

# ZUNIGA TAX & ACCOUNTING

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## 2016 NEW CLIENT TAX ORGANIZER

### **PERSONAL INFORMATION- YOUR LAST NAME MUST BE THE NAME SHOWN ON YOUR SOCIAL SECURITY CARD.**

TAXPAYER \_\_\_\_\_  
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

SPOUSE \_\_\_\_\_  
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

TAXPAYER SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPOUSE SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ARE YOU BEING CLAIMED ON ANOTHER TAXPAYER'S RETURN? YES  NO

### **ADDRESS INFORMATION- PLEASE WRITE YOUR CURRENT MAILING ADDRESS**

STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

### **JOB RELATED MOVING EXPENSES-**

DID YOU MOVE IN 2016? IF SO, WHAT DATE DID YOU MOVE? \_\_\_\_\_

EXPENSE TO MOVE HOUSEHOLD GOODS & PERSONAL EFFECTS \_\_\_\_\_

LODGING EXPENSES WHILE TRAVELING TO YOUR NEW HOME (DO NOT INCLUDE COST OF MEALS) \_\_\_\_\_

NUMBER OF MILES FROM OLD HOME TO OLD WORKPLACE \_\_\_\_\_

NUMBER OF MILES FROM OLD HOME TO NEW WORKPLACE \_\_\_\_\_

WAS THIS A MILITARY MOVE? YES  NO

### **HEALTH INSURANCE- THE AFFORDABLE CARE ACT REQUIRES THAT ALL TAXPAYERS AND DEPENDENTS MAINTAIN MINIMUM ESSENTIAL COVERAGE OF HEALTH INSURANCE OR BE EXEMPT AS PER THE ACA GUIDELINES. (FORMS 1095-A, 1095-B, AND/OR 1095-C)**

DID TAXPAYER/SPOUSE/DEPENDENTS HAVE HEALTH INSURANCE COVERAGE FOR ALL OF 2016? IF NOT THEN WHAT MONTHS

DID YOU HAVE IT FOR? \_\_\_\_\_

\*\*\*IF HEALTH INSURANCE WAS THROUGH THE EXCHANGE THEN FORM 1095-A IS REQUIRED TO PREPARE YOUR TAX RETURN.

### **DEPENDENT INFORMATION- LIST ANY DEPENDENTS. ALL LAST NAMES MUST BE WRITTEN AS THEY APPEAR ON THE DEPENDENT'S SOCIAL SECURITY CARD.**

NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE

**CHILD CARE INFORMATION- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR DAY CAMP. ALL OF THE FOLLOWING INFORMATION IS NEEDED TO QUALIFY FOR THE CREDIT!**

CHILD CARE PROVIDER NAME \_\_\_\_\_ FED ID OR SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

AMT PAID FOR YR \_\_\_\_\_ DEPENDENT NAME(S) \_\_\_\_\_

DID YOU PARTICIPATE IN A DAYCARE BENEFIT PLAN WITH YOUR EMPLOYER? YES  NO

**DIRECT DEPOSIT / DIRECT WITHDRAWAL-**

**IF SAME AS LAST YEAR CHECK HERE:**  (WE WILL VERIFY THE INFORMATION FROM LAST YEAR)

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECKING  SAVINGS

**FOREIGN BANK ACCOUNT- WE ARE REQUIRED TO REPORT OWNERSHIP OR SIGNATURE OVER FOREIGN ACCOUNTS.**

DO YOU OWN A FOREIGN BANK ACCOUNT? YES  NO  COUNTRY \_\_\_\_\_

**HIGHER EDUCATION INFORMATION-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING. (WE MUST RECEIVE FORM 1098-T FOR YOU TO BE ELIGIBLE). TUITION AND FEES MUST HAVE BEEN PAID IN 2016.**

1) STUDENT NAME \_\_\_\_\_ TUITION PER YR \_\_\_\_\_ YR IN COLLEGE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ SCHOOL EIN # \_\_\_\_\_

2) STUDENT NAME \_\_\_\_\_ TUITION PER YR \_\_\_\_\_ YR IN COLLEGE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ SCHOOL EIN # \_\_\_\_\_

**ENERGY CREDITS- LIST THE AMOUNT YOU SPENT ON QUALIFYING WINDOWS & DOORS, INSULATION, ROOFS, HVAC, WATER HEATERS, GAS-PROPANE-OIL FURNACES, CENTRAL AIR CONDITIONERS AND WOODBURNING STOVES.**

ITEM(S) PURCHASED \_\_\_\_\_ AMT PAID FOR 2016 \_\_\_\_\_

**LONG-TERM CARE INSURANCE- ENTER THE AMOUNT YOU PAID TOWARDS LT CARE INSURANCE IN 2016.**

TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

**STATE 529 PLAN- ENTER THE AMOUNT YOU CONTRIBUTED TO A 529 PLAN IN 2016.**

2016 CONTRIBUTION AMOUNT \_\_\_\_\_ STATE \_\_\_\_\_

**NYS VOLUNTEER FIREFIGHTER OR EMT- YOU ARE ENTITLED TO A \$200 (\$400 IF BOTH TAXPAYER AND SPOUSE VOLUNTEER) CREDIT ON YOUR NYS RETURN.**

(TAXPAYER) COMPANY/DEPT \_\_\_\_\_ ADDRESS \_\_\_\_\_

(SPOUSE) COMPANY/DEPT \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Schedule A - Itemized Deductions**

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

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

<b>Medical and Dental Expenses</b>	
2016	2015
Health insurance premiums (paid by you) _____	_____
Long-term care premiums (you) . . . _____	_____
Long-term care premiums (your spouse) _____	_____
Long-term care premiums (dependents) _____	_____
Mileage driven for medical purposes . . _____	_____
Medical and dental expenses (list) . . . _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Charitable Contributions</b>	
2016	2015
Donations to charity (cash) . . . . _____	_____
Miles driven for charitable purposes _____	_____
Donations to charity (noncash) . . _____	_____
If noncash donations are greater than \$500, list below.	
_____	_____
_____	_____
_____	_____
_____	_____

<b>Taxes Paid</b>	
State and local income taxes . . . . . _____	_____
Sales tax . . . . . _____	_____
Real estate taxes . . . . . _____	_____
Personal property taxes . . . . . _____	_____
Other taxes (list) _____	_____
_____	_____
_____	_____

<b>Job Expenses &amp; Certain Misc. Deductions</b>	
Necessary job expenses you paid that were not reimbursed by your employer (list)	
_____	_____
_____	_____
_____	_____
_____	_____
Tax preparation fees . . . . . _____	_____
Other nonpersonal expenses related to taxable income (list)	
_____	_____
_____	_____
_____	_____

<b>Interest paid</b>	
Mortgage interest paid (attach Form 1098) _____	_____
Mortgage interest paid to an individual _____	_____
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Qualified mortgage insurance premiums _____	_____
Investment interest . . . . . _____	_____

<b>Other Misc. Deductions</b>	
Amortizable bond premiums . . _____	_____
Federal estate tax . . . . . _____	_____
Gambling losses . . . . . _____	_____
Impairment-related work expenses . _____	_____
Claim repayments . . . . . _____	_____
Unrecovered pension investments . _____	_____
Schedule K-1 . . . . . _____	_____
Ordinary loss debt instrument . _____	_____

\*\* Indicates an associated detail worksheet