

# 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

<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single
Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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

Please provide for your appointment

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

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

\* Contact us for further instructions

### 3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### 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


### 7. Investments Sold

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

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

### 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?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 10. Pension, Annuity Income

Attach 1099-R Payer\*

Reason for Withdrawal	Reinvested?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach SSA 1099, RRB 1099

**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 \_\_\_\_\_

**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) \_\_\_\_\_ @ 14` \_\_\_\_\_

**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 a) Total home \_\_\_\_\_  
 Feet 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

Due Date	Date Paid	Federal	State

## 24. Other Deductions

Alimony Paid to \_\_\_\_\_

Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_

Student Interest Paid \$ \_\_\_\_\_

## 25. Education Expenses

Student's Name	Type of Expense	Amount

## 26. Questions, Comments, & Other Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence:

Town \_\_\_\_\_ County \_\_\_\_\_

Village \_\_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_

To the best of my knowledge the enclosed information 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.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_