

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	
Home phone		Fax		Home	
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 ☐ NoFiling 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 during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12 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 |
| 2. Did your address change during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13 Did you give a gift of more than \$18,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Were there any changes in dependents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you go through bankruptcy, foreclosure, or repossession proceedings? | <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 | 15. Did you incur a loss because of damaged or stolen property? | <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 | 16. Were you notified or audited by either the IRS or State taxing agency? | <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 | 17. Did you work from a home office or use your car for business? | <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 | 18. May the IRS discuss your tax return with your preparer? | <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 | 19 Were you a citizen of, have income from, or live in a foreign country? | <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 | 20. Do you want to electronically file your 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 | 21. Did you buy any internet merchandise for which you did not pay sales/use tax? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Health Insurance Did you have health insurance you bought from healthcare.gov? (Attach Form 1095-A) | <input type="checkbox"/> Yes <input type="checkbox"/> 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, Estate Income	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 Paid Name _____ SS# _____		Tuition and Fees paid Who 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
1 st Quarter			3 rd Quarter		
2 nd Quarter			4 th 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 _____