



Dear Client,

This Tax Organizer is designed to help you collect and report the information needed to prepare your income tax return. Please enter your information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Please be sure to provide the following additional information to our office:

- A copy of your prior year's tax return (only if we did not prepare the return).
- Original Form (s) W-2.
- Schedule (s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation such as Form 1099-MISC or Form 1099-R.
- Form (s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form (s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about

Please bring with you at least one of the documents below to claim the Earned Income Credit.

- | | |
|--|-----------------------------------|
| a. School records or statements | b. Health care provider statement |
| c. Landlord or property management statement | d. medical records |
| e. Childcare provider records | f. Placement agency statement |
| g. social service records or statement | h. Place of worship statement |
| i. Indian tribal official statement | j. Employer statement |

Once you have gathered all your information you may mail, fax, or email the tax organizer along with the various tax forms to our office. Our information is found at the top of this letter. If you would prefer to set up an appointment to complete your tax return (s) please contact our office.

Thank you for taking the time to complete this tax organizer

Individual Taxpayer Organizer

RETURNING CLIENTS- Please complete all the highlighted items along with any information that has changed since the prior year on this page.

NEW CLIENTS- Please complete all information on this page.

Taxpayer		SSN #:	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email:
Occupation:		Date of Birth:	
Cell Phone:			
Driver's License No.	State:	Issue Date:	Exp Date:
Spouse		SSN #:	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email:
Occupation:		Date of Birth:	
Cell Phone:			
Driver's License No.	State:	Issue Date:	Exp Date:
Address:	City:	State:	Zip:
Marital Status at 12/31: Single Married Separated Widow (er) Registered Domestic Partnership (RDP) Unsure			
Names of dependent children	Social Security #	IP PIN	Date of Birth
Did you provide over half the support for each child listed above? YES NO			
Do any of the children have a disability? YES NO			
Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the year? YES NO			
Other dependents or people who lived with you			
Name	Social Security #	IP PIN	Date of Birth
If you are due a refund, would you like it directly deposited into your bank account? YES NO			
If you have a balance due with IRS or State, would you like it directly withdrawn from your bank account? YES NO			
Checking Savings	Routing #:	Account #:	

Individual Taxpayer Organizer

Please note: Estimated tax payments are payments made towards the current year. This does not include payments made for

ESTIMATED TAXES PAID

Federal

Date Paid	Amount
	\$
	\$
	\$
	\$
	\$

State

Date Paid	Amount
	\$
	\$
	\$
	\$
	\$

QUESTIONS

Please answer all question by checking the appropriate box for each question. Be sure to include all necessary details and documentation received from any agency.

	YES	NO
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Were you divorced or separated during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Date of Separation: _____ Date Divorce Final: _____		
Were you or your spouse permanently and totally disable this year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse blind?	<input type="checkbox"/>	<input type="checkbox"/>
Would you or your spouse like to contribute to the Presidential Election Fund?		
You	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse eligible to be claimed as a dependent on another return?		
You	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a member of the U.S. Armed forces during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any deaths in the family (You, Spouse, or dependents)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Enter date of death for taxpayer or spouse (if during this year)		
Taxpayer: _____ Spouse: _____		

DEPENDENT INFORMATION

Do you have dependents who have income and must file a return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which dependent? _____		
If yes, how much income was earned? _____		
If yes, do you want us to prepare the return (s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have children who are under age 19 or a full time student under the age of 24 with investment income greater than \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which dependent? _____		
If yes, how much investment income ? _____		
If yes, do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide tax statement with amount a care providers information.		
If you are divorced or separated with child (ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please expalin the situation: _____		
Did you incur adoption expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a breakdown of expenses		

YES

NO

IRA, PENSION AND EDUCATION SAVINGS PLAN

NOTE: If answering yes to any of these, please provide copies of forms such as 1099-R, 1099-Misc 1099-Int, or any brokerage statements showing transactions for stocks, bonds, etc.

Did you receive payments from a pension or profit-sharing plan?

☐
☐

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?

☐
☐

Did you convert all or part of a regular IRA into a Roth IRA?

☐
☐

Did you roll over all or part of a qualified plan into a Roth IRA?

☐
☐

Did you contribute to a Coverdell Education Savings Account?

☐
☐

ITEMS RELATED TO INCOME/LOSSES

Did you receive any disability payments in this year? (Attach any Forms 1099)

☐
☐

Did you start a new business or purchase rental property during the year? (If yes for rental property, please fill out rental property form at the end of the organizer)

☐
☐

Did you acquire a new or additional interest in a partnership or S corporation?

☐
☐

Did you receive tip income not reported to your employer?

☐
☐

Did you purchase or sell a principal residence during the year? (Attach closing statements and any Form 1099-S)

☐
☐

If yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

☐
☐

Did you ever rent out this property

☐
☐

Did you ever use any portion of the home for business purpose?

☐
☐

Have you or your spouse sold a principal residence within the last two years?

☐
☐

At the time of sale, the residence was owned by the: Taxpayer Spouse Both

Did you foreclose or abandon a principal residence or other real property during the year?

☐
☐

If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?

☐
☐

Did you incur any casualty or theft losses during the year?

☐
☐

Did you incur any non-business bad debts?

☐
☐

PRIOR YEAR TAX RETURNS

Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?

☐
☐

If yes, enclose agent's report or notice of change.

☐
☐

Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

☐
☐

Have you received any notices from IRS or State Revenue department this past year?

☐
☐

If yes, please attach and send with all documents

	YES	NO
FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES		

Did you have foreign income or pay any foreign taxes in the year?	<input type="checkbox"/>	<input type="checkbox"/>
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At any time during the year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
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Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during the year? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
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Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you at any time during the year, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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HEALTH AND LIFE INSURANCE

Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If yes, please attach	<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse have self-employed health insurance? If yes, include premiums paid on itemized deduction sheet	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>

Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you contribute to or receive distributions from a Health Savings Account (HSA)? (Attach any Forms 1099-SA)	<input type="checkbox"/>	<input type="checkbox"/>
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MISCELLANEOUS

Did you make energy efficient improvements to your home or purchase an energy-saving property during the year? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
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Did you start paying mortgage insurance premiums this year? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
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Did you purchase a motor vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid	<input type="checkbox"/>	<input type="checkbox"/>

Did you purchase a energy efficient vehicle this year? If yes, enter year, make, model, and date purchased:	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle during the year? (Attach any Form 1098C)	<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse participate in a medical savings account this year? (Attach any Forms 5498-SA)	<input type="checkbox"/>	<input type="checkbox"/>
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Did you pay interest on a student loan for yourself, spouse, or your dependents? (Attach any Forms 1098 E)	<input type="checkbox"/>	<input type="checkbox"/>
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Did you, your spouse, or your dependents attend post-secondary school this year? (Attach any Forms 1098 T)	<input type="checkbox"/>	<input type="checkbox"/>
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Did a lender cancel any of your debt this year? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
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Did you receive any income not included in this Tax Organizer? If yes, please attach information	<input type="checkbox"/>	<input type="checkbox"/>
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At any time during the year, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>
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ITEMIZED DEDUCTIONS

Please complete this section of the tax organizer if you would like to itemize your return rather than taking the standard deduction. If you are not sure if you can itemize, please complete this form and we can make that determination for you.

MEDICAL EXPENSES	Amount
Prescriptions	\$
Health Insurance Premiums	\$
Self-Employed Insurance Premiums	\$
Doctors, dentist, etc	\$
Hospital, clinics, etc	\$
Lab and x-ray fees	\$
Eyeglasses and contact lenses	\$
Medical equipment and supplies	\$
Miles driven for medical purposes	
TAXES YOU PAID	
Real estate taxes on principal home	\$
Real estate taxes on other home or local	\$
Auto registration fees	\$
Other personal property taxes	\$
INTEREST YOU PAID	
Home mortgage interest paid - (Attach form 1098)	\$
DONATIONS	
CASH CONTRIBUTIONS - Contributions of cash are allowed only if you have substantiation such as a canceled check, credit card statement or receipt from the charity	
Name of Charitable Organizations(s) (Cash)	
	\$
	\$
	\$
NON CASH DISTRIBUTIONS - Provide Donee, donee address, description of donation, date acquired and date donated, your cost, value at time of donation and how you acquired the property	
	\$
	\$
	\$
MISCELLANEOUS EXPENSES	
Union & professional dues	\$
Professional subscriptions books and supplies	\$
Uniforms and protective clothing (including cleaning)	\$
Job search costs	\$
Tax Preparation fees	\$
Educator expenses	\$
Gambling Losses (to the extent of winnings)	\$

ITEMIZED DEDUCTIONS

STATE TAX CREDITS ONLY- **Please provide receipts**

Fees paid to public schools for extracurricular activities

Name of school district _____ \$

Name of school _____

Address _____
(Street, City, State, and Zip)

Credit for contributions made to school tuition organizations

Name of school tuition organization _____ \$

Address _____
(Street, City, State, and Zip)

Name of school tuition organization _____ \$

Address _____
(Street, City, State, and Zip)

Arizona Tax Credit for Contributions to Qualifying Charitable Organizations

Name of Charity _____ \$

Location of Charity (City, State) _____

Name of Charity _____ \$

Location of Charity (City, State) _____

Name of Charity _____ \$

Location of Charity (City, State) _____

RENTAL INCOME

Property #1

Type of rental unit:

Cost:

Date put in Service:

Address:

Circle Property Owner: Taxpayer Spouse Joint

Enter ownership %:

Do you actiely participate in this property's management? YES NO

Did you dispost of this property in a fully taxable transaction? YES NO

Property #2

Type of rental unit:

Cost:

Date put in Service:

Address:

Circle Property Owner: Taxpayer Spouse Joint

Enter ownership %:

Do you actiely participate in this property's management? YES NO

Did you dispost of this property in a fully taxable transaction? YES NO

Property #3

Type of rental unit:

Cost:

Date put in Service:

Address:

Circle Property Owner: Taxpayer Spouse Joint

Enter ownership %:

Do you actiely participate in this property's management? YES NO

Did you dispost of this property in a fully taxable transaction? YES NO

	Property #1	Property #2	Property #3
Rental Income	\$	\$	\$
Operating Expenses			
Advertising	\$	\$	\$
Auto	\$	\$	\$
Cleaning & Maint	\$	\$	\$
Mortgage ins premiums	\$	\$	\$
Other Insurance	\$	\$	\$
Legal & Professional Fees	\$	\$	\$
Management Fees	\$	\$	\$
Mortgage Interest	\$	\$	\$
Other Interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Real Estate Taxes	\$	\$	\$
Utilities	\$	\$	\$
HOA Fees	\$	\$	\$
Other	\$	\$	\$