Tax Year

Client Tax Organizer

Date: _____ Time: ____ PM

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

Tax Return Appointment:

1. Personal Information		Taxpayer			Spouse	
First name & Initial						
Last name						
Social Security number						
Date of birth						
Occupation						
E-mail address						
Work phone	Cell	_	Worl	<	Cell	
Home phone	Fax		Hom	е	Fax	
Address					Apt/Su	ite
City				State	ZIP	
Taxpayer Legally Blind Taxpayer Disabled Pres. Campaign Fund (Taxpayer) Filing status: Single		es No es No No d filing joint		ampaign Fund (Spous	-	Yes No Yes No YesNo f Spouse death?
2. Dependents (Children 8	& Others)					
Name	R		ate Socia of Securit rth Numbe	y Lived With	Full Tir Disabled Stu	
					++	
					+	

Please answer the following questions to determine maximum deductions:

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

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3. Wage, Salary Income	8. Dividend Income
Attach Form(s) W-2's	Attach Form(s) 1099-DIV
Employer name TP SP	Form 1099-DIV Payer Ordinary Capital gain Tax-exempt?
4. Pensions, Annuities, Profit Sharing, IRA's, etc.	
Attach Form(s) 1099-R	9. Property Sold
1099-R Payer name	Attach Form(s) 1099-S & closing statements
	Property Date acquired Cost & Imp
5. Social Security/Railroad Benefits	
Attach Form(s) SSA-1099 Taxpayer Spouse	
Railroad Retirement benefits	10. Other Income
Medicare B premiums w/h	Alimony received
Medicare D premiums w/h	Gambling/lottery winnings
6. Interest Income	Jury duty Disability income
Attach Form(s) 1099-INT & Broker statements	State income tax refund Other
1099-INT Payer name Tax-exempt? Amount	Other
	11. Adjustments to Income
	Alimony paid
	Name SS#
	IRA/SEP Contributions - Taxpayer.
7. Partnership, Trust, Estate Income	Educator expenses
Attach Form(s) K-1	Student loan interest
	Health Savings Account
	Other:
12. Investments Sold	
Attach Form(s) 1099-B & confirmation slips	
Investment	Date acquired Date Sold Cost Sale Price

13. Medical/Dental Expenses	18. Charitable Contributions (receipts required)
Medical insurance premiums (paid by you)	Church
Long Term Care insurance	United Way
Prescription drugs	Scouts
Glasses, contacts	Telethons
Hearing aids, batteries	University, Public TV/Radio
Braces	Heart Lung Cancer etc
Modical equipment supplies	Wildlife Fund., Humane society
Nurreing core	Salvation Army, Goodwill
Medical therapy	
Hospital	Other:
Doctor/Dental/Orthodontist	Non-Cash
	Address
Mileage (no. of miles)	City/State/Zip
14. Taxes Paid	Value of goods (attach list if more than one)
	Volunteer mileage
Real property tax (attach bills)	19. Miscellaneous/Unreimbursed Expenses
Personal property tax	Dues - union, professional
Other:	
45 Interest Evenence	Books, subscriptions, supplies
15. Interest Expense	Licenses
Martagara interact paid (attach 1000/a)	Tools, equipment, safety equipment
Mortgage interest paid (attach 1098's)	Uniforms (including cleaning)
	Sales expense, gifts
Paid to:	Tuition, Books (work related)
Name	Entertainment
Address	Tax preparation fee
Social Security No.	IRA custodial fees
	Investment periodicals, advisory fees
Investment interest	Job search expense
	Moving of household goods (job related)
16. Casualty/Theft Loss	
For property damaged by storm, water, fire, accident, or stolen.	Other:
	Other:
Location of property	
	20. Day Care Expense (Form 2441)
Description of property	Provider #1
	Address
Amount of damage	City/State/ZIP
Insurance reimbursement	EIN/SS# Amt Pd
Repair costs	Provider #2
Federal grants received	Address
17. Estimated Tax Payments	City/State/ZIP
Federal State Amount Amount	EIN/SS# Amt Pd
Amount Amount Amount	Children cared for
Q1 - Apr 15 Q1 - Apr 15	
Q2 - Jun 15 Q2 - Jun 15	
Q3 - Sep 15 Q3 - Sep 15	
Q4 - Jan 15 Q4 - Jan 15	

Self Employment Informati	on	Business Name		<u> </u>
Total Sales			Taxpayer	Spouse
Expenses				·
Advertising		Repairs Exp	ense	
Commissions/Fees		Supplies Ex		
Dues & Publications		Taxes		
Interest Expense		Travel Expe	nse	
Insurance Legal & Professional Fees		Meals & Ent	ertainment	
Office Expense		Telephone Utilities		
Rent (office) Expense		Wages (gros	ss W-2)	
Equipment Rental Expense		Postage		
Auto Expense	2	Bank Charg	es	
Auto (miles)	NP-	Tools & Equ	ipment	2
		Uniforms		1
				2
		1		
Assets Purchased	3	Notes	-	-
DateAmount	Asset	110100		
	ASSEL			
Cost of Goods Sold				
Inventory at beginning of year		Material & su	Innlies	
Purchases				
		Other:		
Cost of items for personal use		Other:		
Cost of items for personal use Cost of labor			end of year	
Cost of labor	[Other: Inventory at	<u> </u>	
Cost of labor Rental Income	Property #1	Other:	end of year Property #3	Property
Cost of labor Rental Income Address	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses	Property #1	Other: Inventory at	<u> </u>	Property :
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance Supplies	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance Supplies Taxee	Property #1	Other: Inventory at	<u> </u>	Property :
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance Supplies Taxee Utilities	Property #1	Other: Inventory at	<u> </u>	Property
Cost of labor Rental Income Address City/State Rent Received Expenses Advertising Auto & Travel Auto Miles Cleaning & Maintenance Commissions Paid Grounds & Gardening Insurance Interest Expense Legal & Professional Management Fees Repairs & Maintenance Supplies Taxes Utilities Association Dues Pest Control	Property #1	Other: Inventory at	<u> </u>	Property
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