

Tax Year _____

1040 Client Tax Organizer

Personal Information		Taxpayer				Spouse			
First name/Initial/Last									
Drivers License	Lic. No.	Issued Date	Exp. Date	State	Lic. No.	Issued Date	Exp. Date	State	
Social Security number									
Date of birth									
Occupation									
E-mail address									
Cell phone		Work			Cell		Work		
Home phone		Fax			Home		Fax		
Current Address									
Previous Address					Moved Date				

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 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? | <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 \$14,000 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 ACA compliant health insurance during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(Attach Form 1095-A, 1095-B, and/or 1095-C)

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 _____ Date Sold _____		Cost & Improvements-Provide list:Purchase Date, Descrip. & Cost

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? _____	
Educator Expenses -Teacher out of pocket		IRA/SEP Contributions - Taxpayer	
Health Savings Account		IRA/SEP Contributions - Spouse	
		Student loan interest	

Medical/Dental Expenses - (Pls. Do Not upload Receipts (additional tax prep fees for reconciling receipts) Provide List with Description, Date & Total

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 Estate Property Tax Paid (attach bills)		Other _____	
Personal Property Tax (Vehicle, Boat, etc).		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 (Pls. Do Not upload Receipts/additional tax prep fees for reconciling) Provide List w/ Description, Date & Total

Type	Amount	Type	Amount
Total cash contributions (If over \$500 attach list)		Charitable mileage	
Total non-cash contributions (If over \$500 attach list)	Appraisal or Market Value	Purchase Date	Donation Date
			Original Purchase Price

Non-Cash Donations: Organization Name & Address:

Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen - Only include for Federally declared disaster areas

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 _____	

Deduction not Allowed in 2022

Deduction not Allowed in 2022

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			

Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace	Attach Form 1095-A, 1095-B, and/or 1095-C
	<input type="checkbox"/> Insured privately, through employer, or Medicaid	
	<i>Indicate months covered:</i>	
	<input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____	
Spouse	<input type="checkbox"/> I was insured through the Marketplace	Attach Form 1095-A, 1095-B, and/or 1095-C
	<input type="checkbox"/> Insured privately, through employer, or Medicaid	
	<i>Indicate months covered:</i>	
	<input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____	

Health Insurance continued

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

		Bus. Type:	
Total Sales/Self Employment Income:		<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
Expenses		Employer's Identification Number (EIN):	
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 Description	
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 - Only enter information below if vehicle is utilized to conduct business

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 - Only enter information below if space was utilized exclusively to conduct business

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

Business Use of Home Expenses to Calculate Deduction

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

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rental Income 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 - Please include any other information not reported in other sections.

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 MAG Tax Service 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 _____

Checking

Savings

Refund Direct Deposit Information: Routing Number:

Bank Account No: