

## Client Organizer

### Personal Information

|                          |  |  |       |                                 |                              |                              |                              |                             |
|--------------------------|--|--|-------|---------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Prior Year Filing Status |  |  |       | <input type="checkbox"/> Single | <input type="checkbox"/> MFJ | <input type="checkbox"/> MFS | <input type="checkbox"/> HOH | <input type="checkbox"/> QW |
| Your Name                |  |  |       | SSN                             |                              |                              |                              |                             |
| Spouse's Name            |  |  |       | SSN                             |                              |                              |                              |                             |
| Address                  |  |  |       | Apt.                            |                              |                              |                              |                             |
| Address                  |  |  |       |                                 |                              |                              |                              |                             |
| City                     |  |  | State |                                 | Zip                          |                              |                              |                             |
| County                   |  |  |       | School District                 |                              |                              |                              |                             |
| Day Phone                |  |  |       | Evening Phone                   |                              |                              |                              |                             |
| Taxpayer Email           |  |  |       |                                 |                              |                              |                              |                             |
| Taxpayer Occupation      |  |  |       | Spouse Occupation               |                              |                              |                              |                             |
| Taxpayer DOB             |  |  |       | Spouse DOB                      |                              |                              |                              |                             |

### Dependents

**Dependent 1**

|                          |  |                                |           |  |
|--------------------------|--|--------------------------------|-----------|--|
| First Name               |  | M.                             | Last Name |  |
| SSN                      |  | Relationship                   |           |  |
| DOB                      |  | No. of months resided with you |           |  |
| Child care expenses paid |  | Amount paid by employer        |           |  |
| Education Credit         |  | Tuition and Fees Deduction     |           |  |

**Dependent 2**

|                          |  |                                |           |  |
|--------------------------|--|--------------------------------|-----------|--|
| First Name               |  | M.                             | Last Name |  |
| SSN                      |  | Relationship                   |           |  |
| DOB                      |  | No. of months resided with you |           |  |
| Child care expenses paid |  | Amount paid by employer        |           |  |
| Education Credit         |  | Tuition and Fees Deduction     |           |  |

**Dependent 3**

|                          |  |                                |           |  |
|--------------------------|--|--------------------------------|-----------|--|
| First Name               |  | M.                             | Last Name |  |
| SSN                      |  | Relationship                   |           |  |
| DOB                      |  | No. of months resided with you |           |  |
| Child care expenses paid |  | Amount paid by employer        |           |  |
| Education Credit         |  | Tuition and Fees Deduction     |           |  |

### Taxes Paid

|         | Federal  |           |  | State    |           |  |
|---------|----------|-----------|--|----------|-----------|--|
|         | Amt Paid | Date Paid |  | Amt Paid | Date Paid |  |
| 1st Qtr |          |           |  |          |           |  |
| 2nd Qtr |          |           |  |          |           |  |
| 3rd Qtr |          |           |  |          |           |  |
| 4th Qtr |          |           |  |          |           |  |

Please indicate if any of the following items apply to you or your spouse and mark the appropriate box.

|                          |                          | <b>General Information</b>  |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change over the last year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in your dependents from last year?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any child care expenses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change jobs during the last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you move during the last year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return? |

|                          |                          | <b>Income Information</b>   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received all W-2's from all employers? How many? _____                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you earn interest from a foreign bank?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an authorized signature holder on a foreign bank account?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse have any IRA accounts?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a Schedule K-1 from a partnership, S Corporation or trust?          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive any social security benefits during the year?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive any prize or gambling winnings during the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive Unemployment Compensation or Jury Duty pay?          |

|                          |                          | <b>Business Information</b>  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business or purchase any rental property during the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you purchased any business assets or converted any assets to business use?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you dispose of any business assets?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cease operating any business or rental property?                           |

|                          |                          | <b>Other Information</b>                                  |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse pay any tuition costs?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse pay any student loan interest?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or sell your principal home?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss due to damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any federal or state estimated tax payments? |

|                          |                          | <b>Itemized Deductions</b>                     |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash donations                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Real estate and personal property taxes paid   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unreimbursed employee or work related expenses |
| <input type="checkbox"/> | <input type="checkbox"/> | Health/Dental/Other insurance premiums         |
| <input type="checkbox"/> | <input type="checkbox"/> | Long term insurance premiums                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Prescription medications                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical mileage                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage Interest statement                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Gambling losses (up to amount of winnings)     |

|                          |  | <b>Information to Bring:</b>   |
|--------------------------|--|--|
| <input type="checkbox"/> |  | Driver's License & Social Security Cards                                     |
| <input type="checkbox"/> |  | Copy of prior year return  |
| <input type="checkbox"/> |  | Original W-2's and other statements of income received from employers        |
| <input type="checkbox"/> |  | 1099's and other statements reporting interest/dividend/miscellaneous income |
| <input type="checkbox"/> |  | Other income received  |

**Income**

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|                                |                 |
|--------------------------------|-----------------|
| Primary Number of W-2's? _____ | Received? _____ |
| Spouse Number of W-2's? _____  | Received? _____ |
| Number of 1099's? _____        | Received? _____ |
| Income from Mutual Funds _____ |                 |
| Rental Income? _____           | Other? _____    |

**Business Income**

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|                                 |                  |
|---------------------------------|------------------|
| Business Activity: _____        | Name: _____      |
| Product: _____                  | Gain/Loss: _____ |
| Income from Sales: _____        | Other: _____     |
| Insurance Proceeds Paid: _____  | Casualty: _____  |
| Bad Debts for Prior Year: _____ | Theft: _____     |
| Home Office %: _____            | Mortgage: _____  |
| Depreciable Equipment: _____    | Rent: _____      |
| Records: _____                  |                  |
| Taxes Paid: _____               | Records: _____   |
| Purchases: _____                | Records: _____   |
| Improvements: _____             | Records: _____   |
| Travel/Lodging: _____           | Records: _____   |

**Deductions**

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|                                      |                      |
|--------------------------------------|----------------------|
| IRA Contributions Made: _____        | HAS/MSA: _____       |
| Student Loan Interest Paid: _____    | Tuition: _____       |
| Prior Year Itemized Deduction: _____ |                      |
| Medical Expenses: _____              | Major: _____         |
| Vision Expenses: _____               | Dental: _____        |
| Routine Medical: _____               | Prescriptions: _____ |
| Transportation: _____                | Other: _____         |
| Casualty Losses: _____               |                      |
| Charitable Contributions: _____      |                      |
| Donations: _____                     |                      |
| Employee Expenses:                   |                      |
| Auto: _____                          | Phone: _____         |
| Travel/Lodging: _____                | Supplies: _____      |
| Equipment: _____                     | Uniforms: _____      |
| Gambling Losses: _____               |                      |
| Other: _____                         |                      |

**Miscellaneous**

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Do you have a copy of your Prior year return? \_\_\_\_\_

Any non-standard forms? \_\_\_\_\_

