$ \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

**21. Energy Credits**

Solar Energy  
(Bring Contract) Amount \$ \_\_\_\_\_

Electric Vehicle Credit:  
(Bring Contract) Amount \$ \_\_\_\_\_

**Contributions:**

- |              |          |          |
|--------------|----------|----------|
| Church       | \$ _____ | \$ _____ |
| Payroll Ded. | \$ _____ | \$ _____ |
| Other        | \$ _____ | \$ _____ |

**Non-Cash Contributions:**

- |          |          |
|----------|----------|
| Goodwill | \$ _____ |
| Other    | \$ _____ |

**Car donations: Bring Required Form 1098-C**

**All cash contributions require written substantiation from that organization. Checks under \$250. are acceptable.**

Charity Travel \_\_\_\_\_ Mi

**Misc. Work Related Deductions:**

- Union Dues \$ \_\_\_\_\_
- Tax Preparation \$ \_\_\_\_\_
- Safe Deposit Box \$ \_\_\_\_\_
- Job Related Books & Manuals \$ \_\_\_\_\_
- Job Related Cellular Phone \$ \_\_\_\_\_
- Job Related Telephone Calls \$ \_\_\_\_\_
- Job Related Education \$ \_\_\_\_\_
- Job Related Education Miles \_\_\_\_\_ Mi
- Entertainment \$ \_\_\_\_\_
- Job Seeking Exp (list separately) \$ \_\_\_\_\_
- Laundry - Uniforms \$ \_\_\_\_\_
- Small Tools for Work \$ \_\_\_\_\_
- Uniforms (not gen. wear) \$ \_\_\_\_\_
- Credit Card Fees to pay your taxes \$ \_\_\_\_\_
- Investment Expenses \$ \_\_\_\_\_

**22. Special Teachers Deduction**

Amt paid for teaching supplies \$ \_\_\_\_\_

**24. ESA / QTP**                      Withdrawal  
 Tuition and Housing Total                      \$ \_\_\_\_\_  
 Withdrawal Amount                      \$ \_\_\_\_\_  
 Housing Amount cannot exceed School Dormitory  
 cost or School Cost of Living Estimate

**Child Care:**  
 Number of Dependents cared for: \_\_\_\_\_  
 Person or Organization Paid: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN or Federal ID# (Required)                      \_\_\_\_\_

**Alimony:**  
 Paid:                      \$ \_\_\_\_\_  
 Received:                      \$ \_\_\_\_\_  
 SSN of Ex-Spouse                      \_\_\_\_\_

**Employee Business Travel:**  
 Meals                      \$ \_\_\_\_\_  
 Air Fares                      \$ \_\_\_\_\_  
 Number of Overnight Stays:                      \_\_\_\_\_  
 Parking                      \$ \_\_\_\_\_  
 Reimbursement from employer  
 not included in W-2                      \$ \_\_\_\_\_  
 Incidentals (Taxi, Dry Cleaning, Etc)                      \$ \_\_\_\_\_

**25. Foreign Financial Asset Reporting:**  
 Do you own/have interest in any Foreign Account?  
 Yes / No  
 If yes, please bring the Asset or Account Info:  
 Name, Address, Account Number, and Balance

Do you have an Online Gambling Account?  
 Yes / No  
 Foreign gifts totaling over \$100,000.00 from an  
 Individual or \$15,797.00 from a business entity?  
 Yes / No

Amount paid for each child:                      \$ \_\_\_\_\_  
 Phone Number (required) \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Did you receive dependent childcare benefits?  
 Yes / No

**Employee Business Auto Expense:**  
 Total Miles                      \_\_\_\_\_  
 Business Miles                      \_\_\_\_\_  
 Personal Miles                      \_\_\_\_\_  
 Gas                      \$ \_\_\_\_\_  
 Repairs                      \$ \_\_\_\_\_  
 Tires                      \$ \_\_\_\_\_  
 Vehicle Insurance                      \$ \_\_\_\_\_  
 Misc: (Car Wash, etc)                      \$ \_\_\_\_\_  
 Auto Registration                      \$ \_\_\_\_\_  
 Vehicle Lease Payments                      \$ \_\_\_\_\_

**Purchased and/or refinanced Personal Residence or Income Property.**  
 Please bring in the property tax bill and the Final Escrow Closing Statement.

**Sold Personal Residence or Income Property.**  
 Please bring in the Final Escrow Closing Statement and Form 1099-S

**Sale of Stock, Securities, or Bitcoins.**  
 Please bring in the Settlement Statements of Sale & Purchase and Form 1099-B.

**Did you have debt cancellation or foreclosure?**  
 Date                      \_\_\_\_\_  
 Amount                      \$ \_\_\_\_\_

**Casualty Loss:**  
 Loss must exceed 10% of your gross income.  
 Bring all details including receipts and insurance  
 reimbursements.

Bring your last loan statement  
 and Form 1099A or Form 1099C

**College Education:**  
 Tuition & Fees Paid                      \$ \_\_\_\_\_  
 Books                      \$ \_\_\_\_\_  
 Was student half time or more? Yes / No  
 Does student have a felony drug conviction? Yes / No

**2016 & 2017 Form 1098-T Required**  
**Copies of Receipts for Books/Supplies Required**  
**Bring School Account Transcript with Paid Amt.**  
**6 units in one semester qualifies as half time**

**Were you and your family covered by Health Insurance for at least 9 months last year? Yes / No**

**If you received a 1095-B or 1095-C from your Insurance Company or Employer, please bring it in.**

**Did you receive your insurance through an exchange? (Covered CA in California) Yes / No**  
Bring in your 1095-A from the marketplace.

If you received insurance through the exchange and got married this year, please bring a pay stub indicating how much each of you were paid up until you were married.

Do you have any dependents that are filing a tax return? Yes / No  
 If you received premium assistance were you married/divorced during the year? Yes / No  
 Is someone else paying for the insurance for any of your dependents? Yes / No

**If you were not insured, do any of the following apply?**

Did your employer offer health insurance? Yes / No  
 Did you live outside of the United States for over 330 days? Yes / No  
 Did you receive an exemption from coverage? Yes / No  
 Was there a hardship that prevented you from obtaining insurance? Yes / No  
 Were you incarcerated at any time during the year? Yes / No

**Months Without Health Insurance: (mark X for any that apply)**

	January	February	March	April	May	June
Taxpayer						
Spouse						
Dependent						
Dependent						
Dependent						

	July	August	September	October	November	December
Taxpayer						
Spouse						
Dependent						
Dependent						
Dependent						

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Should you need to contact us, please feel free to either call or email our office.  
 Yours truly,

**Norwalk Business Service, Inc.** (562) 863-4808  
[earlmsalter@nbs-tax.com](mailto:earlmsalter@nbs-tax.com) [rcavish@nbs-tax.com](mailto:rcavish@nbs-tax.com)  
[bcavish@nbs-tax.com](mailto:bcavish@nbs-tax.com) [dcavish@nbs-tax.com](mailto:dcavish@nbs-tax.com)