Tax Year ____

Client Tax Organizer

Tax Return Appointment: Date: ____________________________ Time: ____________

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	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year? ☐ Yes ☐ No
2. Did your address change during the year? ☐ Yes ☐ No
3. Were there any changes in dependents? ☐ Yes ☐ No
4. Did you receive unreported tip income of $20 or more in any month? ☐ Yes ☐ No
5. Did you receive any unemployment or disability income? ☐ Yes ☐ No
6. Did you buy or sell any stocks, bonds or other investment property? ☐ Yes ☐ No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? ☐ Yes ☐ No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? ☐ Yes ☐ No
9. Could you be claimed as a dependent on another person's tax return? ☐ Yes ☐ No
10. Did you pay anyone for domestic services in your home? ☐ Yes ☐ No
11. Did you pay anyone for childcare services? ☐ Yes ☐ No
12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? ☐ Yes ☐ No

13 Did you give a gift of more than $13,000 to one or more people? ☐ Yes ☐ No

14. Did you go through bankruptcy, foreclosure, or repossession proceedings? ☐ Yes ☐ No
15. Did you incur a loss because of damaged or stolen property? ☐ Yes ☐ No
16. Were you notified or audited by either the IRS or State taxing agency? ☐ Yes ☐ No
17. Did you work from a home office or use your car for business? ☐ Yes ☐ No
18. May the IRS discuss your tax return with your preparer? ☐ Yes ☐ No

19 Were you a citizen of, have income from, or live in a foreign country? ☐ Yes ☐ No

20. Do you want to electronically file your tax return? ☐ Yes ☐ No
21. Do you buy any internet merchandise for which you did not pay sales/use tax? ☐ Yes ☐ No

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3. Wage, Salary Income

Attach Form(s) W-2's

Employer name	TP	SP
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s) 1099-R

1099-R Payer name	TP	SP
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

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:	

12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

Investment	Date acquired	Date Sold	Cost	Sale Price

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 ____

____

Self Employment Information

Business Name

Total Sales		Taxpayer ☐ Spouse ☐

Expenses

Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto (miles)		Tools & Equipment	
		Uniforms	

Assets Purchased

Date	Amount	Asset

Notes

Cost of Goods Sold

Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Rental Income

	Property #1	Property #2	Property #3	Property #4
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				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				