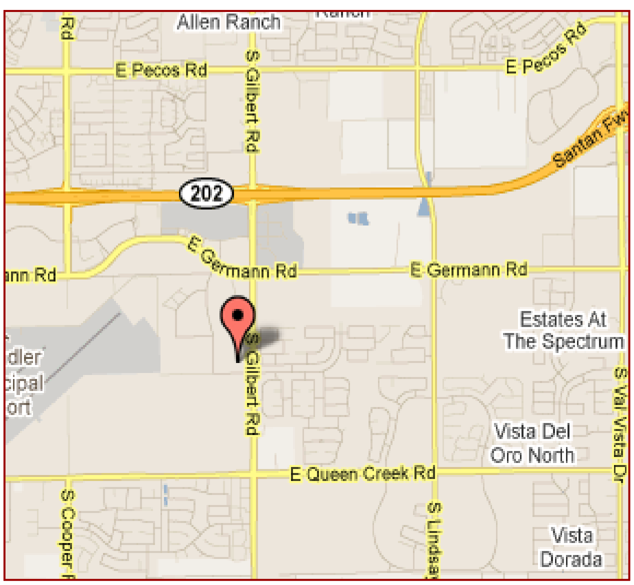
SUNDIN & FISH, PLC
Certified Public Accountants
2450 S Gilbert Rd., Suite 100
Chandler, AZ 85286

New Client

** Please make note of our address **

The Sundin & Fish PLC office is in Chandler on the south of the 202 Santan Freeway and Germann Rd. It is located on northwest corner of Gilbert Rd and Ryan Rd, inside the Cambridge Plaza building. The entrance to the suite and parking is through the tunnel, on the north side. Please call us if you have any problems finding our office.



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Sundin & Fish, PLC
2450 S Gilbert Rd Ste 100
Chandler, AZ 85286-1594
480-857-3048

January 10, 2018

Dear :

As 2017 ends and the new year begins, it's time to start thinking about taxes again. We hope this last year has been a happy and prosperous year for you.

Enclosed is your 2017 Tax Organizer which we will use in preparing your tax return(s). It summarizes your 2016 tax information and provides space for you to enter your 2017 data. Please enter this data to the best of your ability and enter/update your contact information including any address, e-mail, or telephone number changes. As you receive your 2017 tax documents, please collect them and keep them with this organizer.

Business tax clients please gather the information for your individual tax return; we will contact you regarding your business and personal taxes.

The following is a reminder of items frequently forgotten:
- Form(s) W-2 (wages, etc.) and Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest)
- Vehicle registration
- Brokerage statements and cost basis from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- Any tax notices received from the IRS or other taxing authorities
- **A copy of your 2016 tax return, if you are a new client**

The information you give us is considered confidential and we will not share or disclose it to any party without your permission.

We look forward to meeting with you and ask that you please have your information ready for drop off or your tax appointment. **Ryan or Nathan will provide a 15-minute interview by phone or in person as part of the price of the return. If your tax situation requires additional time or the information needed to process your return is not complete before the interview you may incur additional charges.**

Thank you for your help in the completion of the Tax Organizer. Please contact us to schedule your appointment or if you need any further assistance.

Sincerely,

Nathan J. Fish, CPA and Ryan J. Fish, EA

Questions

Please check the appropriate box and include all necessary details and documentation.

PERSONAL INFORMATION

Yes No

☐ ☐ Did your marital status change during the year?
☐ ☐ Did your address change during the year.
☐ ☐ Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?
☐ ☐ Could you be claimed as a dependent on another person's tax return?
☐ ☐ Were there any changes in dependents?
☐ ☐ Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS Letter.

HEALTH CARE COVERAGE

Yes No

☐ ☐ Did you and your dependents have healthcare coverage for the full-year?
☐ ☐ Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
☐ ☐ If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME/DEBT

Yes No

☐ ☐ Did you receive any disability income?
☐ ☐ Did you buy or sell any stocks, bonds or other investment property?
☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐ ☐ Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐ ☐ Did you have any debts cancelled or forgiven?
☐ ☐ Did you incur a loss because of damaged or stolen property?
☐ ☐ Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust?
☐ ☐ Did you make any Federal/State estimated tax payments for 2017?

RETIREMENT PLANS

Yes	No	
☐	☐	Did you receive a distribution from or make a contribution to a retirement plan (401 (k), IRA, etc.)?
☐	☐	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 a Roth IRA in 2017?

EDUCATION

Yes	No	
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you receive a distribution from or make a contribution to an Education Savings Account or a Qualified tuition program?

MISCELLANEOUS

Yes	No	
☐	☐	Do you want a paper copy of your return along with the electronic copy? Please verify your email address(es).
☐	☐	Do you want to paper file your tax return instead of electronically filing?
☐	☐	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?
☐	☐	Do you (or your spouse) want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Did you incur moving expenses due to a change of employment? Move date_____________.

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number	___	___
First name	___	___
Last name	___	___
Occupation	___	___
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	___	___
Mark if legally blind	___	___
Mark if dependent of another taxpayer	___	___
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	___	
Date of birth	___	___
Date of death	___	___
Work/daytime telephone number/ext number	___ ___	___ ___
Do you authorize us to discuss your return with the IRS (Y, N)	___	

General: 1040, Contact

Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___ ___ ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

- Business name ___
- First and Last name ___ ___
- Street address ___
- City, state, and zip code ___ ___ ___
- Social security number OR Employer identification number ___
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _
- Amount paid to care provider in 2017 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	___	___

Health Care: Coverage

Health Care Coverage

“Your family” for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	_	_

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
	*** Bring Form(s) ***		

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable
	*** Bring Form(s) ***		

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box

T/S/J	Description	Form	Mark if no longer applicable
	*** Bring Form(s) ***		

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
	*** Bring Form(s) ***		

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable
	*** Bring Form(s) ***		

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
	*** Bring Form(s) ***		

Income: B3

Seller Financed Mortgage Interest

T, S, J __ Payer's name ______ Payer's social security number ______

Payer's address, city, state, zip code ______ ______ ___ ______

Amount received in 2017 ______ Amount received in 2016 ______

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
	*** Bring Form(s) ***			

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	*** Bring Form(s) ***				

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2017 Information		Prior Year Information
State and local income tax refunds			
	Taxpayer	**Spouse**	**Prior Year Information**
Alimony received			
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits	*** Bring Form(s) ***	*** Bring Form(s) ***	
Medicare premiums to be reported on Schedule A	*** Bring Form(s) ***	*** Bring Form(s) ***	
Railroad retirement benefits	*** Bring Form(s) ***	*** Bring Form(s) ***	

T/S/J	Other Income:	2017 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2017 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2017	________	________
Roth IRA Contributions for 2017 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2017	________	________

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2017 Information	Prior Year Information
___	*** Bring Form(s) ***	________	________
___	________	________	________

Complete this section if you paid qualified education expenses for higher education costs in 2017.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	☐
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	☐
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2017 Information	Prior Year Information
___	________	________	________	________

Street address ________

City, State and Zip code ________ ___ ________

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
________	________	________	________
________	________	________	________
Other adjustments:			
________	________	________	________
________	________	________	________
________	________	________	________

Itemized: A1

Medical and Dental Expenses

T/S/J		2017 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2017 Information	Prior Year Information
__	State/local income taxes paid		
__	2016 state and local income taxes paid in 2017		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2017 Information	Prior Year Information
__	Home mortgage interest From Form 1098	*** Bring Form(s) ***	

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2017 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:

	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2017		

Itemized: A3

Charitable Contributions

T/S/J		2017 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3

Miscellaneous Deductions

T/S/J		2017 Information	Prior Year Information
__	Unreimbursed expenses		
__	Union dues, other than amounts reported on Form W-2		
__	Tax preparation fees		
	Other expenses, subject to 2% AGI limitation:		
__			
__			
__	Safe deposit box rental		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT		
	Other expenses, not subject to the 2% AGI limitation:		
__			
__	Gambling losses (enter only if you have gambling income)		

Charitable Contributions

T/S/J		Qualified Disaster Relief**	2017 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)			

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.
Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

T/S/J	Description	Qualified Disaster Relief**	2017 Information	Prior Year Information
__[2]		__	+ __[3]	
__		__	+	
__		__	+	
__		__	+	
__		__	+	
__		__	+	
__		__	+	
__		__	+	
__		__	+	
__[5]	Volunteer miles driven		__[6]	

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

T/S/J	Description	2017 Information	Prior Year Information
__[8]		+ __[9]	
__		+	
__		+	
__		+	
__		+	
__		+	

**Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

Miscellaneous Deductions

T/S/J	Description	2017 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__[11]		+ __[12]	
__		+	
__		+	
__		+	
__		+	
	Union dues, other than amounts reported on Form W-2:		
__[14]		+ __[15]	
__		+	
__[17]	Tax preparation fees	+ __[18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
__[20]		+ __[21]	
__		+	
__		+	
__		+	
__[23]	Safe deposit box rental	+ __[24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
__[26]		+ __[27]	
__		+	
__		+	
	Other expenses, not subject to the 2% AGI limit:		
__[30]		+ __[31]	
__		+	
__		+	
__		+	
	Gambling losses: (Enter only if you have gambling income)		
__[33]		+ __[34]	
__		+	

	Control Totals+		Form ID: A-3

Health Care Coverage and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/ Exemption Type *	Full Year	Start Month	End Month
	*** Bring Form(s) ***						[7]

***Other Exemption Type Codes**

A = Unaffordable coverage	**F = Incarcerated individual**
B = Short coverage gap	**G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)**
C = Exempt noncitizen	**H = Medicaid/TRICARE/Fiscal year employer plan**
D = Health care sharing ministry	**X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)**
E = Indian tribe member	

	2017 Information Taxpayer	2017 Information Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [13]	+ [14]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [16]	+ [17]	
	+	+	

NOTES/QUESTIONS:

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ☐

Primary account:
- Financial institution routing transit number — *** Attach voided check(s) *** ____
- Name of financial institution ____
- Your account number ____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund — Dollar ____ **or** Percent (xxx.xx) ____

Secondary account #1:
- Financial institution routing transit number ____
- Name of financial institution ____
- Your account number ____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund — Dollar ____ **or** Percent (xxx.xx) ____

Secondary account #2:
- Financial institution routing transit number ____
- Name of financial institution ____
- Your account number ____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund — Dollar ____ **or** Percent (xxx.xx) ____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -
- Form of identification (1 = Driver's license, 2 = State issued identification) ____
- Identification number ____
- Issue date ____
- Expiration date ____
- Location of issuance ____
- Document number (New York only) ____

Spouse -
- Form of identification (1 = Driver's license, 2 = State issued identification) ____
- Identification number ____
- Issue date ____
- Expiration date ____
- Location of issuance ____
- Document number (New York only) ____

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2017 taxes, do you want the excess:

Refunded ____[52]

Applied to 2018 estimated tax liability ____[53]

Do you expect a considerable change in your 2018 income? (Y, N) ____[54]

If yes, please explain any differences:

____________________[55]

____________________[56]

____________________[57]

____________________[58]

Do you expect a considerable change in your deductions for 2018? (Y, N) ____[59]

If yes, please explain any differences:

____________________[60]

____________________[61]

____________________[62]

____________________[63]

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) ____[64]

If yes, please explain any differences:

____________________[65]

____________________[66]

____________________[67]

____________________[68]

Do you expect a change in the number of dependents claimed for 2018? (Y, N) ____[69]

If yes, please explain any differences:

____________________[70]

____________________[71]

____________________[72]

____________________[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes ____[74]

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + ____________[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/17	________[6]	+ ________[7]	________	________
2nd quarter payment	6/15/17	________[8]	+ ________[9]	________	________
3rd quarter payment	9/15/17	________[10]	+ ________[11]	________	________
4th quarter payment	1/16/18	________[12]	+ ________[13]	________	________
Additional payment		________[14]	+ ________[15]		

*Method of payment indicated in prior year	
EFW = Electronic funds withdrawal	EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher	

NOTES/QUESTIONS:

	Control Totals +	PAYMENTS	Form ID: Est

2017 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2016 return + ________________[3]

2016 overpayment applied to '17 estimates + ________________[4]

Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	___________[9]	+ ________________[10]	________________
2nd quarter payment	___________[11]	+ ________________[12]	________________
3rd quarter payment	___________[13]	+ ________________[14]	________________
4th quarter payment	___________[15]	+ ________________[16]	________________
Additional payment	___________[17]	+ ________________[18]	

2017 !ŘŘłǘʌƶyl·ſ bƶǘŜă l·yŘ vძŜăǘʌƶyã

Upload to Sundin & Fish