**Tax Year Client Tax Organizer**

|  |
| --- |
| **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 Taxpayer Disabled

Pres Campaign Fund (Taxpayer)

Yes  No

Yes  No

Yes  No

Spouse Legally Blind Spouse Disabled

Pres Campaign Fund (Spouse)

Yes  No

Yes  No

Yes  No

**Filing status:** Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death?

|  |
| --- |
| **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 Yes No 12 Did you receive a distribution from or

during the year? make a contribution to a retirement  Yes  No

1. Did your address change during the year?  Yes  No plan (401(k), IRA, etc)?
2. Were there any changes in dependents? Yes No 13 Did you give a gift of more than

$18,000 to one or more people?

Yes  No

1. Did you receive unreported tip income of

|  |  |  |
| --- | --- | --- |
| 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? |

$20 or more in any month?

1. Did you receive any unemployment or disability income?
2. Did you buy or sell any stocks, bonds or other investment property?
3. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?
4. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?
5. Could you be claimed as a dependent on another person's tax return?
6. Did you pay anyone for domestic services in your home?
7. Did you pay anyone for childcare services?

Yes No

Yes  No

Yes  No

Yes No

Yes No

1. Did you work from a home office or use your car for business?
2. May the IRS discuss your tax return with your preparer?

19 Were you a citizen of, have income from, or live in a foreign country?

1. Do you want to electronically file your tax return?
2. Did you buy any internet merchandise for which you did not pay sales/use tax?
3. **Health Insurance** Did you have health insurance you bought from healthcare.gov? **(Attach Form 1095-A)**

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Income** | **Form(s) to Attach** | **# Attached** | **Notes** |
| Wage & Salary Income | Form W-2s |  |  |
| Pensions, Annuities, Profit Sharing, IRA's, etc. | Form(s) 1099-R |  |  |
| Social Security/Railroad Benefits | Form(s) SSA-1099 |  |  |
| Interest Income | Form(s) 1099-INT & Broker statements |  |  |
| Dividend Income | Form(s) 1099-DIV |  |  |
| Partnership, Trust, EstateIncome | Form(s) K-1 |  |  |
| Investments Sold | Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price) |  |  |
| **Property Sold** | Form(s) 1099-S & closing statements |  |  |
| Address of Property Sold | Date Acquired | Cost & Improvements |
|  |  |  |
|  |  |  |

**Other Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Type** | **Amount** |
| Alimony Received |  | Gambling/lottery winnings |  |
| Jury duty |  | Disability Income |  |
| State Income tax refund |  | Other |  |
| Other |  | Other |  |

**Adjustments to Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Type** | **Amount** |
| Alimony PaidName SS#  |  | Tuition and Fees paidWho was it paid for?  |  |
| IRA/SEP Contributions - Taxpayer |  |
| Educator Expenses |  | IRA/SEP Contributions - Spouse |  |
| Health Savings Account |  | Student loan interest |  |

**Medical/Dental Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Type** | **Amount** |
| Medical insurance premiums (paid by you) |  | Medical equipment, supplies |  |
| Long Term Care insurance |  | Nursing care |  |
| Prescription drugs |  | Medical therapy |  |
| Glasses, contacts |  | Hospital |  |
| Hearing aids, batteries |  | Doctor/Dental/Orthodontist |  |
| Braces |  | Mileage |  |

**Taxes Paid**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Type** | **Amount** |
| Real property tax (attach bills) |  | Other  |  |
| Personal property tax |  | Other  |  |

**Interest Expense**

|  |  |  |  |
| --- | --- | --- | --- |
| Mortgage interest paid **(attach 1098's)** |  | Interest paid to individual for your home (attach amortization schedule) |  |
| Paid to  | SSN  |
| Investment Interest |  | Address  |

**Charitable Contributions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Amount** | **Type** | **Amount** |
| Total cash contributions |  | Charitable mileage |  |
| Total non-cash contributions (If over $500 attach list) |  |  |

**Estimated Tax Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Federal** | **State** |  | **Federal** | **State** |
| 1st Quarter |  |  | 3rd Quarter |  |  |
| 2nd Quarter |  |  | 4th Quarter |  |  |

**Day Care Expense**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider #1** |  | **Provider #2** |  |
| Address |  |  |
| EIN/SS# |  |  |
| Amount Paid |  |  |
| Children cared for |  |  |
|  |  |

**Organizers** for **Rental Income** and **Self-Employed Income** can be downloaded form our website. **Carrollstaxservice.com** under the organizer tab at the top of the main page.

Notes

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Carroll's Tax Service, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Taxpayer’s Signature Date

Print Name

Spouse’s Signature Date

Print Name