

# Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

## 1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

<p><b>Taxpayer</b></p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Spouse</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Marital Status</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er), Date of Spouse's Death _____</p>
Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- |   |   |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$19,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____</p> <p style="padding-left: 20px;">(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|



## 9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	Taxpayer		Spouse	
Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach SSA 1099, RRB 1099

## 10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

## 11. Other Income

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_

Child Support \_\_\_\_\_

Scholarship (Grants) \_\_\_\_\_

Unemployment Compensation (repaid) \_\_\_\_\_

Prizes, Bonuses, Awards \_\_\_\_\_

Gambling, Lottery (expenses \_\_\_\_\_ ) \_\_\_\_\_

Unreported Tips \_\_\_\_\_

Director / Executor's Fee \_\_\_\_\_

Commissions \_\_\_\_\_

Jury Duty \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Disability Income \_\_\_\_\_

Veteran's Pension \_\_\_\_\_

Payments from Prior Installment Sale \_\_\_\_\_

State Income Tax Refund \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

## 12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you) \_\_\_\_\_

Prescription Drugs \_\_\_\_\_

Insulin \_\_\_\_\_

Glasses, Contacts \_\_\_\_\_

Hearing Aids, Batteries \_\_\_\_\_

Braces \_\_\_\_\_

Medical Equipment, Supplies \_\_\_\_\_

Nursing Care \_\_\_\_\_

Medical Therapy \_\_\_\_\_

Hospital \_\_\_\_\_

Doctor/Dental/Orthodontist \_\_\_\_\_

Mileage (no. of miles): \_\_\_\_\_

## 13. Taxes Paid

Real Property Tax (attach bills) \_\_\_\_\_

Personal Property Tax \_\_\_\_\_

Other \_\_\_\_\_

## 14. Interest Expense

Mortgage interest paid (attach 1098) \_\_\_\_\_

Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_

Paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Investment Interest \_\_\_\_\_

Premiums paid or accrued for qualified mortgage insurance \_\_\_\_\_

## 15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property \_\_\_\_\_

Description of Property \_\_\_\_\_

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

## 16. Charitable Contributions

	Other		Other	
Church	_____	Wildlife Fund	_____	Volunteer (no. of miles) _____
United Way	_____	Salvation Army, Goodwill	_____	@ .14 _____
Scouts	_____	Other	_____	
Telethons	_____		_____	
University, Public TV/Radio	_____	Non-Cash	_____	
Heart, Lung, Cancer, etc.	_____		_____	

## 17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

## 18. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. \_\_\_\_\_

Date of move \_\_\_\_\_

Move Household Goods \_\_\_\_\_

Lodging During Move \_\_\_\_\_

Travel to New Home (no. of miles) \_\_\_\_\_

## 19. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. \_\_\_\_\_

Dues - Union, Professional \_\_\_\_\_

Books, Subscriptions, Supplies \_\_\_\_\_

Licenses \_\_\_\_\_

Tools, Equipment, Safety Equipment \_\_\_\_\_

Uniforms (include cleaning) \_\_\_\_\_

Sales Expense, Gifts \_\_\_\_\_

Tuition, Books (work related) \_\_\_\_\_

Entertainment \_\_\_\_\_

Office in home:

In Square a) Total home \_\_\_\_\_

Feet b) Office \_\_\_\_\_

c) Storage \_\_\_\_\_

Rent \_\_\_\_\_

Insurance \_\_\_\_\_

Utilities \_\_\_\_\_

Maintenance \_\_\_\_\_

## 20. Investment-Related Expenses State use only

Tax Preparation Fee \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Mutual Fund Fee \_\_\_\_\_

Investment Counselor \_\_\_\_\_

Other \_\_\_\_\_

## 21. Business Mileage

Do you have written records?  Yes  No

Did you sell or trade in a car used for business?  Yes  No

If yes, attach a copy of purchase agreement

Make/Year Vehicle \_\_\_\_\_

Date purchased \_\_\_\_\_

Total miles (personal & business) \_\_\_\_\_

Business miles (not to and from work)

From first to second job \_\_\_\_\_

Education (one way, work to school) \_\_\_\_\_

Job Seeking \_\_\_\_\_

Other Business \_\_\_\_\_

Round Trip commuting distance \_\_\_\_\_

Gas, Oil, Lubrication \_\_\_\_\_

Batteries, Tires, etc. \_\_\_\_\_

Repairs \_\_\_\_\_

Wash \_\_\_\_\_

Insurance \_\_\_\_\_

Interest \_\_\_\_\_

Lease payments \_\_\_\_\_

Garage Rent \_\_\_\_\_

## 22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. \_\_\_\_\_

Lodging \_\_\_\_\_

Meals (no. of days \_\_\_\_\_ ) \_\_\_\_\_

Taxi, Car Rental \_\_\_\_\_

Other \_\_\_\_\_

Reimbursement Received \_\_\_\_\_

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \$ \_\_\_\_\_  
 Health Savings Account Contributions \$ \_\_\_\_\_  
 Archer Medical Savings Acct. Contributions \$ \_\_\_\_\_

**26. Questions, Comments, & Other Information**

Residence:  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Village \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_

**27. Direct Deposit of Refund**

Would you like to have your refund(s) directly deposited into your account?  Yes  No  
*(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)*

**ACCOUNT 1**

Owner of account  Taxpayer  Spouse  Joint  
 Type of account  Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA  
 Name of financial institution \_\_\_\_\_  
 Financial Institution Routing Transit Number (if known) \_\_\_\_\_  
 Your account number \_\_\_\_\_

**ACCOUNT 2**

Owner of account  Taxpayer  Spouse  Joint  
 Type of account  Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA  
 Name of financial institution \_\_\_\_\_  
 Financial Institution Routing Transit Number (if known) \_\_\_\_\_  
 Your account number \_\_\_\_\_

