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

	Taxpayer		Spouse		Marital Status
Blind	☐ Yes	☐ No	☐ Yes	☐ No	☐ Married
Disabled	☐ Yes	☐ No	☐ Yes	☐ No	☐ Single
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No	☐ Widow(er), Date of Spouse's Death ______________

Will file jointly ☐ Yes ☐ 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

1. Are you self-employed or do you receive hobby income? ☐ Yes* ☐ No
2. Did you receive income from raising animals or crops? ☐ Yes* ☐ No
3. Did you receive rent from real estate or other property? ☐ Yes* ☐ No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes* ☐ No
5. Did you withdraw or write checks from a mutual fund? ☐ Yes ☐ No
6. Do you have a foreign bank account, trust, or business? ☐ Yes ☐ No
7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation? ☐ Yes ☐ No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No
10. Did you give a gift of more than $14,000 to one or more people? ☐ Yes ☐ No
11. Did you have any debts cancelled, forgiven, or refinanced? ☐ Yes ☐ No
12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No
13. (a) If you paid rent, how much did you pay? ______________
    (b) Was heat included? ☐ Yes ☐ No
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ No

* Contact us for further instructions

16. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. ☐ Yes ☐ No

17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number. ______________

18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than $1050? ☐ Yes ☐ No

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

____
____
____
____
____

19. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ Yes ☐ No

20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ? ☐ Yes ☐ No

21. Did you own $50,000 or more in foreign financial assets? ☐ Yes ☐ No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

__________ Taxpayer __________ Spouse

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	✓ for Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ 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
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
____	
Non-Cash	
____	

Volunteer (no. of miles) ____ @ .14 $0.00

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

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)

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 Feet
a) Total home ____________
b) Office ____________
c) Storage ____________

Rent ____________

Insurance ____________

Utilities ____________

Maintenance ____________

20. Investment-Related Expenses

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

24. Other Deductions

Alimony Paid to ____________________

Social Security No. ____________ $ ________

Student Interest Paid $ ________

Health Savings Account Contributions $ ________

Archer Medical Savings Acct. Contributions $ ________

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information

Residence:

Town ____________ County ____________

Village ____________ School District ____________

City ____________

27. Direct Deposit of Refund / or Savings Bond Purchases

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 ☐ MyRA ☐ Checking ☐ Archer MSA Savings ☐ Traditional Savings ☐ Coverdell Education Savings ☐ Traditional IRA ☐ HSA Savings ☐ Roth IRA ☑ 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 ☐ MyRA ☐ Checking ☐ Archer MSA Savings ☐ Traditional Savings ☐ Coverdell Education Savings ☐ Traditional IRA ☐ HSA Savings ☐ Roth IRA ☐ SEP IRA

Name of financial institution ____________________

Financial Institution Routing Transit Number (if known) ____________

Your account number ____________

ACCOUNT 3

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ MyRA ☐ 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 ______________________________

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). ______________________________

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). ______________________________

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer 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.

Taxpayer	Date	Spouse	Date