



# Counting House Technics, LLC

PO Box 687 210 E 1<sup>st</sup> St, Cordell, OK 73632

580-832-5445 Fax: 888-979-6062

[contact@chttax.com](mailto:contact@chttax.com)

<https://chttax.com>

## Client Tax Records Organizer

CLIENT NAME(s): \_\_\_\_\_ Tax Year: \_\_\_\_\_

Please use this organizer for this year's filing season. Please read carefully. Complete, sign and date only the worksheets that apply. If you need more space, please copy pages or attach a separate sheet. Return by email, scan to email, regular mail, fax or in person at your appointment. Uploading forms through Secure File pro is the most secure way to contact us. Email us for instructions.

The information requested by this form will help us evaluate your tax situation and concentrate our efforts in preparing a complete return. **Do not copy information printed plainly on W-2's, 1099's and other tax reporting statements. Send us copies of the forms instead.**

**Please complete the following document checklist. Copies of documents are fine. We do not need originals.**

	<b>First time clients only:</b> Copies of 2 forms of ID, including one photo ID. The IRS requires us to ask for this to help prevent fraud. We also need 2 ID's for each child for EIC.
	Copy of previous years tax return (if not prepared by Counting House Technics, LLC)
	Form(s) W-2 received from ALL employers.
	Form(s) 1099, 1098 & 1095-A for reporting income from interest, dividends, independent contractors, pensions, IRA's, 403B plans, tax refunds, HSA/MSA medical accounts, cancellation of debt, foreclosure, unemployment benefits, gambling winnings or annuities.
	Form(s) 1098 for reporting mortgage interest, points, college tuition, student loan interest.
	Schedule(s) K-1 for reporting partnership, estate, and trust income and deductions.
	Statement(s) of gambling winnings, prizes, awards, jury-duty pay or hobby income.
	HUD-1 or other closing statement, if you bought, sold, or refinanced your home.
	College account statement(s) showing the dates and amounts actually paid during the year.
	Statement(s) showing the amount(s) of Veteran's Benefits or Worker's Compensation Benefits that you received during the year. NOTE: These are usually not taxable. However, they do count towards the calculations of certain tax deductions.
	ANY letters from the IRS, State or City Taxing Authority.
	Optional: 401k statements and/or login information for an annual review of allocations.
	Any other tax document information not listed here.



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**Personal Information** (please only note changes from prior year if you are a returning client)

### Taxpayer Information

### Spouse Information

Last Name		Last Name	
First Name		First Name	
Middle Initial/Suffix		Middle Initial/Suffix	
Social Security #		Social Security #	
Birth Date		Birth Date	
Legally Blind Y/N	Permanently Disabled Y/N	Legally Blind Y/N	Permanently Disabled Y/N
Email address		Email address	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Fax Number		Fax Number	
Home Phone		Home Phone	
<b>Annual Identity Verification</b>	Photocopy or Fill In	<b>Annual Identity Verification</b>	Photocopy or Fill In
Driver's License/ID Issuing State		Driver's License/ID Issuing State	
License/ID #		License/ID #	
License/ID Issue Date		License/ID Issue Date	
License/ID Expiration Date		License/ID Expiration Date	

**Please provide Identity Theft Protection PIN for all family members if your case is resolved.**

### Address:

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Marital Status Changes:

**Did you experience a marriage, death, separation or divorce during the year? Y/N**

If yes, please explain and include name(s) and date(s):

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**Were you or your spouse outside of the US at any time during the year? Y/N**

**Did you and your spouse live together for at least the last six months of the year? Y/N**

**Are you expecting a child or a marriage in the next year? Y/N**

**Information provided by (initials only): \_\_\_\_\_ Date: \_\_\_\_\_**



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## Child & Dependent Worksheet (please only note changes from prior year)

For each dependent, provide 2 forms of ID for Earned Income Credit

First Name		First Name	
Last Name		Last Name	
Middle Initial/Suffix		Middle Initial/Suffix	
Social Security #		Social Security #	
Birth Date		Birth Date	
Relationship (circle one)	Son      Daughter Other	Relationship (circle one)	Son      Daughter Other
Marital Status (circle one)	Single Married	Marital Status (circle one)	Single Married
Permanently disabled? (circle one)	Yes    No	Permanently disabled? (circle one)	Yes    No

First Name		First Name	
Last Name		Last Name	
Middle Initial/Suffix		Middle Initial/Suffix	
Social Security #		Social Security #	
Birth Date		Birth Date	
Relationship (circle one)	Son      Daughter Other	Relationship (circle one)	Son      Daughter Other
Marital Status (circle one)	Single Married	Marital Status (circle one)	Single Married
Permanently disabled? (circle one)	Yes    No	Permanently disabled? (circle one)	Yes    No

**Certain relatives may qualify as dependents even if they do not live with you. Please check with your tax professional if you have questions.**

### Were you involved in an adoption during the year? Y/N

If yes, please include the date of the adoption, date(s) and amount(s) of any related expense, and any special needs certification.

### Child Care Costs (for children up to age 13 or permanently disabled\*)

Child	Expenses Incurred While you/Spouse Worked	Child Care provided by Employer	Name & Address of Care Provider	Social Security # OR EIN of Provider

\*Please include a copy of the annual statement from your childcare provider.

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## Personal Information (cont.) (please only note changes from prior year)

Resident taxing city: \_\_\_\_\_

Resident school district: \_\_\_\_\_

Resident county: \_\_\_\_\_

Work City Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

Work County Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Refunds are generally direct deposited to your bank account on file. Please note any changes. Taxes owed can also be deducted on request. Some estimated tax payments can be paid by autopay or online. Direct Deposit is safer and faster.**

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Joint Account if married? Y/N

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**Have you recently been involved in foreclosure or debt forgiveness or expect to be in the future?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, include the Form 1099-A or 1099-C.

## College Education Credits

Please include a copy of the student's Form 1098-T and/or 1098-E **AND** an account statement from the institution showing the amount(s) actually paid. If the student works, please check to see if he/she needs to file a tax return. If a student/dependent files & claims themselves, the parents lose the education credits.

Student Name:												
Level/Year in School (circle one)	Fresh	Soph	Jr	Sr	Fresh	Soph	Jr	Sr	Fresh	Soph	Jr	Sr
Enrolled in a program leading to a degree, certificate or credential?	Yes	No			Yes	No			Yes	No		
Education to acquire or improve job skills?	Yes	No			Yes	No			Yes	No		
Take at least ½ full-time workload during at least part of 5 months during the tax year?	Yes	No			Yes	No			Yes	No		
Convicted of a felony?	Yes	No			Yes	No			Yes	No		
FASFA needed?	Yes	No			Yes	No			Yes	No		
1098-T/1098-E included?	Yes	No			Yes	No			Yes	No		
Statement of acct provided?	Yes	No			Yes	No			Yes	No		

Information provided by (initials only): \_\_\_\_\_ Date: \_\_\_\_\_



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## Estimated Tax Payments

Enter the amount and date of checks written and mailed. Please double-check. Cancelled checks are the best record of estimated payments. Neither we nor the IRS are responsible for errors by taxpayers. **Be sure that amounts paid for the prior year's taxes are not included. List prior year credit carryforwards, if any, on the first row. Payments in January are usually for the prior tax year.**

Quarter paid/Due Date	Date Paid	Federal Taxes	State Taxes	City Taxes: City: _____
Do not Enter Prior Year credits				
1 <sup>st</sup> Quarter 4/15				
2 <sup>nd</sup> Quarter 6/15				
3 <sup>rd</sup> Quarter 9/15				
4 <sup>th</sup> Quarter 1/15				

Federal tax payments can be made electronically several ways. Let us know if you are interested.

## Estimated Income for Next Year

Write "Same" if everything will remain about the same for next year.

<b>Salary</b>	
<b>Clergy housing allowance (please note if expecting expenses to be less)</b>	
<b>Pension/retirement income</b>	
<b>Social Security benefits</b>	
<b>Interest and dividend income</b>	
<b>Other income</b>	

Significant changes expected to occur next year (e.g. child may no longer qualify as a dependent):

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## Adjustments & Deductions

<b>Adjustments:</b>	<b>Taxpayer</b>	<b>Spouse</b>
Educator/Teacher Expenses		
Health Savings Account Deduction paid personally 1099-SA		
Personal Retirement account contributions: Please provide statements.		
Student Loan Interest: Attach 1098-E for each & every lender		
<b>Deductions:</b>		
Real estate taxes paid during the year on home and/or other property not reported on Form 1098 or other tax statement		
Personal Property taxes paid based on value (e.g. license tax based on value) to state of: _____		
Sales tax paid on the purchase of car, truck, motorcycle or RV		
Out-of-state purchases on which no sales tax was collected		
<p><b>Charitable Gifts:</b> Please keep written records of all charitable contributions. Bank records (cancelled checks) may support donations under \$250. Donations over \$250 require a letter from the charity showing the name of the charity, date of contribution, amount of contribution, and proper IRS language. Also keep records (e.g. mileage log) documenting any miles driven for charity work as a volunteer worker or leader.</p>		
Number of miles driven and <u>documented</u> for charitable service		
Charitable <b>cash/check</b> contributions		
Charitable <b>non-cash</b> contributions		
<p><b>*NOTE: If non-cash gifts total over \$500, the IRS requires the following information. Use extra sheets, as needed:</b></p> <ul style="list-style-type: none"> <li>• Name &amp; address of recipient organization. Include receipt.</li> <li>• Description of property</li> <li>• Date of donation</li> <li>• Date property acquired</li> <li>• How was property acquired? Purchase Gift Other</li> <li>• Cost of property. If acquired by gift, the donors' cost.</li> <li>• Fair market value of property at the time of donation</li> <li>• Fair Market Value taken from: Appraisal Garage Sale Other</li> </ul> <p><b>Non-cash gifts valued at more than \$5,000 require special paperwork and an appraisal</b></p>		

Information provided by (initials only): \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Expenses (only report amounts paid directly by yourselves) Generally, this includes deductibles and co-pays not paid from a HSA or MSA plan or account. Taxpayers must have expenses greater than 10% of their AGI to benefit. Some states also allow this deduction.**

Type of Expense	Taxpayer	Spouse	Dependent(s)
Prescription medications & insulin			
<b>Health insurance premiums:</b> (Note: Do not include employer-paid insurance or insurance paid by a pre-tax payroll deduction.) New, individual plans may require more questions.			
Insurance premiums for individual plans including dental and optometry.			
Self-employed health insurance			
Medicare B & retiree premiums deducted from Pensions (include statements)			
Long-term care premiums			
Fees for doctors and dentists			
Fees for hospitals, clinics, etc.			
Lab and x-ray fees			
Medical equipment & supplies (e.g. walkers, handrails, TDD equipment, eyeglasses, contact lenses, hearing aids, etc.)			
<b>Medical transportation expenses:</b> (Keep a written log with the date, miles and purpose of each trip. The IRS does not allow a deduction for undocumented mileage.)			
Miles driven for medical purposes			
Other medical transportation costs (e.g. ambulance fees, parking, tolls)			
Lodging for medical purposes (up to \$50/night/person; do not include meals.)			
Other medical & dental expenses (please attach an itemized list)			
<b>Reimbursements/Distributions:</b>			
Insurance reimbursement for any expenses listed			
Employer reimbursements for any expenses listed			
MSA/HSA distributions (include 1099-MSA/1099-HSA)			
<b>Marketplace Insurance 1095-A, if provided</b>			

Information provided by (initials only): \_\_\_\_\_ Date: \_\_\_\_\_