

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:

- | | |
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| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> | <p>14. Did you give a gift of more than \$16,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>22. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Health Insurance. 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</p> <p>25. At any time during the year, did you: <input type="checkbox"/> Yes <input type="checkbox"/> No
 (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?</p> |
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PERSONAL INFORMATION UPDATE

INFORMATION ABOUT YOU:

YOUR NAME: _____

IF DECEASED IN 2023, DATE OF PASSING: _____

DRIVER'S LICENSE INFO:

STATE OF ISSUE: _____

DATE OF ISSUE: _____

DRIVER'S LICENSE NUMBER: _____

EXPIRATION DATE: _____

ANY FOREIGN BANK ACCOUNTS LAST YEAR? Y/N _____

DIGITAL ASSETS: At any time in 2023, did you (a) receive (as a reward, award, or payment for property or services) or (b) sell, exchange, gift, or otherwise dispose of a digital asst (or a financial interest in a digital asset)? Yes _____ No _____

INFORMATION ABOUT YOUR SPOUSE (IF APPLICABLE):

SPOUSE'S NAME: _____

IF WAS DECEASED IN 2023, DATE OF PASSING: _____

DRIVER'S LICENSE INFO:

STATE OF ISSUE: _____

DATE OF ISSUE: _____

DRIVER'S LICENSE NUMBER: _____

EXPIRATION DATE: _____

ANY FOREIGN BANK ACCOUNTS LAST YEAR? Y/N _____

DIGITAL ASSETS: At any time in 2023, did you (a) receive (as a reward, award, or payment for property or services) or (b) sell, exchange, gift, or otherwise dispose of a digital asst (or a financial interest in a digital asset)? Yes _____ No _____

GENERAL QUESTION:

FOR DIRECT DEPOSIT OF YOUR REFUNDS, PLEASE LIST THE FOLLOWING:

BANK'S ROUTING NUMBER _____

LAST 4 DIGITS OF YOUR ACCOUNT NUMBER _____

IF THIS INFORMATION IS DIFFERENT THAN MY INFO FROM LAST YEAR, I'LL CONTACT YOU FOR THE CORRECT BANKING INFO.

IF YOU'RE A NEW CLIENT, PLEASE INCLUDE ENTIRE ROUTING AND ACCOUNT NUMBERS.