

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	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	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
Q1	_____	_____
Q2	_____	_____
Q3	_____	_____
Q4	_____	_____

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:			