

Richard Cecil

833-GO CECIL 833-462-3245 PHONE/FAX 901-881-0575 FAX

RICHARD@CECILTAXSERVICES.COM

PAGE 1 IS THE ONLY PAGE I NEED FILLED OUT; USE THE REST OF THE PACKET TO GATHER YOUR TAX INFORMATION.

ATTENTION NEW CUSTOMERS:

(SOME ITEMS NEEDED FOR FIRST TIME CLIENTS)

- VALID DRIVER'S LICENSE/MILITARY ID/PASSPORT/STATE ISSUED ID
- SOCIAL SECURITY CARD
- COPY OF LAST YEAR'S TAX RETURN (EMAIL IF YOU HAVE PDF)
- CHILDREN'S BIRTH CERTIFICATES OR SCHOOL RECORDS
- CUSTODY COURT PAPERS/LEGAL PAPER SHOWING YOU CAN DEDUCT CHILD ON YOUR TAX RETURN

CY=CURRENT YEAR

LY= LAST YEAR

CECIL TAX SERVICES PERSONAL INFORMATION ORGANIZER **ONLY FILL OUT THIS PAGE. THANKS**

833-Go Cecil phone/fax richard@ceciltaxservices.com

. PERSONAL INFORM	IATION													
Name		SS	N or ITIN	Da	te of E	Birth	Date o	of Death	1	Occ	upation	BI	lind	Disabled
Taxpayer														
Spouse														
Street Address		Apt. City or town				State		Zip	Code)	Cc	ounty		
Foreign country F			Foreign province/state					Foreign postal code						
E-mail Address(es)			Hom	e Phon	е			Mob	ile Phone					
					•									
2. FILING STATUS														
Single	Check	if parer	nt (or som	eone els	e) car	claim	vou as	a depe	ndent	on the	eir return.			
Married Filing Joint		pa.o.	(0. 00		c , ca.	. 0.0	,	a aope		• • • • • • • • • • • • • • • • • • • •				
Married Filing Separa	ate 🗆 Check	if vou l	ived apar	from vo	ur sno	use for	r all of (CY.						
Head of Household	Gilook	,	.vou apar	i iioiii yo	ui opc	, acc 101	an or v	.						
Qualifying Widow(er)	Year spou	se died	ŀ											
	rear spou	oc alca												
3. DEPENDENTS														
<u> </u>														
Name	Relationship	Date	e of Birth	SSN or	ITIN	Months	Lived	Disable	ed Ful	I Time	Depend	lent's	Chil	ld Care
						With								nses Paid
										7				
								-		\dashv				
		+						\dashv		\dashv				
								\dashv		\dashv				
		+						\dashv		\dashv				
										_				
4. REFUND INFORM	ΔΤΙΟΝ													
TI THE ONE IN CHAIN	· · · · · · · · · · · · · · · · · · ·													
1. Would you like to have	any refunde direc	tly dan	osited into	your ba	nk ac	count?						$\overline{}$	Yes	По
1. Would you like to have	arry returnes affect	ily dep	OSILEG II II	your ba	iiik ac	count:						L	_ 103	
Bank Account						Bank A	Accoun	t						
Ownership	☐ Taxpayer ☐	Cnauc	. 🗆 .	int		Owners		-		็องกอง	er 🗌 S	' nouse	П	laint
-	Checking	Soving	e 🗀 Jo	int		Туре	JP		H	anpa) hocki	ng 🔲 s	pouse	Ш	Joint
Bank name	Checking	Saving	js			Bank na	ame		Ц,	JIICCKI	iig 🗀 S	avings		
Routing number							g numb	ωr						
Account number							nt numb							
				7 1/								100		$\frac{1}{2}$
Account outside the jur	isdiction of the Ur	ited St	ates? _	Yes		Accoun	nt outsid	de the j	urisdio	ction o	f the Unit	ed Stat	ies?	∐ Yes
5. IDENTIFICATION I	NEORMATION													
5. IDENTIFICATION	INFORMATION													
Taxpayer						Spouse								
	Daimente lieren		Name :			-				.		П сь.	:-	
Type of ID:	Driver's license	; <u> </u>	State-issue	ed ID		Type of	ID:		=		s license		ate-is:	sued ID
	∐ No ID					_			∐ Г	lo ID				
ID number						D num								
Location of issuance							n of iss	uance						
Issue date						ssue d								
Expiration date					١	Expirati	ion date	Э						

CY=CURRENT YEAR LY=LAST YEAR



INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
l	
Unreported tip income received:	
	5. CAPITAL GAINS AND LOSSES
2. INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	
Payer Name Taxpayer Spouse	
	
l	
	C OTHER INCOME
	6. OTHER INCOME
	Book to the control of the control o
l	Description Amount
│ <u>─</u> ───────────────────────────────────	State income tax refund
	Alimony received
	Unemployment compensation
	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
	Hobby income
Attach 1099-R & 5498 Roth Other	Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
l	
l————	
Attach SSA 1099 or RRB 1099	
T es INO	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
,	
7. MISCELLANEOUS INCOME QUESTIONS	
[
1. Did you sell your home?	
2 Did you care any faraiss income as now any faraiss toward	
2. Did you earn any foreign income or pay any foreign taxes?	
3 Do you have a health cayings account (HSA). Archar MSA or M	ledicare Advantage (MA) MSA2
3. Do you have a health savings account (HSA), Archer MSA or M	edicare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank	account securities account etc.)?
If Yes, did the aggregate value of all financial accounts excee	d \$10,000 at any time during CY? L Yes No
5. Did you have any debt forgiven (i.e. student loans, home mortg	age etc.)?
ן ס. שוע you nave any debt lorgiven (i.e. student loans, nome montg	age, etc.)?

CY=CURRENT YEAR LY=LAST YEAR



DEDUCTIONS ORGANIZERPlease complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

1. EDUCATION						
Attach 1098-Ts, 1098-E's and	1099-Q's:				Student Loan	Books, Supplies
Student Name	Educational Institution	Fr So Jr	Sr Oth	Tuition & Fees	Interest Paid	& Equipment 529 Plan
		FFF	ĦĦ.	`		
		FFF	ĦĦ			
		FFF	ĦĦ			
2. JOB-RELATED MOVI	NG EXPENSES		4. O	THER DEDUC	TIONS	
Description	Amount		Desci	ription		Amount
Lodging	· · · · · <u> </u>		Educ	ator expenses .		
Gas and Oil	<u></u>					
Mileage	<u></u>		Healt	h Savings Accοι	unt contributions	S
Other	<u></u>		Arche	er Medical Savin	gs Account cont	tributions
Miles from old home to your	new workplace		Jury o	duty repayment	to employer .	
Miles from old home to old w	orkplace					
			Contr	ibutions to Colle	ge 529 Savings	Plan
			Other			
3. IRA CONTRIBUTIONS	<u> </u>		Other	·		
			Other	·		
Description	Amount		Other	·		
Contributions to a Traditiona	I IRA		Other	·		
Contributions to a ROTH IRA	A <u></u>		Other	·		
		[
E MICOELL ANEQUO DE	TOUGHOU OUESTIONS					
5. MISCELLANEOUS DE	EDUCTION QUESTIONS					
1. Did you purchase an item(s	s) during CY for which you paid	a large amo	ount of	sales tax?		∐Yes ∐No
ע. טוס you refinance a mortga	ge during CY?					∐Yes ∐No



Total transportation expenses Other medical and dental expenses CY Amount Amount	Medicare B and D premiums from SSA-1099 and RRB-1099-R Qualified long-term care premiums Doctor, dentist, and hospital fees Prescription medicines and drugs Medical aids such as eyeglasses, contact lenses, and hearing aids Total transportation expenses Other medical and dental expenses Other medical and dental expenses Taxes Paid CY LY Amount Amount Amount Amount CY LY Amount Amount CY LY Amount Amount CY LY Amount Amount Amount CY LY Amount Amount CY LY Amount Amount CY LY Amount Amount CY LY Amount Amount Amount Amount CY LY Amount Amount Amount Amount CY LY Amount Amo	ledical and Dental Exp	enses (not including r	eimbursements)		1	CY nount	LY Amount
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ITEN	IIZED DEDUCTIONS (continued)								
	sualty and Theft Losses (for property dar Enclose supporting documentation of what is written he (If additional losses were incurred, please attach a se	ere, i.e. in:	surance reii	mbursen	nent, receipts for cost				
1.		•			ŕ	Residential prope	rtv 🗆		
						Business property	· =		
ם	escription of property:ate of loss:					Federal Disaster	Ä		
							_		
Α	mount of damage C	ost basi	is of prop	ertv		Repair Costs			
In	surance reimbursement FI	MV of pr	operty bef	ore los		Other			
F	surance reimbursement F1 ederal monies received F1	MV of pr	operty after	er loss		Other			
		•							
Un	reimbursed Employee Business Expen	ses 1	Г = Тахр	aver	S = Spouse T	or S			
	y depreciable assets were sold (including the vehicle), please								
D	ues (related to job)		V	ehicle	Information				
S	ubscriptions related to your work			Vehicle	e description				
Li	censes and regulatory fees			Date p	laced in service				
T	pools and supplies used in your work			Cost o	r basis				
l W	ork clothes, uniforms if required				_				
М	edical exams required by your employer			Miles	of vehicle				
W	ork related education (books, tuition)			Bus	iness miles				
Le	egal fees related to your job			Cor	nmuting miles				
Jo	bb search expenses (current occupation)			Oth	er miles				
	*In home office:				_	_			
	Total square footage			Expe	nses				
	Office square footage				ual expenses				
	Office square footage				as, oil, repairs, etc)				
	Rent			Parking fees and tolls					
	Insurance	_		Tra	vel expenses		_		
	Utilities								
	Repairs/Maintance								
	*Questions relating to mortage interest, taxes, and	l casualty	losses were	e asked _l	oreviously				
	es, Purchases, and Disposition of Asse	ets in C	Υ						
TS	Asset description		Date acc	nuired	Purchase price	Date sold	Sales price		
- 0	7 todat decomplian		Date dec	Janoa	1 drondoo prioo	Date cold	Calco prico		
lnv	estment Related Expenses			Othe	r Misc. Deductio	ons			
	·								
	c preparation fees			Gam	bling losses	<u> </u>			
	Safe deposit box			Estate tax deduction (in respect of a decedent)					
	stodial, trust admin fees			Portfolio from Schedule K-1					
	s to collect interest and dividends			Unrecovered investment in a pension					
	advice not related to investment income								
_	al fees related to producing taxable income				ed persons work exper	nses			
Oth				Othe					
Oth				Other					
Oth	ner			Other					

CREDITS AND PAYMENTS ORGANIZER



Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT			
Attach Daycare Provider Statement(s): Care Provider Name Address ——————————————————————————————————		ephone Identificatio umber Number	
2. RESIDENTIAL ENERGY CREDIT			
Description Amount Solar electric property	Exterior windows and Electric heat pump or Natural gas, propane	skylights	·
Insulation material		or oil furnace	
Exterior doors	-	culating fan	
Were the qualified improvements for your main home in the United S Were any of the improvements related to the construction of this ma			
3. MISCELLANEOUS CREDIT QUESTIONS			
1. Did you pay any expenses related to the adoption of an eligible child? 2. Are you currently repaying the First-Time Homebuyer Credit? 3. Do you (and your spouse) have a social security number that allows y 4. Were you issued a Mortgage Credit Certificate (MCC) by a state or location.			. Yes No
4. ESTIMATED TAX PAYMENTS			
Federal estimated payments Applied from LY federal refund 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment		Date Paid	Amount Paid
State estimated payments State Name: Applied from LY state refund		Date Paid	Amount Paid
1st quarter payment			
Local estimated payments Applied from LY local refund 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment		Date Paid	Amount Paid