

Scott Allen, E.A.

Tax Debt Advisors, Inc.

- Tax Return Preparation
- IRS & State Tax Problems

January 19, 2018

Dear Valued Client:

Enclosed is tax organizer for your 2017 tax preparation appointment. Please review the organizer and bring it with you along with the appropriate information to your appointment. We ask that you schedule a time as soon as possible to get a time that is most convenient for you.

To ensure accuracy and avoid any delay in the completion of your return, please bring the applicable documents: W-2's, 1099's, social security income statement, unemployment compensation, any pension rollover or distribution information-1099R's, brokerage statements, closing statements on a purchase or sale of a home, and any K-1's. Social security numbers and dates of birth are needed for all dependents. If this is your first year using our tax preparation services, please bring your 2016 tax return with you. If you are a part-year Arizona resident, all income and expense items must be segregated by state. Self-employed clients need to have expense totals for each category. Receipts are not needed for the appointment but you do need to keep them organized at your home or business to support your deductions.

If you have any questions don't hesitate to call or email me ahead of time. All phone calls are answered or promptly returned the same day. Your referrals are greatly appreciated. I take very seriously the trust you extend to me with each one.

Thank you for your support and Happy New Year!



Scott Allen, E.A.



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(480) 926-9300

REMINDERS

- If you have 1099's to prepare & file, have those done by Jan 31st
- If you received health insurance thru healthcare.gov you need to get a 1095-A tax form from them
- Prepare early & file timely

RECORD YOUR APPOINTMENT TIME BELOW WHEN SCHEDULING

Day

Date

Time

OFFICE LOCATION

	GILBERT RD	VAL VISTA DR
SOUTHERN AVE	X	
US 60		

3155 E SOUTHERN AVE #101
MESA, AZ 85204

Phone 480-926-9300
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3155 E Southern Ave #101 Mesa, AZ 85204

TAX RETURN ORGANIZER

SCOTT ALLEN, E.A.

TAX DEBT ADVISORS, INC.
WWW.SCOTTALLENEA.COM

TAXPAYER'S NAME				S.S.#	
SPOUSE'S NAME				S.S.#	
TAXPAYER'S OCCUPATION				DATE OF BIRTH	
SPOUSE'S OCCUPATION				DATE OF BIRTH	
ADDRESS					
CITY	STATE	ZIP	HOME PHONE #		
TAXPAYER'S WORK #				TAXPAYER'S CELL #	
SPOUSE'S WORK #				SPOUSE'S CELL #	
E-MAIL					

DEPENDENT CHILDREN				MONTHS IN HOME
NAME (FIRST, INITIAL, LAST)	DATE OF BIRTH	S.S.#	RELATIONSHIP	

INCOME (PLEASE BRING LAST YRS TAX RTN IF A NEW CLIENT)			PAYER OF DIVIDEND INCOME		
PAYER OF INTEREST INCOME	AMOUNT	H-W-J	AMOUNT	H-W-J	
<small>H - HUSBAND W - WIFE J - JOINTLY OWNED</small>			<small>H - HUSBAND W - WIFE J - JOINTLY OWNED</small>		
PAYER OF W-2 INCOME	AMOUNT	H-W-J	PAYER OF 1099 INCOME	AMOUNT	H-W-J
<small>H - HUSBAND W - WIFE J - JOINTLY OWNED</small>			<small>H - HUSBAND W - WIFE J - JOINTLY OWNED</small>		

INTEREST EXPENSES	
HOME MORTGAGE - PAID TO FINANCIAL INSTITUTE	
HOME MORTGAGE - PAID TO INDIVIDUAL	
MORTGAGE POINTS	
INVESTMENT INTEREST PAID	

PROPERTY TAXES	
RESIDENCE	
2ND RESIDENCE	
AUTO LIC FEES	
OTHER	

MEDICAL EXPENSES	
HEALTH INSURANCE (IF PAID PRIVATELY)	
PRESCRIPTION MEDICINES	
DOCTORS & HOSPITALS	
DENTISTS	
MEDICAL MILES	
OTHER	

CONTRIBUTIONS	
CASH/CHECKS	
GOODS	
AZ SCHOOL CREDIT	
(COPY OF RECIEPTS NEEDED)	

GAMBLING	
WINNINGS	
LOSSES	

W-2 EMPLOYEE BUSINESS EXPENSES	
TOTAL BUSINESS MILES DRIVEN	
TOTAL PERSONAL MILES DRIVEN	
VEHICLE DESCRIPTION	
OTHER EMPLOYEE EXPENSES	
WERE YOU REIMBURSED FOR ANY EXPENSES?	

	H	W
ALIMONY PAID OR RECEIVED		
SOCIAL SECURITY INCOME		

MISCELLANEOUS	
EMPLOYEE EDUCATION	
JOB SEEKING	
SAFE DEPOSIT BOX	
SAFETY & PROTECTIVE EQUIPMENT	
SUBSCRIPTIONS / PUBLICATIONS	
TAX RETURN PREP FEE	
UNIFORMS	
UNION AND PROFESSIONAL DUES	

SELF-EMPLOYED BUSINESS		
BUS. NAME		
TAX ID #		
GROSS INCOME		
EXPENSES		
ADVERTISING		
MEALS & ENTERTAINMENT		
OFFICE EXPENSES		
INSURANCE		
INTEREST PAID		
RENT: EQUIPMENT		
RENT: OFFICE		
LEGAL & PROFESSIONAL		
REPAIRS		
SUPPLIES/MATERIALS		
TAXES		
PHONE/INTERNET		
TRAVEL		
WAGES		
CONTRACT LABOR		
OTHER _____		
OTHER _____		
BUSINESS MILEAGE		
PERSONAL MILEAGE		
VEHICLE DESCRIPTION		
EQUIPMENT PURCHASES:		
DESCRIPTION	DATE	AMOUNT

RENTAL PROPERTY	#1	#2	#3
GROSS INCOME			
EXPENSES			
ADVERTISING			
CLEANING & MAINTENANCE			
INSURANCE			
INTEREST: MORTGAGE			
INTEREST: OTHER			
LEGAL & PROFESSIONAL			
MANAGEMENT FEES			
REPAIRS			
SUPPLIES			
TAXES			
UTILITIES			
OTHER _____			
BUSINESS MILEAGE			
VEHICLE DESCRIPTION			
IF YOU PURCHASED A RENTAL:			
ADDRESS	DATE	PURCHASE AMOUNT	

HOME OFFICE DEDUCTION			
TOTAL SQFT OF HOME		INSURANCE	
SQFT OF HOME OFFICE		REPAIRS	
UTILITIES		OTHER	
HOMEOWNERS ASSOC.			

ESTIMATED TAX PAYMENTS	DATE	AMOUNT	DATE	AMOUNT

CHILD DEPENDENT CARE EXPENSES

OF DEPENDENTS CARED FOR EXPENSES
(REQUIRED BY LAW TO PROVIDE THE NAMES, ADDRESSES, ID #, & AMOUNTS PAID TO EACH CHILD CARE PROVIDER)

HEALTH CARE COVERAGE QUESTIONS

LIST EACH PERSON ON YOUR TAX RETURN	INDICATE IF THEY HAD HEALTH CARE AND FOR HOW MANY MONTHS		
	ENTIRE YEAR	LESS THEN 12 MONTHS	NONE AT ALL

HOW WAS THE HEALTH CARE POLICY OBTAINED? PLEASE CIRCLE

THRU: EMPLOYER / MEDICARE / MEDICAID / MARKETPLACE (EXCHANGE) / OTHER

HEALTH CARE TAX FORMS TO PROVIDE FOR TAX FILING (IF RECEIVED)

- 1095-A: RECEIVED YOUR HEALTHCARE THRU THE MARKETPLACE OR EXCHANGE
- 1095-B: PRIVATE INDIVIDUAL HEALTH INSURANCE COVERAGE
- 1095-C: EMPLOYER PROVIDED HEALTH INSURANCE COVERAGE

OTHER VARIOUS QUESTIONS (CHECK THOSE THAT APPLY)

PURCHASED OR SOLD A PROPERTY	<input type="checkbox"/>
BOUGHT AND/OR SOLD STOCK THRU A BROKERAGE ACCOUNT	<input type="checkbox"/>
WAS FORGIVEN OF DEBT (CANCELLATION OF DEBT)	<input type="checkbox"/>
PAID COLLEGE TUITION FOR YOURSELF OR FOR A DEPENDENT	<input type="checkbox"/>
CONTRIBUTED TO A NON-401K RETIRMENT PLAN (IRA, SEP, SIMPLE)	<input type="checkbox"/>
RECEIVED UNEMPLOYMENT INCOME	<input type="checkbox"/>
HAD DISTRIBUTIONS OR CONTRIBUTIONS TO A HEALTH SAVINGS ACCOUNT	<input type="checkbox"/>
PAID STUDENT LOAN INTEREST	<input type="checkbox"/>

WOULD YOU LIKE TO **E-FILE** OR **PAPER FILE** YOUR TAX RETURN?

IF YOU HAVE A REFUND AND WOULD LIKE DIRECT DEPOSIT:

NAME OF BANK ROUTING # ACCOUNT #

OTHER NOTES OR QUESTIONS TO BRING UP DURING OUR APPOINTMENT
