LeConte Wealth Management
Principled Counsel for Focused Investors

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2017 Tax Return Organizer

Basic Information

Name________________________________ SSN________________ Date of Birth_________
Spouse's Name________________________ SSN________________ Date of Birth_________
Dependent' Name_______________________ SSN_________________ Date of Birth_______
Dependent' Name_______________________ SSN_________________ Date of Birth_______

Estimated Taxes Paid: 1st Qtr__________ 2nd Qtr__________ 3rd Qtr __________ 4th Qtr ___________

Documents Received

Forms W-2: Taxpayer- Wages____________ Withholding___________
Spouse - Wages____________ Withholding___________

Forms 1098: Mortgage Interest Statement (1098)____
Student Loan Interest Statement(1098-E)_______________________________________

Forms 1099: Interest (1099-INT)____
Dividends (1099-DIV)____
Capital Gain Transactions(1099-B)____
Retirement Plan Distributions (1099-R)____
Miscellaneous Income (1099-MISC)____

Schedules K-1: Partnership/S-Corp/Trust____

Forms 1095: Health Insurance Coverage Forms – Will receive if you have coverage through Exchange
(If Applicable) or work for a large employer.

Personal Records

Child & Dependent Care Expenses:____
College Education Expenses:____
Medical Expenses: Doctors____________Prescriptions_______________Premiums_________________
Real Estate Taxes____
Mortgage Interest____
Charitable Contributions____
Other____

Business Information (Sole Proprietorship)

Revenue:____
Expenses:____

E-Filing & Bank Information

Bank Account: Bank Name______________Routing #________________Account #_____________