**Please be sure to enable editing in order to fill out form. Thank you!**

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https://www.genesistaxconsultants.com



tax organizer for U.S. ExPats

for Current and prior years tax returns

# U.S. ExPats

## marital status

Choose an item.

## your full name

|  |
| --- |
|  |

**your social security number**

|  |
| --- |
|  |

**date of birth**

|  |
| --- |
|  |

**country of citizenship/ green card**

|  |
| --- |
|  |

## occupation

|  |
| --- |
|  |

## e-mail address

|  |
| --- |
|  |

## phone number

|  |
| --- |
|  |

## last year tax return was filed, Adjusted gross income and PIN if applicable

|  |  |  |
| --- | --- | --- |
|  |  |  |

## u.s. drivers license information (for purposes of e-file)

|  |  |  |  |
| --- | --- | --- | --- |
| State of Issue  | Issue Date | Expiration Date | Number |
|  |  |  |  |

# expat information

## foreign country street address

|  |
| --- |
|  |

## foreign country: city, country, zip

|  |
| --- |
|  |

## foreign employment income (list amounts in foreign currency received)

|  |
| --- |
|  |

## employer name

|  |
| --- |
|  |

## employer address

|  |
| --- |
|  |

## us company

Choose an item.

## gross wages

|  |
| --- |
|  |

## foreign tax paid

|  |
| --- |
|  |

**address (city, state, zip)**

|  |
| --- |
|  |

**date establishing residency in foreign country**

Click here to enter a date.

## date moved back to u.s. (if applicable)

Click here to enter a date.

## if you were present in the united states or its possessions during the tax year, complete the following colums below

|  |  |  |  |
| --- | --- | --- | --- |
| Date Arrived in U.S.  | Date left U.S | Number of Days in U.S. | Income earned in U.S. on business |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## length of employment contract

|  |
| --- |
|  |

## type of visa/permit

|  |
| --- |
|  |

**-END OF EXPAT SECTION-**

# Dependent & spouse information

## child/dependent’s name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Birthdate | Social Security Number | Country of Citizenship | Time Lived with You |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |

## depdendent care expenses (babysitting/Daycare): must have name, address, social security number or ein of provider, and amount paid per child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Provider | Address of Provider | Social Security Number or EIN of Provider | Amount Paid per Child | Child Name paid for  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## spouse full name

|  |
| --- |
|  |

**spouse social security number**

|  |
| --- |
|  |

**spouse date of birth**

|  |
| --- |
|  |

**spouse country of citizenship/ green card**

|  |
| --- |
|  |

## Spouse occupation

|  |
| --- |
|  |

## Spouse e-mail address

|  |
| --- |
|  |

## Spouse phone number

|  |
| --- |
|  |

## Spouse last year tax return was filed

|  |
| --- |
|  |

## Spouse u.s. drivers license information (for purposes of e-file)

|  |  |  |  |
| --- | --- | --- | --- |
| State of Issue  | Issue Date | Expiration Date | Number |
|  |  |  |  |

## Spouse foreign country street address

|  |
| --- |
|  |

## Spouse foreign country: city, country, zip

|  |
| --- |
|  |

## Spouse foreign employment income (Employment information only needed if u.s. citizen or green card holder considered a tax resident) list amounts in foreign currency received)

|  |
| --- |
|  |

## spouse employer name

|  |
| --- |
|  |

## employer address

|  |
| --- |
|  |

## us company

Choose an item.

## gross wages

|  |
| --- |
|  |

## foreign tax paid

|  |
| --- |
|  |

**address (city, state, zip)**

|  |
| --- |
|  |

**date establishing residency inforeign country**

Click here to enter a date.

## date moved back to u.s. (if applicable)

Click here to enter a date.

## if you were present in the united states or its possessions during the tax year, complete the following colums below

|  |  |  |  |
| --- | --- | --- | --- |
| Date Arrived in U.S.  | Date left U.S | Number of Days in U.S. | Income earned in U.S. on business |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## length of employment contract

|  |
| --- |
|  |

## type of visa/permit

|  |
| --- |
|  |

# checklist for type of income and tax reporting forms you received (please e-mail or fax a copy of each document you received)

#### [ ] Wages: All Forms W-2

#### [ ] Income from Rentals: All 1099-MISC

#### [ ]  Pensions/Retirements: 1099-R

#### [ ]  Business Income: All 1099-MISC & 1099-K

#### [ ] Social Security: SSA-1099

#### [ ] Farm Income

#### [ ] Bank Interest: 1099-INT

#### [ ] Alimony Received: Total amount

|  |
| --- |
|  |

#### [ ] Dividends: 1099-DIV

#### [ ] Unemployment: 1099-G

#### [ ] Commissions: 1099-MISC

#### [ ] State Tax Refund: 1099-G

#### [ ] Tips and Gratuities

#### [ ] Miscellaneous: Jury Duty, Gambling, Other

#### [ ] Sales of Stock, Mutual Funds: 1099-B

# Self-Employment Income & expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total (Gross Income) | Advertising Expenses | Auto: Parking & Toll | Business Phone Expense | Cell Phone Expense  |
|  |  |  |  |  |
| Subcontractors | **Commissions Paid** | **Insurance** | **Interest Paid** | **Hotel/Travel Expense** |
|  |  |  |  |  |
| General Office Expense | **Rent/Lease Fees Paid** | **Legal & Professional Fees** | **Repairs** | **Cleaning/Maintenance** |
|  |  |  |  |  |
| Dues & Publications | **Equipment/Supplies** | **Tools** | **License Fees/Taxes Paid** | **Utilities** |
|  |  |  |  |  |
| Education Expense  | **Association Dues** | **Bank/Credit Card Fees** | **Postage** | **Meals/Entertainment** |
|  |  |  |  |  |
| Business Miles & Total Miles |  |  |  |  |
|  |  |  |  |  |

## business assets purchased

|  |  |  |
| --- | --- | --- |
| Item Description | Date Purchased | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Rental Properties

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total (Gross) Income | Days Property was available for Rent | Personal Use Days | Advertising Fees | Cleaning and maintenance  |
|  |  |  |  |  |
| Commissions | **Depreciation** | **Insurance** | **Interest (other)** | **Legal and other professional fees** |
|  |  |  |  |  |
| Local transportation expenses | **Management fees** | **Mortgage interest paid to banks, etc.**  | **Points** | **Rental payments** |
|  |  |  |  |  |
| Repairs | **Taxes** | **Utilities** | **Auto and Travel Expenses** | **Other (list type)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# estimated taxes paid

|  |  |  |  |
| --- | --- | --- | --- |
| Federal Payment(s) | Date(s) | State Payment (s) | Date (s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# itemized deductions

#

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mortgage Interest from Form 1098 | Medical & Dental Bills | Prescriptions | Glasses/Contact Lenses | Out-of-pocket medical expenses |
|  |  |  |  |  |
| Medical miles driven | **Lab fees** | **Hearing Aids** | **Medical/dental/long term care insurance** | **Prior Year State Tax Paid** |
|  |  |  |  |  |
| City/local tax | **Real Estate Tax** | **Personal Property Tax** | **Charitable Contributions and type** |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Health insurance information

Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2017 for you, your spouse and all members of your family as claimed on your tax return? Choose an item.

Did you or anyone in your family qualify for an exemption from the health care coverage mandate (please note that if you lived overseas you qualify for an exemption)? Choose an item.

Did you acquire health care coverage through the Marketplace under the Affordable Care Act? If yes, provide Form(s) 1095-A. Choose an item.

If you had other healthcare insurance provide Form 1095-B or 1095-C. Choose an item.

Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA? Choose an item.

Amount

|  |
| --- |
|  |

Please send the completed tax organizer to nick@genesistaxconsultants.com or upload to the [secure file sharing account](https://www.mytaxdocs.com/?o=21357) (let me know if you need me to resend you the invite).

Thank you!