

Client Tax Organizer

Please fully complete this organizer before your appointment. Please bring a photo ID with you to your appointment or upload it to the portal. Thank You!

Personal Information

Name	SSN	Date of Birth	Occupation
Taxpayer:			
Spouse:			
Street Address:	City:	State:	Zip
Taxpayer Phone Number:	Taxpayer Email Address:		
Spouse Phone Number:	Spouse Email Address:		

County of Residence: _____ School District: _____

Tax Filing Status:

☐ Single

☐ Married Filing Jointly

☐ Married Filing Separate

☐ Head of Household

☐ Widow(er), Date of Spouse's Death: _____

Are you or your spouse a current or former member of the Military or Police force?

Taxpayer

Spouse

☐ Yes ☐ No

☐ Yes ☐ No

- Did you buy, sell, trade, exchange, receive, or otherwise have any virtual currency transactions during the year? ☐ Yes ☐ No
- At any time did you own or have an interest in any property, accounts, or assets in another country? ☐ Yes ☐ No
- Did you receive any inherited property or accounts? ☐ Yes ☐ No
- Do you or your spouse have an ownership interest in an LLC, corporation, partnership, or other entity that filed Articles of Organization with the Secretary of State? ☐ Yes ☐ No
- Did you install any energy property to your residence (ex: solar water heater; solar generator or fuel cells; energy efficient doors, windows, insulation, heat pumps, furnace, central A/C, or water pumps)? ☐ Yes ☐ No
- Can another person claim you as a dependent? ☐ Yes ☐ No
- Did you have any debts cancelled or forgiven? ☐ Yes ☐ No
- Are you or your spouse a full-time student? ☐ Yes ☐ No
- Are you or your spouse blind or disabled? ☐ Yes ☐ No

If you or your spouse have an IRS issued IP PIN, please include it below:

Taxpayer: _____ Spouse: _____

Dependents

- *Biological or adopted children under 18 that you paid over ½ of their support*
- *Biological or adopted child under age 24 and full-time student that you paid over ½ their support*
- *Foster children placed with you*
- *Relatives who live with you, you pay at least ½ of their support and they have under \$4,700 in taxable income*
- *Parent that you pay over ½ of their support and they have under \$4,700 in taxable income whether they live with you or not*

Name	Relationship	Date of Birth	SSN	Lived with you all year	Can be claimed by someone else	Check if Disabled	College student	Gross Income

Tax Documentation

Place a check next to each item that you (or your spouse, if applicable) have or plan to have for the tax year:

- | | |
|---|--|
| <input type="checkbox"/> W-2 from an employer | <input type="checkbox"/> Childcare Receipts |
| <input type="checkbox"/> 1099-INT interest income | <input type="checkbox"/> Proof of residency for dependent |
| <input type="checkbox"/> 1099-DIV dividend income | <input type="checkbox"/> Private School Tuition (K-12) |
| <input type="checkbox"/> 1099-SSA Social Security Benefits | <input type="checkbox"/> Made a cash donation to a charity |
| <input type="checkbox"/> 1099-RRB Railroad retirement benefits | <input type="checkbox"/> Made a property donation to a charity |
| <input type="checkbox"/> 1099-B sold investments or property | <input type="checkbox"/> Made a gift of cash or property to an individual |
| <input type="checkbox"/> 1099-S sold real estate or capital assets | <input type="checkbox"/> Engaged in a like-kind exchange |
| <input type="checkbox"/> 1099-Q distributions from a qualified education program | <input type="checkbox"/> Paid education expenses |
| <input type="checkbox"/> 1099-R took a distribution from a retirement plan, pension, or annuity | <input type="checkbox"/> Student loan interest |
| <input type="checkbox"/> 1099-G unemployment compensation | <input type="checkbox"/> HSA contributions or distributions |
| <input type="checkbox"/> 1099-G tax refund | <input type="checkbox"/> Self-Employment Income |
| <input type="checkbox"/> 1099-MISC miscellaneous income | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> 1099-NEC non-employee compensation | <input type="checkbox"/> Farming Income |
| <input type="checkbox"/> 1098 Mortgage Loan Interest | <input type="checkbox"/> Owner of a partnership/S Corp (K-1) |
| <input type="checkbox"/> Received veteran's benefits | <input type="checkbox"/> Beneficiary of a trust or estate (K-1) |
| <input type="checkbox"/> Made contributions to a retirement plan | <input type="checkbox"/> Engaged in crypto or virtual currency transaction |
| <input type="checkbox"/> Capital Gains or losses | <input type="checkbox"/> Gambling Income (W-2G) |
| <input type="checkbox"/> Property Tax receipt | <input type="checkbox"/> Rent Certificate: rent includes heat _____ |
| <input type="checkbox"/> Plan on claiming the earned income credit | |
| <input type="checkbox"/> Other (please list): _____ | |

Estimated Tax Payments

If you made estimated payments during the year, please indicate the date paid and amount.

<i>Federal Estimated Payments</i>		
Date Paid	Check or Reference Number	Amount
<i>State Estimated Payments</i>		
Date Paid	Check or Reference Number	Amount

Communications Preferences and Acknowledgement

My preferred method of communication from Reliance Accounting and Tax Services is:

☐ Phone
 ☐ Text
 ☐ Email
 ☐ Mail
 ☐ Use the online portal

How would you like to receive your 8879 *Authorization to E-File*?

- ☐ Please schedule an appointment for me to sign in person
☐ I would like to sign digitally.

Would you like a paper copy of your return?

☐ Yes ☐ No

Would you like to have a consent form on file to allow us to talk to or release your information to another person?

☐ Yes ☐ No

Would you like to keep a copy of your will or estate planning documents on file with us?

☐ Yes ☐ No

Would you like a meeting scheduled during the year for tax planning

☐ Yes ☐ No

Would you like a meeting scheduled during the year to check on your tax liability and discuss whether estimated tax payments should be made?

☐ Yes ☐ No

Tax Refund / Tax Payment Information

➤ If you are eligible for a tax refund, how would you like to receive the amount?

☐ Mail me a Check ☐ Direct Deposit Funds ☐ Apply my refund to current year estimates

➤ If you owe, how would you like to pay the balance due?

☐ I will mail a check or pay online ☐ Direct Withdrawal from my bank account

If you selected Direct Deposit or Direct Withdrawal, please provide your banking information below.

Banking Information:

Institution Name: _____

Type of Account: ☐ Checking ☐ Savings ☐ Traditional IRA ☐ ROTH IRA ☐ HSA

☐ SEP ☐ Other: _____

Routing Number: _____ Account Number: _____

Name of Account Owner: _____

Please sign and date below to acknowledge that the information provided is true, correct, and accurate and will be used to prepare your income tax return. If filing a joint return, both spouses must sign:

Signature: _____

Date: _____

Signature: _____

Date: _____

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