Client Tax Organizer

Please provide an additional page for any specific questions/comments that we should be alerted to

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					

Street Address	City	State	ZIP	Home Phone

	Taxpayer		Spouse	
Blind	☐ Yes	☐ No	☐ Yes	☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No

Marital Status

☐ Married — Will file jointly ☐ Yes ☐ No

☐ Single

☐ 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

Please provide:

- Last year's tax return (new clients only)
- All statements (W-2s, 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 $1 ,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
16. Did you have any children under age 24 with unearned income of more than $2, 00? ☐ Yes ☐ No
17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? ☐ Yes ☐ No
18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? ☐ Yes ☐ No

* Complete Section 28 Below

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse

4. Interest Income

Attach 1099-INT & 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

8. 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).

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

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

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

10. 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

7. Investments Sold

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

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: See Section 26 below too

Only provide if in excess of 10% of your income

Medical Insurance Premiums (paid by you)
Prescription Drugs
Insulin
Glasses, Contacts
Hearing Aids, Batteries
Medical Equipment, Supplies
Nursing Care
Medical Therapy
Hospital
Doctor/Dental/Orthodontist
Mileage (no. of miles)
Long-Term Care Premiums

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 _____
_____
_____
Amount of Damage
Insurance Reimbursement
Repair Costs
Federal Grants Received

16. Charitable Contributions

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) _____

17. Job-Related Moving Expenses

Date of move _____
Move Household Goods
Travel to New Home (no. of miles)
Lodging During Move

18. 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

19. 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.

20. 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 _____

21. 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 _____

22. Investment-Related Expenses

Tax Preparation Fee _____
Safe Deposit Box Rental _____
Mutual Fund Fee _____
Investment Counselor _____
Other _____

23. Estimated Tax Paid

Date Paid	Federal	State	City

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. Medical & Health Insurance

Were you and your family covered by health insurance for all 12 months last year? Yes / No

Do you have Marketplace insurance from healthcare.gov through the Affordable Healthcare Act? If yes, provide from 1095-A

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 _____

ACCOUNT 3

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 _____

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**

28: Schedule C or E: Busines