

Tax Year _____

Client Tax Organizer

Tax Return Appointment:

Date: _____

Time: _____ **PM**

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer				Spouse						
First name & Initial												
Last name												
Social Security number												
Date of birth												
Occupation												
E-mail address												
Work phone			Cell			Work			Cell			
Home phone			Fax			Home			Fax			
Address									Apt/Suite			
City							State			ZIP		

Taxpayer Legally Blind..... Yes No Spouse Legally Blind..... Yes No
 Taxpayer Disabled Yes No Spouse Disabled Yes No
 Pres. Campaign Fund (Taxpayer) Yes No Pres. Campaign Fund (Spouse) .. Yes No
 Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Full Time Disabled Student	Dependent's Gross Income	

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did your address change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Did you give a gift of more than \$13,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were there any changes in dependents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Did you go through bankruptcy, foreclosure, or repossession proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Did you incur a loss because of damaged or stolen property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you receive any unemployment or disability income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Were you notified or audited by either the IRS or State taxing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you buy or sell any stocks, bonds or other investment property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Did you work from a home office or use your car for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. May the IRS discuss your tax return with your preparer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Were you a citizen of, have income from, or live in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Could you be claimed as a dependent on another person's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Do you want to electronically file your tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Did you pay anyone for domestic services in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. Did you buy any internet merchandise for which you did not pay sales/use tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Did you pay anyone for childcare services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

3. Wage, Salary Income

Attach Form(s) W-2's

Employer name	TP	SP
_____	<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. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s) 1099-R

1099-R Payer name	TP	SP
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099	Taxpayer	Spouse
Social Security benefits	_____	_____
Railroad Retirement benefits	_____	_____
Medicare B premiums w/h	_____	_____
Medicare D premiums w/h	_____	_____

6. Interest Income

Attach Form(s) 1099-INT & Broker statements

1099-INT Payer name	Tax-exempt?	Amount
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

Investment	Date acquired	Date Sold	Cost	Sale Price

8. Dividend Income

Attach Form(s) 1099-DIV

Form 1099-DIV Payer	Ordinary	Capital gain	Tax-exempt?

9. Property Sold

Attach Form(s) 1099-S & closing statements

Property	Date acquired	Cost & Imp

10. Other Income

Alimony received,..... _____

Gambling/lottery winnings _____

Jury duty _____

Disability income _____

State income tax refund _____

Other _____

Other _____

11. Adjustments to Income

Alimony paid _____

Name _____ SS# _____

IRA/SEP Contributions - Taxpayer. _____

IRA/SEP Contributions - Spouse _____

Educator expenses _____

Student loan interest _____

Health Savings Account _____

Other: _____

13. Medical/Dental Expenses

Medical insurance premiums (paid by you) _____
 Long Term Care insurance _____
 Prescription drugs _____
 Glasses, contacts _____
 Hearing aids, batteries _____
 Braces _____
 Medical equipment, supplies _____
 Nursing care _____
 Medical therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles) _____

14. Taxes Paid

Real property tax (attach bills)..... _____
 Personal property tax _____
 Other: _____

15. Interest Expense

Mortgage interest paid (attach 1098's) _____
 Interest paid to individual for your home
 (attach amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment interest

16. 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

17. Estimated Tax Payments

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 15	_____	Q4 - Jan 15	_____

18. Charitable Contributions (receipts required)

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____
 Wildlife Fund., Humane society _____
 Salvation Army, Goodwill _____
 Other: _____
 Non-Cash _____
 Address _____
 City/State/Zip _____
 Value of goods (attach list if more than one) _____
 Volunteer mileage

19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional _____
 Books, subscriptions, supplies _____
 Licenses _____
 Tools, equipment, safety equipment _____
 Uniforms (including cleaning) _____
 Sales expense, gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Tax preparation fee _____
 Safe deposit box _____
 IRA custodial fees _____
 Investment periodicals, advisory fees _____
 Job search expense _____
 Moving of household goods (job related) .. _____
 Other: _____
 Other: _____

20. Day Care Expense (Form 2441)

Provider #1 _____
 Address _____
 City/State/ZIP _____
 EIN/SS# _____ Amt Pd _____
 Provider #2 _____
 Address _____
 City/State/ZIP _____
 EIN/SS# _____ Amt Pd _____
 Children cared for _____

