

CORREIA FINANCIAL SERVICES
844 UNION AVE. STE. C, FAIRFIELD, CA. 94533
707-426-0920 FAX 707-434-8709

"2016 TAX YEAR ORGANIZER"

PERSONAL DATA

Taxpayer—Last, Name _____ First _____ SSN _____ DOB _____
 Spouse -- Last, Name _____ First _____ SSN _____ DOB _____
 Address _____ City _____ St _____ Zip _____
 Phone (H) _____ (Wk) _____ E-Mail Address _____
 Occupation: Taxpayer _____ Spouse _____ Cell Phone _____
 ACA 1095 (A) (B) (C) T _____ S _____ Dep _____ Other _____ Exempt _____

DEPENDENTS
NAME

SS (Need Copy of Card)

DOB

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WE NEED THE PAPER COPIES

OF THE INFORMATION YOU BRING IN, IN ORDER TO MAINTAIN YOUR FILE
 IN OUR DOCUMENT MANAGEMENT SYSTEM

FOR INCOME: WAGES --- All W-2's from each employer you had during the year
Any 1099's from employers & any other payers
INTEREST (the statements) (Foreign Bank Acct Info)
DIVIDENDS (the statements)
OTHER Bring the original 1099's and statement from Savings and Loans Co., Banks, Stock
Brokers, Mutual Fund companies and whoever paid you -to be sure of correct tax
treatment.

CAPITAL GAINS SALE OF STOCKS, MUTUAL FUNDS OR LAND / HOME, ETC

Please bring the statements and / or 1099's showing the sales from the brokerage house or mutual fund company or escrow and records of the cost, improvements made to property, and date purchased.

PLEASE BRING THE ORIGINAL STATEMENTS FOR THE FOLLOWING:

****IRA'S** **PENSIONS** **SOCIAL SECURITY** **UNEMPLOYMENT****
****STATE REFUND** **FORECLOSURE** **COD** **MISC****

ADDED SCHEDULES - C (business) ** E (Rentals)**** F (Farms) **** K1 (Trust Income, etc)**

Please bring the 1099's and statements that shows this income and the invoices and bills for the expense items.

ADJUSTMENTS / OTHER

IRA'S , KEOGH'S , SEP'S. ALIMONY Paid \$ _____ SSN _____ MSA/HSA _____
 MOVING - Miles to Old _____ To New _____ Cost to move goods \$ _____ travel \$ _____
 EDUCATOR EXPENSES T _____ S _____ TUITION Who _____ \$ _____ Who _____ \$ _____
 STUDENT LOANS 1. name _____ Amt _____ S. E. INS DED \$ _____ Savings W/Draw _____

SCHEDULE A

MEDICAL Hospitals _____ Doctors _____ Dentists _____ Insur. Cost _____ Prescript. _____
Nursing Home Care _____ LT Care _____ Equip _____ MSA \$\$ _____ ****Medical Mileage** _____

FOR TAXES, HOME INTEREST, INVESTMENT PROPERTY AND CONTRIBUTIONS

PLEASE BRING THE ORIGINAL DOCUMENTS FOR THESE ITEMS

PLEASE NOTE !!!!! If you refinanced any property this year **PLEASE** bring the closing statement

TAXES Home _____ Second Residence _____ Personal Property _____ Vehicle Reg _____
New vehicle car sales tax paid _____ Other state tax paid _____ (Note Taxes for Sch L)

INTEREST Home - 1st _____ 2nd _____ New 1st _____ New 2nd _____ Equity Lines _____
If paid to an individual - Name & /SSN * _____

Refi? 2nd Home 1st _____ 2nd _____ PMI _____ Investment Prop 1st _____ 2nd _____ , 3rd _____

CONTRIBUTIONS Cash _____ Non-cash _____ Volunteer Exp. _____ Mileage _____

MISC EXPENSES

Union dues _____ Tax prep _____ Tools _____ Phone _____ Uniforms _____
Shoes _____ Materials _____ Job Search _____ Cell Phone _____ Education _____
Licenses _____ Laundry _____ 2nd job TP _____ SP _____ **** Mileage** _____ Other _____

OTHER DEDUCTIONS

Theft / Casualty ? Invest Exp. ? Ponzi Loss ? Gambling Losses ? Home Office ? Safety Dep Box ?

CREDITS **RECEIPTS REQUIRED** **IHSS CONTRACT** **TUITION STATEMENT 1098-T**

CHILD CARE Name _____ Amt _____ Provider _____ Address _____ SSN _____
Name _____ Amt. _____ Provider _____ Address _____ SSN _____

W2 - Dep Care Benefits _____ **EDUC. CREDIT - Lifetime -** _____

TAX- ESTIMATED PAID

FEDERAL - 4/15 \$ _____ 6/15 \$ _____ 9/15 \$ _____ 1/15 \$ _____

STATE 4/15 \$ _____ 6/15 \$ _____ 9/15 \$ _____ 1/15 \$ _____

OTHER WITHOLDING _____

I authorize P. Correia to have view only access to all the tax year information available on FTB's Website (Form 743)

To the best of my knowledge, the foregoing information is correct and includes all income, deductions and information necessary for the preparation of this years return and for which I have adequate contemporaneous records. Further, I consent to Correia Financial Services using the figures and information provided in this completed organizer to prepare this years tax returns and their accompanying schedules and statements.

Signed _____ Date _____