

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					

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Married	Will file jointly ☐ Yes ☐ No		
Disabled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Single			
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No	☐ Widow(er), Date of Spouse's Death _____			

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? ☐ Yes* ☐ No</p> <p>2. Did you receive income from raising animals or crops? ☐ Yes* ☐ No</p> <p>3. Did you receive rent from real estate or other property? ☐ Yes* ☐ No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes* ☐ No</p> <p>5. Did you withdraw or write checks from a mutual fund? ☐ Yes ☐ No</p> <p>6. Do you have a foreign bank account, trust, or business? ☐ Yes ☐ No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? ☐ Yes ☐ No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No</p> <p>10. Did you give a gift of more than \$18,000 to one or more people? ☐ Yes ☐ No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? ☐ Yes ☐ No</p> <p>12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No</p> <p>13. (a) If you paid rent, how much did you pay? _____
(b) Was heat included? ☐ Yes ☐ No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ 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? ☐ Yes ☐ No</p> |
|---|--|

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.

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 _____

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 / 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 ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ 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
☐ Treasury Direct ☐ 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 3

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account

☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

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