

Client Tax Organizer

Tax Year _____

1. Personal Information		Taxpayer	Spouse
First name & Initial			
Last name			
SSN			
Date of birth			
Occupation			
E-mail address			
Phone			
Address			
City		State	Zip

Please circle one:

Taxpayer Legally Blind? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse Legally Blind? Yes <input type="checkbox"/> No <input type="checkbox"/>
Taxpayer Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pres. Campaign Fund (Taxpayer)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pres. Campaign Fund (Spouse)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Filing status: Single Head of Household Married filing joint Married filing separate
Widower Year of Spouse death? _____

2. Dependents (Children & Others)							
Name	Relation	DOB	SSN	Months lived w/you	Disabled	Full Time Student	Dependent Gross Income

Please answer the following questions to determine maximum deductions:

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

(Attach Form 1095-A, 1095-B, and/or 1095-C)

3. Wage, Salary Income

Attach Form(s) W-2's

4. Pensions, Annuities, IRA's, etc

Attach Form(s) 1099-R

5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099

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

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

8. Dividend Income

Attach Form(s) 1099-DIV

9. Property Sold

Attach Form(s) 1099-S & Closing Statements

10. Other Income

Alimony received, Jury duty, Gambling/lottery winnings, Disability income, State income tax refund

11. Adjustments to Income

Alimony paid, IRA/SEP Contributions - Taxpayer/Spouse, Educator Expense, Student loan interest, Health Savings Account

12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

Date acquired, Date Sold, Cost, & Sale Price

13. Medical/Dental Expenses

Paid by you - not reimbursed

Medical insurance premiums, 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

Attach paid statements/bills

Real property tax, Personal property tax

15. Interest Expense

Mortgage interest paid (attach 1098's)

Interest paid to individual for home
(attach amortization schedule)

Investment interest

16. Casualty/Theft Loss

Property damaged by storm, water, fire, accident or stolen. Location & Description of property, Amount of damage, Insurance reimbursement, Repair costs, Federal grants received

17. Estimated Tax Payments

	Fed	State
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Q1	_____	_____
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Q2	_____	_____
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Q3	_____	_____
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Q4	_____	_____
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18. Charitable Contributions

Church, United Way, Scouts, Telethons, University, Public TV/Radio Heart, Lung, Cancer, etc. Wildfire Fund, Humane Society, Salvation Army, Goodwill, 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

20. Day Care Expense

Provider: _____

Address: _____

City/State/ZIP: _____

EIN/SSN: _____

Amt Pd _____ Children cared for _____

Self Employment Information (if applicable)		Business Name:	
Total Sales _____		Taxpayer _____	Spouse _____
EXPENSES			
Advertising		Repairs Expense	
Bank Fees		Supplies Expense	
Dues & Subscriptions		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		Tools & Equipment	
Auto Mileage		Uniforms	
		Other	
Assets Purchased			
Date	Amount	Asset	Notes
Cost of Goods Sold			
Inventory at beginning of year		Material & supplies	
Purchases		Equipment Rental	
Subcontractors		Other	
Cost of labor		Inventory at end of year	
RENTAL INCOME	Property #1	Property #2	Property #3
Address			
City/State			
Rent Received			
EXPENSES			
Advertising			
Auto & Travel			
Auto Miles			
Cleaning/Maintenance			
Bank Fees			
Dues & Subscriptions			
Insurance			
Interest Expense			
Legal/Professional			
Management Fees			
Repairs/Maintenance			
Supplies			
Taxes			
Utilities			
Other:			
Other:			
Other:			