

# TAX INFORMATION ORGANIZER

Client # \_\_\_\_\_

Tax Year \_\_\_\_\_

## BASIC INFORMATION

### TAXPAYER

### SPOUSE

First name, middle initial \_\_\_\_\_

\_\_\_\_\_

Last name \_\_\_\_\_

\_\_\_\_\_

(if different)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary occupation \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Citizenship, if not US \_\_\_\_\_

\_\_\_\_\_

☐ Check if dependent of another taxpayer

Name of taxpayer \_\_\_\_\_

Relationship \_\_\_\_\_

☐ Check if legally blind

## ADDRESS

### Mailing address

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

### Primary residence

If different from mailing address:

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

### Other address

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Comments:

## COMMUNICATIONS

### TAXPAYER

Home Phone # (     ) \_\_\_\_\_  
Work Phone # (     ) \_\_\_\_\_ Ext \_\_\_\_\_  
Fax Phone # (     ) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mobile Phone # (     ) \_\_\_\_\_  
Pager/beeper # (     ) \_\_\_\_\_

### SPOUSE

(     ) \_\_\_\_\_  
(     ) \_\_\_\_\_ Ext \_\_\_\_\_  
(     ) \_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_  
(     ) \_\_\_\_\_

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: \_\_\_\_\_  
to: \_\_\_\_\_

### Mailing address

Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone # (     ) \_\_\_\_\_

Please add any notes/comments that would assist our office:

# Kaminski & Co.



# QUESTIONNAIRE Part I

If submitting data for the first time, have you provided us with copies of the previous year's returns? . . . . . YES ☐ NO ☐

If submitting data for the first time, or if you are placing previously depreciated items back into service, have you enclosed copies of the previous depreciation schedules? . . . . . YES ☐ NO ☐  
If you do not have the schedules, a contact who can provide them. \_\_\_\_\_

Did you enclose all copies of federal and state notices you received? . . . . . YES ☐ NO ☐

Would you like to be advised if your return qualifies for electronic filing? . . . . . YES ☐ NO ☐

Have you made any gifts in excess of \$10,000 per donee? . . . . . YES ☐ NO ☐

Do you have a Keogh plan? . . . . . YES ☐ NO ☐  
If so, did total assets exceed \$100,000 at year end? . . . . . YES ☐ NO ☐

If you claim dependents under age 65:  
Did they have total income of \$650 or more? . . . . . YES ☐ NO ☐  
Did they have any unearned income? . . . . . YES ☐ NO ☐

If you claim dependents 65 years of age or over:  
Did they have earned income? . . . . . YES ☐ NO ☐  
If yes, how much? \_\_\_\_\_

Did they have unearned income? . . . . . YES ☐ NO ☐  
If yes, how much? \_\_\_\_\_

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When was your will or estate plan last revised? . . . . . TAXPAYER SM SPOUSE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## DEPENDENTS

	<u>Last name, first name, middle initial</u>	<u>Date of birth</u>	<u>Social Security #</u>
1.	_____	____ / ____ / ____	_____ - ____ - ____
2.	_____	____ / ____ / ____	_____ - ____ - ____
3.	_____	____ / ____ / ____	_____ - ____ - ____
4.	_____	____ / ____ / ____	_____ - ____ - ____
5.	_____	____ / ____ / ____	_____ - ____ - ____
6.	_____	____ / ____ / ____	_____ - ____ - ____

	<u>Relationship</u>	<u>Months lived in your home</u>	<u>Gross income</u>	<u>% of total support provided if less than 100%</u>	<u>Code(s)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

### CODES

- A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.
- B Dependent filed a joint return for the year (please supply details).
- C You provided more than half the person's total support for the year.
- D Child did not live with you due to divorce or separation.

Date of agreement \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

☐ Form enclosed

☐ Needs to be prepared

Other parent:

Name \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_

- F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.
- G Death of dependent. Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- H Taxpayer is not custodial parent.
- I No Social Security number. Provide Form SS-5 to apply for one.
- J Non-dependent - Earned Income Credit only.
- K Child of qualifying widower.

# ESTIMATED TAX PAYMENTS

## Federal

Fill in only if separate  
allocations are required

Date paid

Joint

Taxpayer

Spouse

Overpayment applied from  
prior year's return . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

1st quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

2nd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

3rd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

4th quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

## State #1

Name of state \_\_\_\_\_

Date paid

Joint

Taxpayer

Spouse

Overpayment applied from  
prior year's return . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

1st quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

2nd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

3rd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

4th quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

## State #2

Name of state \_\_\_\_\_

Date paid

Joint

Taxpayer

Spouse

Overpayment applied from  
prior year's return . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

1st quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

2nd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

3rd quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

4th quarter . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

# ESTIMATED TAX PAYMENTS

Local #1

Name of locality \_\_\_\_\_

Date paid

Joint

Taxpayer

Spouse

Overpayment applied from prior year's return . . . . .	____ / ____ / ____	_____	_____	_____
1st quarter . . . . .	____ / ____ / ____	_____	_____	_____
2nd quarter . . . . .	____ / ____ / ____	_____	_____	_____
3rd quarter . . . . .	____ / ____ / ____	_____	_____	_____
4th quarter . . . . .	____ / ____ / ____	_____	_____	_____

Local #2

Name of locality \_\_\_\_\_

Date paid

Joint

Taxpayer

Spouse

Overpayment applied from prior year's return . . . . .	____ / ____ / ____	_____	_____	_____
1st quarter . . . . .	____ / ____ / ____	_____	_____	_____
2nd quarter . . . . .	____ / ____ / ____	_____	_____	_____
3rd quarter . . . . .	____ / ____ / ____	_____	_____	_____
4th quarter . . . . .	____ / ____ / ____	_____	_____	_____

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