INDIVIDUAL TAX ORGANIZER

Please complete all applicable fields and return through the secure client portal.

RETURN INFORMATION

Tax year

Date completed

Important security notice

This organizer contains sensitive personal information. Do not return it by ordinary email. Upload the completed form and supporting documents through the secure client portal.

TAXPAYER INFORMATION

Taxpayer name

Date of birth (MM/DD/YYYY)

Social Security number

Phone number

Email address

Current mailing address

SPOUSE INFORMATION (IF APPLICABLE)

Spouse name

Date of birth (MM/DD/YYYY)

Spouse Social Security number

DEPENDENT SUMMARY

How many dependents do you have?

Complete the dependent table on the following page for every person you plan to claim.

DEPENDENT INFORMATION

Enter one dependent per row. Attach an additional page if more space is needed.

DEPENDENTS

Dependent 1

Full legal name	Date of birth	Social Security number

Dependent 2

Full legal name	Date of birth	Social Security number

Dependent 3

Full legal name	Date of birth	Social Security number

Dependent 4

Full legal name	Date of birth	Social Security number

Dependent 5

Full legal name	Date of birth	Social Security number

Dependent 6

Full legal name	Date of birth	Social Security number

ADDITIONAL DEPENDENT INFORMATION

If additional dependents need to be listed, provide their full legal name, date of birth, and SSN below.

LIFE EVENTS & SOURCES OF INCOME

Select Yes or No for each question and provide details when applicable.

LIFE EVENTS AND PROPERTY

Did you move during the year? ☐ Yes ☐ No

New address / move date:

Did you sell a house during the year? ☐ Yes ☐ No

Property / closing date:

Did you own a business during the year? ☐ Yes ☐ No

Business name / activity:

Do you own any rental properties? ☐ Yes ☐ No

Property address(es):

INCOME RECEIVED

Did you receive any interest or dividend income? ☐ Yes ☐ No

Payer(s) / notes:

Did you receive any retirement distributions? ☐ Yes ☐ No

Payer(s) / notes:

Did you receive any Social Security benefits? ☐ Yes ☐ No

Recipient(s) / notes:

DEDUCTIONS, CREDITS & PAYMENTS

Select Yes or No. Enter available totals; supporting documents may still be required.

HEALTH, EDUCATION, AND FAMILY

Did you take any HSA distributions? ☐ Yes ☐ No

Total / notes:

Did you pay any student loan interest? ☐ Yes ☐ No

Total paid:

Did you have medical expenses in excess of 7.5% of adjusted gross income (AGI)? ☐ Yes ☐ No

Estimated total:

Did you make any tuition payments during the year? ☐ Yes ☐ No

Student / institution:

Did you pay childcare expenses during the year? ☐ Yes ☐ No

Provider / total paid:

Were you enrolled in Marketplace health insurance during the year? ☐ Yes ☐ No

Months / covered persons

Did you have any adoption expenses? ☐ Yes ☐ No

Total / notes:

HOME, GIVING, AND STATE EDUCATION SAVINGS

Did you pay any mortgage interest? ☐ Yes ☐ No

Lender(s) / total:

Did you make any charitable donations during the year? ☐ Yes ☐ No

Cash / noncash totals:

Did you contribute to an Indiana 529 account? ☐ Yes ☐ No

Beneficiary / total:

ESTIMATED TAX PAYMENTS & ADDITIONAL DETAILS

Provide payment details and anything else that may affect preparation of your return.

ESTIMATED TAX PAYMENTS

Did you make any estimated tax payments during the year? ☐ Yes ☐ No

List federal and state payments below. Include the date, amount, and taxing authority.

	Date	Amount	Federal / state and jurisdiction
Payment 1			
Payment 2			
Payment 3			
Payment 4			
Payment 5			
Payment 6			

OTHER INFORMATION

Please note any other details not addressed above that are important in preparing your return.

Examples: marriage or divorce, a new child, casualty loss, identity theft, IRS/state notices, foreign accounts, digital asset activity, debt cancellation, or income not shown on a tax form.

DOCUMENT CHECKLIST & CLIENT CONFIRMATION

Use this page as a final review before submitting your organizer.

SUGGESTED SUPPORTING DOCUMENTS

- [ ] W-2s and all Forms 1099 received
- [ ] Forms 1095-A for Marketplace insurance
- [ ] Mortgage interest and property tax statements
- [ ] Tuition, student loan, HSA, and childcare documents
- [ ] Estimated tax payment confirmations
- [ ] Closing statements for any home sold
- [ ] Business and rental income/expense summaries
- [ ] Charitable contribution documentation
- [ ] Indiana 529 contribution statements
- [ ] Any IRS or state tax notices received

CLIENT CONFIRMATION

I have reviewed this organizer and provided complete information to the best of my knowledge.

Taxpayer signature / typed name	Date

Spouse signature / typed name	Date

Completion of this organizer does not replace the engagement letter or other required authorizations.