

# DEROUEN & WELLS

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBERS

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
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LICENSED AS  
CERTIFIED PUBLIC ACCOUNTANTS  
IN LOUISIANA and MISSISSIPPI†

January 4, 2017

Thank you for choosing DeRouen & Wells for your tax needs. Attached are your 2017 individual income tax return organizers. These forms should be carefully filled out to help us prepare your tax returns accurately, and take advantage of available deductions and credits. Please return the forms to us along with your tax documents when your information is appropriately complete. We must receive all of your tax documents by February 28, 2018, in order to guarantee your return preparation by April 17th. If you find by that date that you have not been able to assemble the necessary information, feel free to send on what you have with a notation to as to what remains to be sent. If you need to meet with someone, please call our office to schedule an appointment. It is usually much more efficient, however, if we have the opportunity to review the completed organizer before a meeting. We are offering 3 ways for you to provide us your tax documents this year.

1. You can upload your documents securely to our website. Access [www.dandwcpa.com](http://www.dandwcpa.com), then click the "File Drop" link. **You can get a look at our newsletter on the new tax bill on this same website in the "Blog" section!**
2. Drop off your documents at our office during our regular office hours (8:00am to 5:00pm)
3. Mail your documents to 11021 Perkins Rd. Ste B, Baton Rouge, LA 70810

Make sure in returning these data sheets that you include any of the following documents which you have received for any member of your family:

1. Form W-2
2. Form 1099 and Form 1098
3. Form K-1 (from a partnership, sub-S corporation, etc.)
4. Social Security statements
5. Interest Expense statements from lending institutions
6. Interest and Dividend Income statements
7. **Stock Brokerage Statements including Cost Basis statements if you sold securities in 2017**
8. Educational tuition statements from colleges, etc.
9. Your last year tax return if we do not already have it
10. Receipts for all charitable contributions (no matter the amount)
11. See note on Page 2 regarding children's tax return information
12. **The "declaration page" from the renewal of your homeowner's insurance during 2017 (and for any rental/commercial property insurance).** Contact your insurance agent if you can't locate it.
13. Any other documents which you feel are pertinent

**ELECTRONIC FILING** - The IRS and the state now both mandate electronic filing. This will require us to send you documents that you must sign and return to us before we can file your return. It may prove expeditious to send the forms back and forth digitally. **Please select your preferred method of contact and document delivery preferences on the following page.**

Sincerely,  
Marc R. DeRouen  
Chris F. Naquin

**TAX RETURN ORGANIZER**

**PERSONAL DATA:**

YOUR NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ DOB: \_\_\_\_\_ **(Mandatory)**  
 SPOUSE'S NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ DOB: \_\_\_\_\_ **(Mandatory)**  
 ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE

TAX RETURN DELIVERY PREFERENCE:  SECURE EMAIL  PICKUP  MAIL

If you wish to have any refund deposited into your bank account, you must provide:

BANK NAME: \_\_\_\_\_ ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DEPENDENT(S): Please be aware that all dependents must have a social security number in order to be claimed.

FIRST AND LAST NAMES:	DATE OF BIRTH <b>(MANDATORY)</b>	SOCIAL SEC #: <b>(MANDATORY)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did each dependent live with you all year?  YES  NO

If not, do you have legal or primary custody of each minor dependent?  YES  NO

Is every dependent listed your natural or legally adopted child?  YES  NO

If not, which one(s) aren't? \_\_\_\_\_

Did any dependent(s) have income of \$1,050 or more from all sources?  YES  NO If so, which dependents? \_\_\_\_\_

We will need any forms reflecting this income for any unmarried dependent under age 19 (at year-end) (or 24 if not contributing to over one-half their own support) and for any other dependent for whom you desire us to prepare the income tax return. Children under age 19 must now report unearned income over \$1,050 in consideration of the parents' level of income (parents' tax rate). Be careful that your dependent does not file on his own and claim himself if you intend to claim him.

**MARITAL STATUS:**

SINGLE  MARRIED  LEGALLY SEPARATED  DIVORCED  WIDOWED



OTHER INCOME OR EXPENSES: Income not produced from your business, dividends or interest (i.e., pensions, insurance payments, annuities, rents, royalties or any form of income producing land or structures).

PAYER:	AMOUNT:	PAYER:	AMOUNT:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL EXPENSES:

Insurance Premiums for Medical Care \$ \_\_\_\_\_ \*

\*You're required to have health insurance for all dependents and taxpayers in 2017 (see questions on p.9)

Long-term care insurance premiums \$ \_\_\_\_\_

Medicine and Drugs \$ \_\_\_\_\_

Doctors, Dentists, Nurses, etc. \$ \_\_\_\_\_

MEDICAL TRAVEL \_\_\_\_\_ Miles

OTHER (specify) (i.e., dentures, glasses, hearing aids, braces) \$ \_\_\_\_\_

\$ \_\_\_\_\_

REIMBURSEMENTS FROM INSURANCE: \$ \_\_\_\_\_

TAXES:

Real Estate (Property Taxes) \$ \_\_\_\_\_

Car Tags (MS Residents only) \$ \_\_\_\_\_

Sales Taxes on Large Purchases \$ \_\_\_\_\_ (See bottom of p. 9)

\$ \_\_\_\_\_

INTEREST EXPENSES:

Home Mortgage Loan Institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have loans secured by your home outstanding for other than the original mortgage on your home? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, provide original amount borrowed and 12/31/17 loan balance owed on each additional outstanding loan secured by your residence.

II. Other personal loans (These are only deductible if used for business or investment purposes or for college education for you or your dependents)

INSTITUTION:	WHAT PURPOSE:	DATE OF ORIGIN:	AMOUNT:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
AUTO LOAN _____	DESCRIBE AUTO _____		\$ _____

AUTO LOAN \_\_\_\_\_ DESCRIBE AUTO \_\_\_\_\_ \$ \_\_\_\_\_

(Include auto loan data only if auto is used for business purposes. - Also, see pg. 7)

CONTRIBUTIONS: (Specify to whom)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

NON-CASH CONTRIBUTIONS: (Value) \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

(The law now requires that you must have a receipt for any charitable contributions. Please submit any receipts with this form to us. You can also get a deduction for charitable mileage.)

MISCELLANEOUS DEDUCTIONS:

Union Dues	\$ _____
Tax Return Preparation (for last year's return)	\$ _____
Safe Deposit Box	\$ _____

Moving Expenses (certain residential moves, generally over 50 miles in distance)

\$ \_\_\_\_\_

Work Tools

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

Educator's Unreimbursed Classroom Materials

\$ \_\_\_\_\_

Professional Dues & Subscriptions

\$ \_\_\_\_\_

Investment Expenses (Itemize)

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**CHILD CARE EXPENSES:**

Name and address of caretaker:

\_\_\_\_\_

S.S. # or T.I.N. of caretaker (**mandatory**):

\_\_\_\_\_

Amount:

\_\_\_\_\_

For which Dependents?

\_\_\_\_\_

**CHILD CARE EXPENSES:**

Name and address of caretaker:

\_\_\_\_\_

S.S. # or T.I.N. of caretaker (**mandatory**):

\_\_\_\_\_

Amount:

\_\_\_\_\_

For which Dependents?

\_\_\_\_\_

**CHILD CARE EXPENSES:**

Name and address of caretaker:

\_\_\_\_\_

S.S. # or T.I.N. of caretaker (**mandatory**):

\_\_\_\_\_

Amount:

\_\_\_\_\_

For which Dependents?

\_\_\_\_\_

CAR EXPENSES: (If your car is used for business purposes other than regular commuting)

	YEAR	MAKE/ MODEL	PURCHASE DATE	COST	TOT. MILES DRIVEN/ YR .	BUSINESS MILEAGE/YR.
CAR 1						
CAR 2						
CAR 3						
CAR 4						

Note: The 2017 mileage allowance is 53.5¢ per mile

Did you buy, trade-in, or sell any car listed above (if so, need buy/sell/trade documents)?

YES      DATE \_\_\_\_\_       NO

One-way commuting distance to work: \_\_\_\_\_ miles.

Did you maintain a diary or other proof of deductible business travel as generally required by Federal statutes?       YES       NO      (This question must be answered).

\* ITEMIZED AUTO EXPENSES:                      (Grand totals for the year)

	Car 1	Car 2	Car 3	Car 4
Gas, Oil, Lube				
Repairs				
Tires, Supplies, etc.				
Insurance				
Lease Payments				
Tags, Licenses				
Parking Fees & Tolls				

\*These only need to be filled in to use the actual expense method as opposed to the mileage method. You can only use one method for a given vehicle throughout its work life.

Amount of any reimbursement for auto expense paid by an employer and not reported on Form W-2: \$ \_\_\_\_\_

PLEASE CHECK ANY OF THE FOLLOWING ITEMS THAT APPLY AND PROVIDE ANY PERTINENT DOCUMENTATION:

- 1) Moving Expenses (must be over 50 miles and for a new job location) (Please supply the date of the move and all expense receipts.)
  
- 2) Payments to any IRA retirement account or plan:  
 Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_  
 (For IRA's this must be deposited by April 17, 2018; \$5,500 maximum for 2017; \$6,500 if age 50 or over)  
 Amount of the above deposited before December 31, 2017:  
 Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_  
 Amount of any above payments to non-deductible Roth IRA?  
 Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_
  
- 3) Payments to an educational ("Coverdell") IRA on behalf of a child, grandchild, etc. (limited to \$2,000 per recipient)?  
 Amount \$ \_\_\_\_\_ Student's Name \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Student's Name \_\_\_\_\_
  
- 4) Other Education Savings Plans Amounts contributed to so-called "529" or "Start" educational savings plans  
 Amount \$ \_\_\_\_\_ Student's Name \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Student's Name \_\_\_\_\_
  
- 5) Louisiana private school tuition/fees, books, supplies, uniforms, or public school books, supplies and uniforms by student (for Louisiana taxpayers only). You must **separately** quantify each child's tuition/fees, books, supplies and uniforms **by category**. Also, please identify the school.  

<u>NAME/CATEGORY</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
  
- 6) Alimony paid or received: PAID: \$ \_\_\_\_\_ RECEIVED: \$ \_\_\_\_\_  
 SSN & Address of former spouse needed.
  
- 7) Do you or your spouse have a business or business interest other than one for which we provide financial data?
  
- 8) Have you, your spouse, or your children received a W-2 or Form 1099 from anyone during the year? If so, please attach the forms and send them to us.



- 9) Did you sell or trade a 1) building or other real estate, 2) personal property, i.e., automobile, stock, or bonds?
- 10) Did you buy or sell your personal residence this year?
- 11) Did you change your place of residence during the year?
- 12) Have you suffered any casualty or theft losses during the year? If so, we'll need to discuss the various issues involved.
- 13) Hope Scholarship Tax Credit/American Opportunity/Lifetime Learning Credit: Amount of any tuition and registration fees (only) paid for post-secondary education for any dependent, student, or parent enrolled on at least a half-time basis during 2017 (also provide the form 1098-T).

STUDENT NAME:	1. _____	AMOUNT:	\$ _____
	2. _____		\$ _____
	3. _____		\$ _____
	4. _____		\$ _____

- 14) Please note if yourself, your spouse or any dependent was not covered by health insurance for any part of 2017. If that occurred, we will contact you for details relative to the requirement to disclose this information on your tax return. You should have received a statement disclosing which months were not covered from your insurance carrier that we will need to be provided.

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Please describe and list amounts for any item checked above and make comments regarding any questions or matter you feel may affect your taxable income or status below:

\*For 2004 - 2017, you can deduct actual sales taxes paid in lieu of a tabular allotment for sales taxes (IRS provides a table in lieu of itemizing) if such amount exceeds the otherwise allowable state income taxes. This would only benefit those of you, normally, if large purchases such as for vehicles or boats were made during the year.