

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 | 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. 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 | 14. Did you give a gift of more than \$15,000 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 | 15. 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 | 16. 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 | 17. 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 | 18. 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 | 19. 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 | 20. 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 | 21. Did you own or have interest in any foreign assets or accounts, or have signature authority with any foreign financial accounts?  | <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 | 22. Do you want to electronically file your tax return?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Did you buy any internet merchandise for which you did not pay sales/use tax?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Did you pay tuition or other education expenses for yourself or a dependent? (Attach Form 1098-T)       | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. <b>Health Insurance.</b> Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C) | <input type="checkbox"/> Yes <input type="checkbox"/> No |



### 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 \_\_\_\_\_

### 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<br>Amount |             | State<br>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 \_\_\_\_\_  
Phone number \_\_\_\_\_  
Provider #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Phone number \_\_\_\_\_  
Children cared for \_\_\_\_\_  
\_\_\_\_\_

**Self Employment Information**

**Business Name**

|                    |  |                                   |                                 |
|--------------------|--|-----------------------------------|---------------------------------|
| <b>Total Sales</b> |  | Taxpayer <input type="checkbox"/> | Spouse <input type="checkbox"/> |
|--------------------|--|-----------------------------------|---------------------------------|

| <b>Expenses</b>           |  |                       |  |
|---------------------------|--|-----------------------|--|
| 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 Mileage              |  | Tools & Equipment     |  |
|                           |  | Uniforms              |  |
|                           |  |                       |  |
|                           |  |                       |  |
|                           |  |                       |  |

| <b>Assets Purchased</b> |        |       | <b>Notes</b> |
|-------------------------|--------|-------|--------------|
| Date                    | Amount | Asset |              |
|                         |        |       |              |
|                         |        |       |              |
|                         |        |       |              |
|                         |        |       |              |

| <b>Cost of Goods Sold</b>      |                          |
|--------------------------------|--------------------------|
| Inventory at beginning of year | Material & supplies      |
| Purchases                      | Other:                   |
| Cost of items for personal use | Other:                   |
| Cost of labor                  | Inventory at end of year |

| <b>Rental Income</b>   | Property #1 | Property #2 | Property #3 | Property #4 |
|------------------------|-------------|-------------|-------------|-------------|
| Address                |             |             |             |             |
| City/State             |             |             |             |             |
| <b>Rent Received</b>   |             |             |             |             |
| <b>Expenses</b>        |             |             |             |             |
| 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:                 |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |
|                        |             |             |             |             |