



Rivera Jamjian & Associates, LLP
 Certified Public Accountants & Consultants

811 Wilshire Boulevard, Suite 1805
 Los Angeles CA 90017
 Phone: 213.412.2002 • Fax: 213.412.2001

YOUR PERSONAL INFORMATION		Filing Status:	
Name and Address:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Single	<input style="width: 100%; height: 20px;" type="text"/>
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>	Married, Filing Jointly	<input style="width: 100%; height: 20px;" type="text"/>
		Married, Filing Separately	<input style="width: 100%; height: 20px;" type="text"/>
		Head of Household	<input style="width: 100%; height: 20px;" type="text"/>
		Widow(er)	<input style="width: 100%; height: 20px;" type="text"/>
		Phone Numbers:	
		Home	<input style="width: 100%; height: 20px;" type="text"/>
		Cell	<input style="width: 100%; height: 20px;" type="text"/>

	Date of Birth	Social Security #	DL/State ID #	Occupation
Taxpayer	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Spouse	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

DEPENDENTS – Please list names of all dependents, regardless of age, who received more than half of their support from you. **Do not list spouse.**

Name of Dependents	Date of Birth	Social Security #	Months in your home in 2016	Full Time Student 5 months or more?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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CHILD & DEPENDENT CARE

Qualifying Person's Name	Provider's Name & Address	Provider's ID#	Amount
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

BANK INFORMATION

If you are due a refund, would you like it directly deposited into your bank account? Yes No

Name of Bank	Checking or Saving	Routing Transit Number	Account Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

WAGES INCOME - Please enclose all W-2 Forms provided by your employer(s).

INTEREST & DIVIDEND INCOME - Please include any 1099 Forms you received

Name of Payer	Gross Amount Received
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2016 INCOME TAX ORGANIZER

SALE OF PERSONAL RESIDENCE *(Provide closing statements on purchase and sale of residence.)*

Improvements/Additions:

Amounts

PURCHASE OF PERSONAL RESIDENCE *(Provide closing statements on purchase of new residence.)*

Did you claim the First-time Homebuyer Credit? Yes No

Is the credit subject to the 15-year repayment? Yes No If yes, amount paid in 2010 tax return _____

Did you have a loan modification in 2016? Yes No If yes, please provide the closing statements.

OTHER INCOME *(Please enclose 1099 Forms and Schedule K-1's and/or enter amounts below)*

	Amount		Amount
Commissions and Fees		Disability (may qualify for exclusion)	
Prizes and Awards		Social Security Benefits (1099 SSA)	
Alimony Received		Lump Sum Distribution from Pension/Profit Sharing Plans	
Tax Refunds (State and Local)		Amount of IRA or Pension Rollover	
Unemployment Compensation		Other	
Gambling Winnings (W2-G)			

RENTAL AND ROYALTY INCOME AND DEDUCTIONS

Did you make any payments of \$600 or more for services in 2016? Yes No

If yes, did you or will you file all required Forms 1099? Yes No

Did you actively participate in the operation of the rental property during the year? Yes No

	<i>Property A</i>	<i>Property B</i>	<i>Property C</i>
Type of Property			
Property Location			
Rental Income			
Royalty Income			
Advertising			
Auto and Travel			
Cleaning and Maintenance			
Commissions			
Insurance			
Professional Fees			
Management Fees			
Mortgage Interest Paid			
Repairs			
Supplies			
Taxes			
Utilities			
Any Improvements			
Any Assets Purchased			
Any Disposed Assets			

STOCK OR PROPERTY SALES *(Please enclose broker statements. Form 1099-B, or Real Estate transaction papers.)*

Name of Stock or Property Description	Number of Shares	Date Acquired	Date Sold	Amount of Sales Price	Cost or Other Basis	Expense of Sale	Depreciation or Depletion

2016 INCOME TAX ORGANIZER

DEDUCTIONS – MEDICAL AND DENTAL EXPENSES

List All Expenses

Un-Reimbursed
Amount

Prescription medicines and drugs (prescription only)	
Doctors and Dentists	
Hospitals and nursing homes	
Insurance Premiums you Paid for Medical and Dental Care	
Transportation Expense or Vehicle Miles for Medical Purposes	
Other (List below - including hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.)	

DEDUCTIONS – TAXES

Amount

Real Estate Tax	
Personal Property Tax	
Automobile Tags	
Sales tax on major items (auto, boat, home improvements, etc.)	
Other	

DEDUCTIONS – INTEREST

Amount

Home Mortgage Interest paid to Financial Institutions (Form 1098)	
Home Mortgage Interest paid to Individuals (show name and address)	
Investment Interest	
Student Loan Interest	
Other	

DEDUCTIONS – CONTRIBUTIONS *(Provide written acknowledgment for any donation of \$250 or more)*

Amount

Cash Contributions -	
Non-Cash Contributions -	

DEDUCTIONS - MISCELLANEOUS

Amount

Alimony Paid (list recipient's name and SSN)	
Forfeited Interest Penalty for Premature Withdrawal	
Employment Firm Fees	
Teachers – Classroom Supplies and Expenses	
Tax Return Preparation Fees	
Legal Fees (if for income protection)	
Investment Expenses	
Safe Deposit Box	
Gambling losses	
Other	

2016 INCOME TAX ORGANIZER

DEDUCTIONS - UNREIMBURSED EMPLOYEE EXPENSES

	Amount		Amount
Business Gifts (<i>Limited to \$25 each</i>)		Small Tools	
Business Publications		Supplies	
Education and Seminars		Telephone	
Meals & Entertainment		Uniforms	
Professional Dues/Fees		Other	

BUSINESS INCOME & EXPENSES (Schedule C) Taxpayer Spouse Both

Did you make any payments of \$600 or more for services in 2016? Yes No

If yes, did you or will you file all required Forms 1099? Yes No

INCOME

Amount

Merchant card & third party payments	

Main Product or Principal Activity

EXPENSES

Amount

Amount

Advertising		Payroll Service	
Bad Debts		Payroll Taxes	
Business Gifts (<i>Limited to \$25 each</i>)		Pension / Profit Sharing Plans	
Car and Truck Expenses		Rent or Lease:	
Commissions and fees		Machinery & Equipment	
Consulting Expenses		Other (Vehicles, etc.)	
Depreciation		Other Business Property	
Employee Benefit Program		Repairs & Maintenance	
Freight, Trucking		Storage, Warehousing	
Gasoline, Fuel, Oil		Supplies	
Insurance		Taxes	
Interest		Telephone	
Cost of Goods Sold:		Travel	
Inventory (Beginning of Year)		Utilities	
Purchases of Goods		Wages	
Inventory (End of Year)		Other	
Licenses and Permits		Any Purchased Assets	
Legal and Professional Services		Any Disposed Assets	
Meals & Entertainment			
Office Expenses		Self-employed Health Insurance Premiums	

2016 INCOME TAX ORGANIZER

AUTOMOBILE EXPENSES

Unreimbursed Employee Expenses

Schedule C

Mileage (IRS requires mileage log which includes the business purpose and who you are meeting with. IRS may request for repair invoices to determine odometer readings.) **Commuting mileage must not be included.**

Vehicle Description	Date Placed in Service	Total Miles Driven in 2016	Business Miles	Avg Daily Commute	Total Other Personal Miles

Actual Expenses

Gas	Repairs	Insurance	Lease Payments	Interest	Other

BUSINESS USE OF HOME

Description of work done in home office _____

Total area of home Total area of home used for business

	Direct Costs <i>(benefit only business portion)</i>	Indirect Costs
Home Insurance		
Mortgage Interest		
Rent		
Repairs and Maintenance		
Utilities		
Other		

COLLEGE TUITION (include tuition & fees but not books, room or board)

Name of Student	Relationship	Classification (Circle)	Amount Paid
		Fr-So-Jr-Sr-Other	
		Fr-So-Jr-Sr-Other	
		Fr-So-Jr-Sr-Other	

Estimated Taxes Paid

Federal		State	
Date Paid	Amount	Date Paid	Amount

IRA/SEP Contributions

Date Paid	Roth or Traditional	Taxpayer Amount	Spouse Amount

2016 INCOME TAX ORGANIZER

HEALTH CARE COVERAGE QUESTIONNAIRE

Must list each person on your tax return	Indicate for each person if they had health care and which applies			
	For entire year	Less than 12 months	How many months	None at all

Did you receive any of the following IRS documents? If so, please attach. Yes No
 Form 1095-A (Health Insurance Marketplace Statement)
 Form 1095-B (Health Coverage)
 Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

Did anyone besides taxpayer or spouse pay for health coverage for anyone listed above? Yes No

Did you pay for health care coverage for anyone not listed above? Yes No

If you had coverage for any part of the year, where was the policy obtained?
 Employer / Medicare / Medicaid / Marketplace (Exchange) / Other

If you did not have coverage for any part, or all of the year:

Answer YES if it applies to ANY member of the household.

Was your previous insurance policy cancelled? Yes No

Do you have exemption from the Marketplace (also called an Exchange)? Yes No

Was coverage offered by taxpayer's or spouse's employer? Yes No

Are you a member of a federally-recognized Indian tribe? Yes No

Are you eligible for services through an Indian health care provider? Yes No

Are you a member of a health care sharing ministry? Yes No

Did you live in the United States for the entire year? Yes No

Are you enrolled in TRICARE? Yes No

Did you apply for CHIP coverage? Yes No

Do any of the following apply to you? Do not indicate which one Yes No

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in a substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member
- Recently experienced the death of a close family member
- Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable

2016
INCOME TAX ORGANIZER

MISCELLANEOUS QUESTIONS *(Provide details for any "Yes" response.)*

Yes No PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Did any adoption occur in your family during the year?
- Could you be claimed as a dependent on another person's tax return for 2016?

Yes No DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016?
- Did you have any children under age 19 or full-time students under age 24, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

Yes No INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?
- Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year?

Yes No PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S Corporation, trust or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell stocks, bonds or other investment property in 2016?
- Did you purchase, sell or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
- Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
- Did you have any debts cancelled or forgiven?
- Did anyone owe you money which had become uncollectible?
- Did you have any outstanding child or spousal support payments or federal debt?

Yes No RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan), etc.?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan), etc.?

2016 INCOME TAX ORGANIZER

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to Roth IRA?

Yes No EDUCATION

Did you receive a distribution from an Education Savings Account or Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, a university, or vocational school?

Yes No ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you have a balance borrowed against a home (equity line of credit) in excess of \$100,000 or total mortgage indebtedness in excess of \$1,000,000? (If it is, please provide the principal balances as of 1/1/2016 and 12/31/2016).

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

Yes No ESTIMATED TAXES

Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?

Do you expect your 2016 taxable income and withholdings to be different from 2016?

Yes No MISCELLANEOUS

Do you want to electronically file your tax return?

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of an account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees and paid \$1,900 or more?

Were you notified or audited by either the Internal Revenue Services or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

If you or your spouse have self-employment income, did you pay any health insurance premiums of long-term care premiums?

Do you have records to support travel, entertainment or gift expenses?

2016 INCOME TAX ORGANIZER

PRIVACY POLICY

The nature of our work requires us to collect certain non-public information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. By evidence of your signature on this page, we have your permission to disclose your personal information to a third party without further notice, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Our firm may communicate by facsimile transmission or send electronic mail over the Internet. Such communications may include information that is confidential. Our firm employs measures in the use of facsimile machines and computer technology designed to provide reasonable assurance that data security is maintained. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, our firm recognizes and accepts that we have no control over the unauthorized interception of these communications once they have been sent.

TAX PREPARATION CHECKLIST:

Provide the following documentation:

- All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer
- If you are a new client, provide copies of last year's tax returns
- The completed Individual Income Tax Organizer
- Copy of the closing statement if you bought or sold real estate
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage
- A statement from a charity for donations of \$250 or more to a single charity

TAX RETURN PREPARATION

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

CONTACT US

There are many events that occur during the year that can affect your tax situation. Preparation of your return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Significant change in income or deductions
- Job change
- Marriage, Divorce or Separation
- Attainment of age 59^{1/2} or 70^{1/2}
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Self-employment
- Charitable contributions of property in excess of \$5,000

I have reviewed and will keep all required backup documentation related to the information provided on this tax organizer and will make it available upon audit, if applicable.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____