

This worksheet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.



Please include your last year's return (if you are a new client) and all W-2, 1099, and K-1 forms, if any.

Upon completing the Tax Organizer, please read and sign below.

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____ Date _____

Access Client Portal: https://login.atomanager.com/ATOM_GAC/WebInfo.aspx

Website: www.gray.cpa

PERSONAL DATA									
TAXPAYER (OR SINGLE)		SPOUSE		DEPENDENTS		<input type="checkbox"/> X if post-secondary student # mos. lived in your home			
Last Name		Last Name		NAME (First, Initial & Last)		DOB		Soc. Sec. No.	
First Name & Initial		First Name & Initial						Relationship	
Occupation		Occupation							
Phone (Home)		Phone (Home)							
Phone (Work or Cell)		Phone (Work or Cell)		*** Social Security numbers are required for all dependents. ***					
Soc. Sec. # (full)		Date of Birth		Soc. Sec. # (full)		Date of Birth		One or more of my dependents is/are NOT a U.S. resident or citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email address		Email address		If filing Head of Household and qualifying person is your child but not your dependent above, enter child's/children's name(s) here:					
ID Verification (for anti-fraud, anti-ID theft)				If filing <u>Head of Household</u> and qualifying person is your child but not your dependent above:					
DL or State ID #		DL or State ID #		Issue Date		Expiration Date		1. Did your name, address, or marital status change during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
								2. Are you being claimed as a dependent on another tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address								3. Are you (or your spouse) blind or permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City		State		Zip				4. Did you claim children above that don't live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
								5. Did you carry forward or incur any adoption expenses during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

GENERAL QUESTIONNAIRE		
Did you have a financial interest in or authority over a foreign bank account or trust (bank account, securities, trust, fund, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you own, receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you use bartering to exchange any goods or services (including with digital/virtual assets)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you purchase health insurance from the HHS Marketplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive any premium health insurance credits during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you have any worthless stocks, uncollectible bad debts, or were a victim of a Ponzi scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you reached the age of 70½?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you begun your mandatory retirement saving withdrawals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, did you make a direct contribution to a charity from an IRA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you or your dependents take a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you start a new business during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you expect to start a new business this coming year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Did you pay anyone (over 18) \$2,100 or more to work at your home during the calendar year?	Yes	No	
Did you have children under age 19 with investment income (age 24 if dependent student)?	Yes	No	
Did you or your spouse have qualified military combat pay?	Yes	No	
Did you receive any source of income that is not listed in this tax organizer?	Yes	No	
Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes	No	
Did you have any foreign income?	Yes	No	
Did you have living expenses in a foreign country as a result of income earned abroad?	Yes	No	
Did you become disabled during the year?	Yes	No	
Were you a handicapped employee?	Yes	No	
Did you have a Medical or Health Savings Account (MSA or HSA)?	Yes	No	
Did you pay long term healthcare insurance premiums or receive benefits during the year?	Yes	No	
Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes	No	
Did you receive employer-provided educational assistance or transportation benefits?	Yes	No	
Did you make any gifts of over \$18,000 to any individual (do not include tuition or medical expenses, or gifts to your spouse)?	Yes	No	
Did you donate a partial interest in any goods to charitable organizations?	Yes	No	
Did you sell your principal home during the year? <i>Please provide closing statements for both the purchase and sale of this property.</i>	Yes	No	
Did you purchahse a new home during the year? <i>Please provide closing statement for purchase.</i>	Yes	No	
Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes	No	
Did you make any major purchases during the year requiring payment of sales tax (including any new vehicle, boat, etc.)?	Yes	No	
Did you revise a prior year divorce decree that includes alimony?	Yes	No	
Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes	No	
If you would like your refund deposited directly into your bank account, please attach a voided check or deposit slip (up to 3 accounts).	Yes	No	
Would you like to purchase savings bonds with your refund, if any?	Yes	No	
Are you a school teacher who paid out of pocket for classroom materials without reimbursement?	Yes	No	
<i>Please provide a list of expenses for potential deduction.</i>			
I need to report business income. <i>Please ask for and use our Worksheet C.</i>	Yes	No	
I need to report rental property income. <i>Please ask for and use our Worksheet E.</i>	Yes	No	
I need to report farm income. <i>Please ask for and use our Worksheet F.</i>	Yes	No	
I have made estimated payments to the IRS (in addition to any withholding from my pay). <i>Please provide payment date(s) and amount(s).</i>	Yes	No	
I need to file a tax return in another state: <i>State(s)</i> _____	Yes	No	
<i>Type of return (personal, franchise tax, other business, other)</i> _____			