

Client Tax Organizer

Tax Year _____ Include all statements (W-2s, 1099s, etc.)

| 1. Personal Information | Taxpayer | Spouse |
|-------------------------|----------|--------|
| First name & Initial | | |
| Last name | | |
| SSN | | |
| Date of birth | | |
| Occupation | | |
| E-mail address | | |
| Home 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. 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? ___Yes ___No
13. Did you give a gift of more than \$15,000 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 out a home equity loan? ___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. Did you buy any internet merchandise for which you did not pay sales/use tax? ___Yes ___No
21. **Health Insurance.** Did you have ACA compliant health insurance during the year? ___Yes ___No

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

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 home _____
(attach amortization schedule)
Paid to:
Name _____
Address _____
Social Security # _____
Investment interest _____

16. Casualty/Theft Loss

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

| Fed 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. _____
Wildfire 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 _____

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 Mileage | | 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 |
| 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: | | | |