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 ☐ Yes ☐ No
Taxpayer Disabled ☐ Yes ☐ No
Pres Campaign Fund (Taxpayer) ☐ Yes ☐ No

Spouse Legally Blind ☐ Yes ☐ No
Spouse Disabled ☐ 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?_____

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? ☐ Yes ☐ No
2. Did your address change during the year? ☐ Yes ☐ No
3. Were there any changes in dependents? ☐ Yes ☐ No
4. Did you receive unreported tip income of $20 or more in any month? ☐ Yes ☐ No
5. Did you receive any unemployment or disability income? ☐ Yes ☐ No
6. Did you buy or sell any stocks, bonds or other investment property? ☐ Yes ☐ No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? ☐ Yes ☐ No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? ☐ Yes ☐ No
9. Could you be claimed as a dependent on another person's tax return? ☐ Yes ☐ No
10. Did you pay anyone for domestic services in your home? ☐ Yes ☐ No
11. Did you pay anyone for childcare services? ☐ Yes ☐ No
12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? ☐ Yes ☐ No
13 Did you give a gift of more than $14,000 to one or more people? ☐ 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? ☐ Yes ☐ No
17. Did you work from a home office or use your car for business? ☐ Yes ☐ No
18. May the IRS discuss your tax return with your preparer? ☐ Yes ☐ No
19 Were you a citizen of, have income from, or live in a foreign country? ☐ Yes ☐ No
20. Do you want to electronically file your tax return? ☐ Yes ☐ No
21. Did you buy any internet merchandise for which you did not pay sales/use tax? ☐ Yes ☐ No
22. Health Insurance Did you have ACA compliant health insurance during the year? ☐ Yes ☐ No
(Attach Form 1095-A, 1095-B, and/or 1095-C)

MILLER TAX AND ACCOUNTING LLC
PO BOX 3924
WINCHESTER VA 22604
WWW.MILLERANDASSOCIATES.ORG
571-207-9797 OR 540-664-2470

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)			

Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

Miscellaneous/Unreimbursed Expenses

Type	Amount	Type	Amount
Dues - union, professional		Safe deposit box	
Books, subscriptions, supplies		IRA custodial fees	
Licenses		Investment periodicals, advisory fees	
Tools, equipment, safety equipment		Job search expense	
Uniforms (including cleaning)		Moving of household goods (job related)	
Tuition, Books (work related)		Other_____	
Entertainment		Other_____	
Tax Preparation Fee		Other_____	

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			

Health Insurance

Taxpayer	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number_____
Spouse	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number_____

Health Insurance continued

Dependent _____	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number_____
Dependent _____	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number_____
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Self-Employment Information

Business Name _____

Total Sales		☐Taxpayer ☐Spouse

Expenses			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto Mileage		Tools & Equipment	
		Uniforms	

Assets Purchased			**Notes**
Date	Amount	Asset	

Cost of Goods Sold	
Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Expenses Related to Business

Auto Expense

Name of business vehicle is used for

Description of vehicle: Date vehicle was placed in service:

Check if Applicable:

	Another vehicle is available for personal use		There is evidence to support your deduction
	This vehicle is available for use during off-duty hours		The evidence is written

Number of miles the vehicle was driven during the tax year: Business_____ Commuting _____ Total__

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other _____		_____		_____	
_____		_____		_____	

Business Use of Home

Name of business home is used for

What is the square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the “Office expenses” column, enter those expenses that pertain exclusively to your office. In the “Home expenses” column, enter those expenses that pertain to the entire dwelling.

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

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 Miller Tax and Accounting LLC, 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.

Primary Taxpayer's Signature _____ Date _____

Print Name _____

Spouse's Signature _____ Date _____

Print Name _____