

RSR Financial Resources, Inc.

Tax, Finance & Mortgage Consulting

Mailing: P.O. Box 19845, Reno, Nevada 89511

Physical: 1575 Delucchi Lane, Suite 209, Reno, Nevada 89502

Phone: (775)-851-7900 ***Fax:*** (775)-851-7966

Web Site: www.rsrfinancial.com

Email: rick@rsrfinancial.com

Tax Organizer Overview

The following pages contain your Tax Organizer for 2017. Completing your Organizer will help us prepare your return more efficiently. It will also assist us in getting a complete picture of your tax situation so that we can look for ways to plan and keep your future taxes down. Use your previous tax return along with the schedules in the organizer to look for information you normally report to improve your thoroughness with what you will report this year. See if you can find it as it will help remind you of income and deductions that you reported last year.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each \$100 of deductible expense you find in your records may save you up to \$35 in federal and state income taxes. Enter all relevant information in the designated areas on each page. Feel free to add any notes or questions that might help us find ways to save you money. If you need to include additional information, or ask additional questions, use the back of a page or attach additional pages.

Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.

Be sure you have any of the following forms included with your organizer as I must match the figures on them when your return is prepared. These documents are also listed on the Source Documents List and they include but are not limited to the following:

- *Copy of last year's tax return (if not in our possession)*
- *Copies of all Form[s] W-2*
- *Copies of Schedule[s] K-1 from partnerships, S-corporations, estates or trusts Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan*
- *Copies of all Form[s] 1099 or statements reporting dividend, interest, retirement or other income*
- *Copies of all Forms[s] 1099-SA or 1099-Q reporting Health Savings or Education Savings activity*
- *Copies of all Form[s] 1098 and copies of real estate tax bills, etc.*
- *Legal documents pertaining to the close of sale or purchase of real property.*

Please call if we can be of any further assistance to you.

Sincerely,

Rick Romero, RSR Financial Resources, Inc.

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address	Phone Res:	
City, State & Zip	Phone Work:	
E-mail Address	Cell Phone:	

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
 here _____ Date _____

TAX PREPARATION WORKSHEET
FOR: ENTER YOUR NAME UNDER THIS LINE

RSR FINANCIAL RESOURCES, INC.
P. O. BOX 19845, RENO, NEVADA 89511
1575 DELUCCHI LANE #209, RENO, NEVADA 89502
775-851-7900 775-851-7966 (fax)
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REQUIRED SOURCE DOCUMENT LIST
2017

THE FOLLOWING LIST OF DOCUMENTS ARE REQUIRED IN ORDER TO MATCH INCOMES AND EXPENSES THAT ARE BEING REPORTED TO THE IRS ON YOUR SOCIAL SECURITY OR EIN NUMBERS. I NEED TO BE SURE WE MATCH THESE NUMBERS EXACTLY TO KEEP YOUR RETURN FROM BEING BUMPED OFF THE CONVEYOR BELT FOR FURTHER SCRUTINY. YOU CAN PROVIDE ME WITH FAX COPIES AND

THE BASIC LIST INCLUDES THE FOLLOWING FORMS:

- W-2 FORMS - REPORTS YOUR WAGES
 - W-2G FORMS - REPORTS YOUR WINNINGS FROM GAMBLING ACTIVITY
 - 1099-INTEREST - REPORTS YOUR INTEREST EARNINGS FROM BANKS AND CREDIT UNIONS
 - 1099-DIVIDEND - REPORTS YOUR DIVIDEND EARNINGS FROM MUTUAL FUNDS AND BROKERS
 - 1099-MISCELLANEOUS - REPORTS EARNINGS PRIZES, AWARDS AND SELF-EMPLOYMENT ACTIVITY
 - 1099-SA - REPORTS HEALTH SAVINGS ACCOUNT DISTRIBUTIONS
 - 1099-Q - REPORTS EDUCATION SAVINGS ACCOUNT DISTRIBUTIONS
 - 1098 - REPORTS MORTGAGE INTEREST, TAXES & INSURANCE PAID ON YOUR HOME AND/OR RENTAL PROPERTIES
 - 1098-S - REPORTS GROSS PROCEEDS FROM REAL ESTATE REPORTS GROSS SALES PROCEEDS FROM REAL ESTATE YOU SOLD
 - 1099-G - REPORTS INCOME RECEIVED DUE TO UNEMPLOYMENT INCOME
 - 1099-B - REPORTS GROSS PROCEEDS FROM STOCK TRADES REPORTS THE GROSS PROCEEDS FROM THE SALE OF STOCK YOU OWNED 'AND TRADED. UNFORTUNATELY YOU NEED TO LIST THE COST BASIS AND DATES YOU ACQUIRED THE STOCK TO DETERMINE THE GAIN OR LOSS ON THE TRANSACTIONS, OTHERWISE YOU WILL PAY TAX ON THE SALES AMOUNT. YOU NEED TO GET A "REALIZED GAIN & LOSS" REPORT FROM YOUR BROKER TO GET THIS RIGHT
 - 1095-A - AFFORDABLE CARE ACT FORM IF YOU RECEIVED COVERAGE FROM AN EXCHANGE
- ALL REAL ESTATE CLOSING DOCUMENTS (HUD-1) WHICH SHOW THE NECESSARY DETAIL FOR REAL ESTATE PURCHASES, SALES AND RE-FINANCING

BUSINESS FORMS:

- PROFIT - LOSS STATEMENT FROM JAN 1 TO DEC 31, 2016 (CASH & ACCRUAL BASIS & EXPANDED)
- BALANCE SHEET, DEC 31, 2016 (CASH & ACCRUAL BASIS & EXPANDED)

IF YOUR BUSINESS HAS A PAYROLL INCLUDE COPIES OF THE FOLLOWING:

- 1095-C - AFFORDABLE CARE ACT REPORTING FORM (IF APPLICABLE)
- W-3 FORM
- ALL W-2 FORMS
- ANNUAL 940 REPORT (FIRST PAGE ONLY)
- ALL FOUR QUARTERS OF YOUR EMPLOYERS CONTRIBUTION & WAGE REPORTS (FIRST PAGE ONLY)
- ALL FOUR QUARTERS OF YOUR MODIFIED BUSINESS TAX REPORTS (FIRST PAGE ONLY)
- DETAIL ON ANY EQUIPMENT ACQUIRED DURING THE YEAR, I.E., EQUIPMENT MAKE, MODEL. PRICE AND DATE BOUGHT

**Consent to
Disclose or Use
Authorization**

RSR Financial Resources, Inc.

Consent to Disclose or Use Statement

P.O. Box 19845

Reno, Nevada 89511

Phone: (775)-851-7900 Fax: (775)-851-7966

Web Site: www.rsrfinancial.com

Email: rick@rsrfinancial.com

Many of RSR's customers come to us during and after each tax season and for one reason or another they need us to disclose information to or provide the use of their tax return information to third parties or other tax preparers. Some of these parties include but are not limited to the following: banks, lending institutions, CPA firms, legal representatives or other tax preparers either inside or outside the United States.

While it is not always necessary for you to supply a signed consent form in order for us to disclose or use your information, there are certain circumstances where it is legally required. While RSR will contact you to get your approval before acting on any third-party request, having your signed consent on file will enable us to disclose or grant the use of your information if you would otherwise not be available to execute a signed consent at the time of a third-party request.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The various circumstances, one of which may apply to your particular requirements, are described in the remaining section of this document.

Disclosure to third party for other purpose:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

Consent to Disclose: Auxiliary Provider

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

Consent to a preparer outside the United States

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, *including your personally identifiable information such as your Social Security Number ("SSN")*. Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, Federal agencies may not be able to enforce U.S. laws that protect the privacy of your tax return information against a tax return preparer located outside the U.S. to which the information is disclosed.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. **If you do not specify the duration of your consent, your consent is valid for one year.**

Sincerely,

Rick Romero, President
RSR Financial Resources, Inc.

X _____
Rick Romero, President
RSR Financial Resources, Inc
Date _____

X _____
Date _____

X _____
Date _____

We the taxpayer(s) grant RSR Financial Resources the right to disclose or use our tax information for the current and previous _____ tax years for _____ month/years starting with the signed date of this instrument.

_____ Initial Taxpayer

_____ Initial Taxpayer (Spouse if applicable)

Itemized Deduction Schedule

SCHEDULE "A"
ITEMIZED DEDUCTIONS
2017

PAGE 1 of 2

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ITEMIZED DEDUCTIONS
SCHEDULE "A"

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MEDICAL EXPENSES

MEDICAL INSURANCE PREMIUMS _____

DOCTOR BILLS PAID _____

DENTIST BILLS PAID _____

HOSPITALS & LABS _____

EYE GLASSES & CONTACTS _____

SURGERIES _____

TRAVEL (AIR, LODGING & TAXI'S) _____

AMBULANCE _____

DRUGS & Rx _____

TAXES

AUTO REGISTRATION _____

REAL ESTATE TAXES RESIDENCE _____

REAL ESTATE TAXES SECOND HOME _____

STATE INCOME TAXES _____

SALES TAX (LARGE ITEMS) _____

INTEREST

MORTGAGE INTEREST 1ST _____

MORTGAGE INTEREST 2ND _____

MORTGAGE INSURANCE PREMIUMS _____

ORINATION FEES / POINTS _____

MORTGAGE INTEREST MOTOR HOME/TRAILER _____

DONATIONS

DONATIONS CASH _____

DONATIONS NON-CASH _____

ITEMIZED DEDUCTIONS - CONTINUED

=====

MISCELLANEOUS

- CLASSROOM SUPPLIES & TEACHING AIDS (TEACHERS) _____
- CONTINUING EDUCATION _____
- DEPOSIT BOX _____
- EMPLOYMENT SEARCH _____
- FIREARMS, AMO & DEFENSE ITEMS (POLICEMAN) _____
- GAMBLING LOSSES _____
- JOB SEARCH COSTS _____
- INVESTMENT ADVISORY FEES _____
- IRA CUSTODIAL FEES _____
- LICENSING (JOB RELATED) _____
- PROTECTIVE CLOTHING _____
- TRADE PUBLICATIONS _____
- TAX PREPARATION _____
- TELEPHONE, CELL & INTERNET CONNECTION _____
- TOOLS & EQUIPMENT (JOB RELATED) _____
- UNIFORM & MAINTENANCE EXPENSE (JOB RELATED) _____
- UNION/ASSOCIATION /PROFESSIONAL DUES _____

Travel Outside Salesman Schedule

OUTSIDE SALESMAN EXPENSES
FORM 2106
2017

PAGE 1 of 2

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AUTOMOBILE MILEAGE

AUTO MILEAGE - TOTAL _____

AUTO MILEAGE - BUSINESS PORTION _____

AUTOMOBILE ACTUAL EXPENSES

AUTO GAS & WASHES _____

AUTO INSURANCE _____

AUTO LEASE PAYMENTS _____

AUTO REGISTRATION _____

AUTO REPAIRS & TIRES _____

AUTO DEMO FEES (CAR SALESMAN) _____

AUTO PURCHASE - DATE / PRICE _____

COMPANY REIMBURSEMENT _____

MISCELLANEOUS BUSINESS EXPENSES

BUSINESS ENTERTAINMENT MEALS _____

BUSINESS GIFTS & PROMOTIONS _____

CONTINUING EDUCATION _____

OFFICE SUPPLIES & SMALL MACHINES _____

PROFESSIONAL ORGANIZATIONS & NETWORK GROUPS _____

PUBLICATIONS & BOOKS _____

SOFTWARE & COMPUTER PARTS _____

TELEPHONE, CELL & INTERNET CONNECTION _____

TELEPHONE-INTERNET LINE @ HOME _____

TOOLS & PROTECTIVE CLOTHING _____

UNIFORMS _____

TRAVEL EXPENSES

AIR FARES _____

LODGING _____

GROUND TRANSPORTATION _____

INCIDENTALS _____

MEAL EXPENSE _____

TOTAL DAYS AWAY ON OVERNIGHT _____

COMPANY REIMBURSEMENT _____

**Self
Employment
Schedule**

TAX PREPARATION WORKSHEET
 FOR: ENTER YOUR NAME UNDER THIS LINE

RSR FINANCIAL RESOURCES, INC.
 P. O. BOX 19845, RENO, NEVADA 89511
 1575 DELUCCHI LANE #209, RENO, NEVADA 89502
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 WEB: www.rsrfinancial.com

SELF EMPLOYED BUSINESS
 SCHEDULE "C"
 2017
 PAGE 1 of 2

SELF-EMPLOYMENT INFORMATION REVENUES	BUSINESS - 1	BUSINESS - 2	BUSINESS - 3
FROM SALES OF GOODS OR SERVICES	_____	_____	_____
OTHER INCOME	_____	_____	_____
COST OF GOODS SOLD			
MATERIALS USED TO PRODUCE GOODS	_____	_____	_____
PRODUCTION COSTS	_____	_____	_____
OUTSOURCING	_____	_____	_____
INDEPENDENT CONTRACTORS - 1099	_____	_____	_____
CASUAL LABOR	_____	_____	_____
SHIPPING	_____	_____	_____
CREDIT CARD MERCHANT CHARGES	_____	_____	_____
ENDING INVENTORY (IF APPLICABLE)	_____	_____	_____
OPERATING EXPENSES			
ADVERTISING	_____	_____	_____
AUTO MILEAGE - ANNUAL TOTAL	_____	_____	_____
AUTO MILEAGE -BUSINESS PORTION	_____	_____	_____
AUTO GASOLINE & WASHES	_____	_____	_____
AUTO INSURANCE	_____	_____	_____
AUTO LEASE PAYMENTS	_____	_____	_____
AUTO REGISTRATION	_____	_____	_____
AUTO REPAIRS	_____	_____	_____
BANK CHARGES	_____	_____	_____
ENTERTAINMENT MEALS	_____	_____	_____
INSURANCE - BUSINESS - (LIABILITY)	_____	_____	_____
INSURANCE - WORKMAN'S COMP	_____	_____	_____
INSURANCE - HEALTH (EMPLOYEES)	_____	_____	_____
INTEREST EXPENSE	_____	_____	_____
LEGAL/ACCOUNTING	_____	_____	_____
LICENSE, BONDING, TAXES & PERMITS	_____	_____	_____
OFFICE SUPPLIES	_____	_____	_____
PAYROLL (NET)	_____	_____	_____
PAYROLL TAXES (EFTPS DEPOSITS)	_____	_____	_____
POSTAGE, MAILING, PO BOX	_____	_____	_____

SELF EMPLOYED BUSINESS - CONTINUED

BUSINESS - 1

BUSINESS - 2

BUSINESS - 3

	BUSINESS - 1	BUSINESS - 2	BUSINESS - 3
PRINTING & REPRODUCTION	_____	_____	_____
PROTECTIVE CLOTHING	_____	_____	_____
SMALL BUSINESS MACHINES UNDER \$500	_____	_____	_____
SMALL TOOLS	_____	_____	_____
SUPPLIES, GENERAL	_____	_____	_____
RENT EQUIPMENT	_____	_____	_____
RENT FACILITY	_____	_____	_____
RENT STORAGE	_____	_____	_____
REPAIR & MAINTENANCE	_____	_____	_____
TAXES - PERSONAL PROPERTY	_____	_____	_____
TAXES- SALES	_____	_____	_____
TELEPHONE, CELL & INTERNET CONNECTION	_____	_____	_____
TRAVEL-AIR FARES	_____	_____	_____
TRAVEL-LODGING	_____	_____	_____
TRAVEL-GROUND TRANS	_____	_____	_____
TRAVEL-MEALS	_____	_____	_____
UTILITIES - COMMERCIAL FACILITY	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
HOME OFFICE EXPENSES			

HOME PRICE & DATE ACQUIRED	_____	_____	_____
DATE FIRST USED AS AN OFFICE	_____	_____	_____
HOME SQUARE FEET - TOTAL	_____	_____	_____
HOME SQUARE FEET - OFFICE AREA	_____	_____	_____
HOMEOWNER'S INSURANCE	_____	_____	_____
ELECTRIC	_____	_____	_____
GAS	_____	_____	_____
PROPANE	_____	_____	_____
WATER	_____	_____	_____
TRASH	_____	_____	_____
SEWER	_____	_____	_____
REPAIRS	_____	_____	_____
CAPITAL PURCHASES			

AUTO PURCHASE - PRICE & DATE ACQUIRED	_____	_____	_____
COMPUTER - PRICE & DATE ACQUIRED	_____	_____	_____
EQUIPMENT - PRICE & DATE ACQUIRED	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____

Rental Property Schedule

TAX PREPARATION WORKSHEET
 FOR: ENTER YOUR NAME UNDER THIS LINE

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 P. O. BOX 19845, RENO, NEVADA 89511
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RENTAL PROPERTY
 DETAIL
 2017
 PAGE 1 of 2

RENTAL PROPERTY INPUT	PROPERTY - 1	PROPERTY - 2	PROPERTY - 3	PROPERTY - 4
RENTAL INCOME				
RENTAL EXPENSES				
ADVERTISING				
ASSOCIATION FEES (HOA)				
CLEANING & MAINTENANCE				
INSURANCE				
LEGAL & PROFESSIONAL				
MANAGEMENT FEES				
COMMISSIONS				
MORTGAGE INTEREST 1ST				
MORTGAGE INTEREST 2ND				
REPAIRS				
REMODELS & TENANT IMPROVEMENTS				
SUPPLIES				
TAXES				
TRAVEL				
AUTO MILEAGE RENTAL RELATED				
AIR FARE				
LODGING				
GROUND TRANSPORTATION				
MEAL EXPENSE				
OR				
DAYS AWAY FROM HOME OVERNIGHT				
ELECTRIC				
GAS				
WATER				
TRASH				
SEWER				
OTHER:				
OTHER:				
OTHER:				

RENTALS CONTINUED	PROPERTY - 1	PROPERTY - 2	PROPERTY - 3	PROPERTY - 4
=====	=====	=====	=====	=====
MAJOR IMPROVEMENT ITEMS				
DEPRECIATION-DATE ACQUIRED / PRICE	_____	_____	_____	_____
CAPITAL ITEMS (OVER \$500) - DATE / AMT	_____	_____	_____	_____
MAJOR REPAIRS (OVER \$1,000) - DATE / AMT	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____

Stock-Property Trade Schedule

TAX PREPARATION WORKSHEET
FOR: ENTER YOUR NAME UNDER THIS LINE

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STOCK AND/OR PROPERTY TRADING
ACTIVITY
2017

PAGE 1 of 1

CAPITAL GAIN DETAIL LIST STOCK OR PROPERTY SALES DETAIL	DATE ACQUIRED	DATE SOLD	SALES PRICE	PURCHASE PRICE

NOTE:
THE BEST WAY TO ADDRESS YOUR STOCK TRADES IS TO "REQUIRE" YOUR BROKER TO PROVIDE YOU WITH A "REALIZED GAINS & LOSS" REPORT. THE REPORT WILL CONTAIN A LINE ITEM DETAIL OF ALL YOU TRADES WITH SALES AMOUNTS, COST BASIS, DATES ACQUIRED AND DATES SOLD. IT SHOULD ALSO SEPARATE THE LONG AND SHORT TERM TRANSACTIONS. YOUR BROKER IS BEING PAID TO SERVICE YOUR ACCOUNT AND SHOULD PROVIDE YOU WITH THIS SERVICE AND THESE REPORTS. THESE REPORTS ARE REFERRED TO AS 1099-B REPORTS.

IF YOU SOLD REAL PROPERTY PLEASE SUPPLY US WITH THE FINAL SETTLEMENT (HUD-1) STATEMENTS THAT YOU RECEIVED FROM THE TITLE COMPANY WHEN YOU BOUGHT AND WHEN YOU SOLD YOUR PROPERTIES, INCLUDING YOUR RESIDENCE AND/OR ANY RENTAL OR INVESTMETNT PROPERTIES YOU MAY HAVE SOLD.

Child Day Care Expenses

