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	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

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 $13,000 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 any children under the age of 19 or 19 to 23 year old students with unearned income of more than $950? ☐ Yes ☐ No

17. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ 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

18. 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

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

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) _____
Miles after June 30 _____

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) _____
Miles after June 30 _____

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) _____
Miles after June 30 _____
From first to second job _____
Miles after June 30 _____
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

☐ 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 _____

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**