Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Pe	rsonal Information									
	Name		Soc. Se	ec. No.	Date	of Birth	Occupation	n	Work Ph	one
Taxpayeı	•									
Spouse										
Street Ac	Idress			City		State	ZIP	1	Home Ph	ione
Email Ad	dress									
	Taxpayer	Spouse		Marital S	tatus					
Blind	Yes N	o Yes	No	Marr	ried		Will file jo	ointly	Yes	No
Disabled	Yes N	o Yes	No	Sing						
Pres. Car	mpaign Fund Yes N	o Yes	No	Wido	ow(er), l	Date of Sp	ouse's Death	י		
2. De	pendents (Children & Oth	ers)								
	Name (First Lost)	Relationship	Date of Birth	Social S Num		Month Lived	s Disabled	Full Time	Depen Gro	
	(First, Last)	•	DIFUI	Null	iber	With Yo	ou	Student	Inco	me
- Last - Nam	ovide for your appointment year's tax return (new clients o ne and address label (from gove	rnment booklet or ca	rd)	ll statemer	nts (W-2	es, 1098s, 1	1099s, etc)			
Please an	swer the following questions to	determine maximum	deductions							
-	ou self-employed or do you e hobby income?	Yes* N	9. Io	marriage	s, divor	oirths, deat	-	Г	٦.,	
•	ou receive income from g animals or crops?	Yes* N	lo 10	in your in		-	han \$13,000	L	Yes	N
-	u receive rent from real or other property?	Yes* N	lo	to one or r	nore pe	eople?		L	Yes	N
-	ou receive income from , timber, minerals, oil, gas,			or refinance	ced?		celled, forgiv	en,	Yes	N
copyri	ghts, patents?	Yes* N	lo.	Did you go proceedin	•	gh bankrup	tcy		Yes	
-	ou withdraw or write s from a mutual fund?	Yes N	lo 13.	(a) If you	paid rei	nt, how mu	ch did you p	ay?		
•	u have a foreign bank nt, trust, or business?	Yes N	lo	(b) Was h	eat incl	uded?			Yes	N
7. Do you help s	u provide a home for or upport anyone not listed tion 2 above?		14.		our spo		udent loan fo ur dependen		Yes	
8. Did yo	ou receive any correspondence he IRS or State Department		15.	spouse, or	r your d	nses for yo ependent t igh school		[Yes	

unearned inco	year old students wi ome of more than \$95 nase a new alternative chicle or electric vehice	50? È	Yes No	central air condi	el cells or uch as ext tion, heat p itioners or	energy efficient erior doors or oumps, furnaces, water heaters?	Yes	☐ No
3. Wage, Sa	alary Income			19. Did you own \$50 financial assets?		ore in foreign	Yes	☐ No
Attach W-2s:		_	_	7. Property	Sold			
Employer		Taxp	payer Spouse	Attach 1099-S and	d closing s	tatements		
				Property	y	Date Acquired	Cost &	Imp.
				Personal Resider	nce*			
				Vacation Home				
				Land				
				Other				
				* Provide informa and cost of a ne (Job-Related Mo	w residenc	provements, prior ce. Also see Section		е,
4. Interest I	Income			8. I.R.A. (Inc	dividual F	Retirement Acc	:t.)	
Attach 1099-INT, Payer	Form 1097-BTC & br	oker stateme	nts Amount	Contributions for	tax year in	come		✓ for
					ıΑ	mount	Date	Roth
				Taxpayer				
				Spouse				
Tax Exempt				Amounts withdrav	vn. Attach	1099-R & 5498 Reason for		
				Trustee		Withdrawal	Reinve	sted?
5. Dividend	Income						Yes	No
							Yes	No
From Mutual Fund	ds & Stocks - Attach	1099-DIV					Yes	No
_		Capital	Non-				Yes	No
Payer	Ordinary	Gains	Taxable	9. Pension,	Δnnuity	Income		
				Attach 1099-R	Aimaity	Reason for		
				Payer*		Withdrawal	Reinve	sted?
							Yes	No
							Yes	No
							Yes	No
							Yes	No
	hip, Trust, Estate tnership, limited part		rporation, trust,	* Provide stateme company with in contributions to	nformation		ıce	
or estate income	- Attach K-1					T	ο.	
-				Did you receive:		Taxpayer	Spor	
				Social Security		Yes No		
				Railroad Retire	ement	Yes No	Yes	No
				Attach SSA 1099,	RRB 1099			

18. Did you install any energy property to your

16. Did you have any children under the age of

10. Investments Sold

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

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

	I		
11. Other Income	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1	1098)	
AII	Interest paid to individual for yo	ur	
Alimony Received	home (include amortization scl	nedule)	
Child Support	Paid to:		
Scholarship (Grants)	Name		
Unemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No		
Gambling, Lottery (expenses)	Investment Interest		
Unreported Tips	Premiums paid or accrued for q	ualified	
Director / Executor's Fee	mortgage insurance		
Commissions	_		
Jury Duty	15. Casualty/Theft Los	e	
Worker's Compensation			
Disability Income			d
Veteran's Pension	For property damaged by storm		
Payments from Prior Installment Sale	Location of Property		
State Income Tax Refund			
Other	Description of Property		
Other			
			Federally Declared
12. Medical/Dental Expenses	Amount of Domono	Other	Disaster Losses
	Amount of Damage		
	Insurance Reimbursement _		
Medical Insurance Premiums	Repair Costs _		
(paid by you)	Federal Grants Received		
Prescription Drugs			
Insulin	16. Charitable Contribu	utions	
Glasses, Contacts			
Hearing Aids, Batteries	<u> </u>	0.00	
Braces	<u> </u>	Other	
Medical Equipment, Supplies	— Church		
Nursing Care	United Way		
Medical Therapy	Scouts		
Hospital	Telethons		
Doctor/Dental/Orthodontist	University, Public TV/Radio		
Mileage (no. of miles)	Heart, Lung, Cancer, etc.		
Miles after June 30			
	Wildlife Fund		
13. Taxes Paid	Salvation Army, Goodwill Other		
Real Property Tax (attach bills)	Non-Cash		
Personal Property Tax	Volunteer (no. of miles)	@ .14	
Other	Volunteer (110. Of fillies)	₩.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	21. Business Mileage	
Date of move	Do you have written records?	No
Move Household Goods Lodging During Move	Did you sell or trade in a car used for business? Yes N	No
Travel to New Home (no. of miles) Miles after June 30	If yes, attach a copy of purchase agreement	
	Make/Year Vehicle	
19. Employment Related Expenses That You Pa	Date purchased	
(Not self-employed)	Total miles (personal & business)	
(not som empreyes)	Business miles (not to and from work)	
Dues - Union, Professional	Miles after June 30	
Books, Subscriptions, Supplies	From first to second job	
Licenses	Miles after June 30	
Tools, Equipment, Safety Equipment	Education (one way, work to school)	
Uniforms (include cleaning)	Job Seeking	
Sales Expense, Gifts	Other Business	
Tuition, Books (work related)	Round Trip commuting distance	
Entertainment	Gas, Oil, Lubrication	
Office in home:	Batteries, Tires, etc.	
In Square a) Total home	Repairs	
Feet b) Office	Wash	
c) Storage	Insurance	
Rent	Interest	
Insurance	Lease payments	
Utilities	Garage Rent	
Maintenance		
	22. Business Travel	
20. Investment-Related Expenses	If you are not reimbursed for exact amount, give total expenses.	_
Tax Preparation Fee	Airfare, Train, etc.	
Safe Deposit Box Rental	Lodging	_
Mutual Fund Fee	—— Meals (no. of days)	_
Investment Counselor	Taxi, Car Rental	
Other	Other	_
	Reimbursement Received	_

23. Estimated Tax Paid			24. Other Deductions			
Due Date	Date Paid	Federal	State	Social Security No. Student Interest Paid Health Savings Account Archer Medical Savings	\$ t Contributions \$ Acct. Contributions \$	
25. Education	Expenses			26. Questions, C	comments, & Other	Information
Student's Name		Expense				
				Residence: Town Village City	School Distric	t
27. Direct Dep	posit of Refun	d / or Savings	Bond Purc	hases		
	you to deposit yo	directly deposited ur federal tax refun- vide the following in	d into up to th			Yes No
Owner of account Type of account		Checking Archer MSA Sav		Traditional Savings Coverdell Education Savings	Taxpayer Sp Traditional IRA HSA Savings	ouse Joint Roth IRA SEP IRA
Name of financial in	stitution					
Financial Institution	Routing Transit N	lumber (if known)				
Your account number	er					
ACCOUNT 2						
Owner of account					Taxpayer Sp	ouse Joint
Type of account		Checking Archer MSA Sav		Traditional Savings Coverdell Education Savings	Traditional IRA HSA Savings	Roth IRA SEP IRA
Name of financial in	stitution					
Financial Institution	Routing Transit N	lumber (if known)				
Your account number	er					

ACCOUNT 3 Taxpayer Spouse **Joint** Owner of account **Roth IRA** Type of account Checking Traditional Savings **Traditional 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). X if name is for Owner's name Co-owner or Beneficiary's **Bond purchase Amount** name if applicable a beneficiary

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.

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Taxpayer	Date	Spouse	Date