

TAX INFORMATION ORGANIZER

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____ - _____ - _____

_____ - _____ - _____

Primary occupation _____

Date of birth _____ / _____ / _____

_____ / _____ / _____

Date of death _____ / _____ / _____
(if applicable)

_____ / _____ / _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zipcode _____

Other address

Address _____

Address _____

City _____ State _____ Zipcode _____

Comments:

COMMUNICATIONS

TAXPAYER

SPOUSE

Home Phone # () _____

() _____

Work Phone # () _____ Ext _____

() _____ Ext _____

Fax Phone # () _____

() _____

Email address: _____

Mobile Phone # () _____

() _____

Pager/beeper # () _____

() _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: _____
to: _____

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Phone # () _____

QUESTIONNAIRE
Part I

If submitting data for the first time, have you provided us with copies of the previous year's returns? YES NO

If submitting data for the first time, or if you are placing previously depreciated items back into service, have you enclosed copies of the previous depreciation schedules? YES NO
If you do not have the schedules, a contact who can provide them. _____

Did you enclose all copies of federal and state notices you received? YES NO

Would you like to be advised if your return qualifies for electronic filing? YES NO

Have you made any gifts in excess of \$10,000 per donee? YES NO

Do you have a Keogh plan? YES NO
If so, did total assets exceed \$100,000 at year end? YES NO

If you claim dependents under age 65:
Did they have total income of \$650 or more? YES NO
Did they have any unearned income? YES NO

If you claim dependents 65 years of age or over:
Did they have earned income? YES NO
If yes, how much? _____

Did they have unearned income? YES NO
If yes, how much? _____

TAXPAYER SPOUSE

When was your will or estate plan last revised? _____ / _____ / _____ _____ / _____ / _____

DEPENDENTS

	<u>Last name, first name, middle initial</u>	<u>Date of birth</u>	<u>Social Security #</u>
1.	_____	___ / ___ / ___	____ - ____ - ____
2.	_____	___ / ___ / ___	____ - ____ - ____
3.	_____	___ / ___ / ___	____ - ____ - ____
4.	_____	___ / ___ / ___	____ - ____ - ____
5.	_____	___ / ___ / ___	____ - ____ - ____
6.	_____	___ / ___ / ___	____ - ____ - ____

	<u>Relationship</u>	<u>Months lived in your home</u>	<u>Gross income</u>	<u>% of total support provided if less than 100%</u>	<u>Code(s)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.

B Dependent filed a joint return for the year (please supply details).

C You provided more than half the person's total support for the year.

D Child did not live with you due to divorce or separation.

Date of agreement ___ / ___ / ___

E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

Form enclosed

Needs to be prepared

Other parent:

Name _____

Address _____

SS# _____ - ____ - _____

F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.

G Death of dependent. Date of death ___ / ___ / ___

H Taxpayer is not custodial parent.

I No Social Security number. Provide Form SS-5 to apply for one.

J Non-dependent - Earned Income Credit only.

K Child of qualifying widower.

**ESTIMATED
TAX PAYMENTS**

Federal

Fill in only if separate
allocations are required

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

State #1

Name of state _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

State #2

Name of state _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

**ESTIMATED
TAX PAYMENTS**

Local #1 Name of locality _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____

Local #2 Name of locality _____

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return	___ / ___ / ___	_____	_____	_____
1st quarter	___ / ___ / ___	_____	_____	_____
2nd quarter	___ / ___ / ___	_____	_____	_____
3rd quarter	___ / ___ / ___	_____	_____	_____
4th quarter	___ / ___ / ___	_____	_____	_____