

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		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Legally Blind	
Taxpayer Disabled		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Disabled	
Pres. Campaign Fund (Taxpayer)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pres. Campaign Fund (Spouse)	
Filing status: Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Widower <input type="checkbox"/> 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:

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

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JIM@RELIABLETAXAZ.COM

3. Wage, Salary Income

Attach Form(s) W-2's

Employer name	TP	SP
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

4. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s) 1099-R

1099-R Payer name	TP	SP
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099	Taxpayer	Spouse
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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

[illegible]

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

8. Dividend Income

Attach Form(s) 1099-DIV	Capital	Tax-	199A/
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[illegible]

9. Property Sold	
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Attach Form(s) 1099-S & closing statements

Property	Date acquired	Cost & Imp

10. Other Income	
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Alimony received _____

Alimony received	_____
Gambling/lottery winnings	_____

Jury duty

Disability income _____

State income tax refund _____

Other _____

Other _____

11. Adjustments to Income

Alimony paid _____

Name _____ SS# _____

IRA/SEP Contributions - Taxpayer _____

IRA/SEP Contributions - Spouse _____

Educator expenses _____

Student loan interest _____

Health Savings Account _____
Other: _____

Other: _____

12. Investments Sold	
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Attach Form(s) 1099-B & confirmation slips

[illegible]

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 your home
(attach amortization schedule)
Paid to:
Name
Address
Social Security No.
Investment interest

16. Casualty/Theft Loss

For 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

	Federal 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.
Wildlife 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
Job search expense
Moving of household goods (job related)
Other:
Other:~~

20. Day Care Expense (Form 2441)

Provider #1
Address
City/State/ZIP
EIN/SS# Amt Pd
Phone number
Provider #2
Address
City/State/ZIP
EIN/SS# Amt Pd
Phone number
Children cared for

PERSONAL INFORMATION UPDATE

INFORMATION ABOUT YOU:

YOUR NAME: _____

IF DECEASED IN 2024, 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 2024, 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 2024, 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 2024, 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 _____

DIRECT DEPOSIT/ BANKING QUESTIONS:

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

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.**