

**2019 CLIENT ORGANIZER**

**TAXPAYER INFORMATION**

**SPOUSE INFORMATION**

FIRST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

LEGALLY BLIND? YES NO

LEGALLY BLIND? YES NO

DEPENDANT OF OTHER? YES NO

DEPENDANT OF OTHER? YES NO

MEMBER OF ARMED FORCES? YES NO

MEMBER OF ARMED FORCES? YES NO

**FILING STATUS (CHOOSE ONE)**

**PHYSICAL ADDRESS**

SINGLE \_\_\_\_\_

STREET & APT NO. \_\_\_\_\_

MARRIED FILING JOINTLY \_\_\_\_\_

CITY \_\_\_\_\_

MARRIED FILING SINGLE \_\_\_\_\_

STATE, ZIP \_\_\_\_\_

HEAD OF HOUSEHOLD \_\_\_\_\_

COUNTRY \_\_\_\_\_

QUALIFYING WIDOWER \_\_\_\_\_

SCHOOL CODE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**DEPENDANTS INFORMATION**

FIRST, MIDDLE, LAST	DOB	SSN	RELATIONSHIP

**STATE & OTHER**

Are you requesting any state returns other than Oklahoma? Yes No  
 If yes, what state? \_\_\_\_\_

**ESTIMATED TAX PAYMENTS**

	FEDERAL		STATE	
	AMOUNT	DATE	AMOUNT	DATE
1 <sup>ST</sup> QUARTER	\$		\$	
2 <sup>ND</sup> QUARTER	\$		\$	
3 <sup>RD</sup> QUARTER	\$		\$	
4 <sup>TH</sup> QUARTER	\$		\$	

**TYPE OF INCOME**

**INCOME INFORMATION**

**YES NO**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1  | Did you have any foreign income or pay any foreign taxes during the year directly or indirectly, such as from investment accounts, partnerships or a foreign employer?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Did you receive any W-2 this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Did you receive any Taxable Interest or Dividend Income this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Did you receive any Non-Taxable Interest or Dividend Income this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Did you receive any K-1 Income this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Did you receive any Taxable refunds, credits, or offsets? <small>Including last year state return.</small>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Did you receive any Business Income?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Did you receive any income from property sold prior to this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Did you receive any unemployment benefits this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Did you receive any disability income benefits this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Did you receive any tip income not reported to your employer this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Did any of your life insurance policies mature, or surrender any policies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Receive any awards, prizes, hobby income, gambling, or lottery winnings?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Do you expect a large fluctuation in income, deductions, or withholdings for next tax year?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If Yes, Please Explain: _____   |                          |                          |
| 15 | Did you have any sales or other exchanges of virtual currencies, or used Virtual currencies to pay for goods or services, or you are holding currencies as an investment? | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If Yes, Please Explain: _____   |                          |                          |

**PERSONAL INFORMATION**

**YES NO**

- 1 Did your marital status change during the tax year 2019?  
If Yes, Please Explain: \_\_\_\_\_
- 2 Did your address change from last year?
- 3 Can you be claimed as a dependent by another taxpayer?
- 4 Did you or the bank change any routing our account numbers used in the previous year’s direct deposit of refunds or payments?
- 5 Did you receive an Identity Protection PIN (IP PIN) or have you been a victim of identity theft? If yes, please attached the IRS letter.
- 6 Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster area includes victims of hurricanes, tropical Storms, floods, as well as wildfires.
- 7 Do you have prior year tax liabilities due to the IRS or any state entity?  
If Yes, Please Explain: \_\_\_\_\_

**DEPENDANT INFORMATION**

**YES NO**

- 1 Were there any changes in dependents from the prior year?  
If Yes, Please Explain: \_\_\_\_\_
- 2 Do you have any children under the age of 19 or a full-time student under the age of 24 with unearned income in excess of \$2,100?
- 3 Do you have dependents who must file a tax return?
- 4 Did you provide over half the support for any other person(s) other than your dependent children during the year?  
If Yes, Please Explain: \_\_\_\_\_
- 5 Did you pay for childcare while you worked, looked for work, or while a full time student?
- 6 Did you pay any expenses related to the adoption of a child during the year?
- 7 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?  
If Yes, does our office have this agreement on file?
- 8 Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, please attached the IRS letter.

**PURCHASES, SALES, AND DEBT INFORMATION**

**YES NO**

*During this tax year only*

- 1 Did you start a new business or purchase rental property?
- 2 Did you sell, exchange, or purchase any assets used in your trade or business?
- 3 Did you acquire a new/or additional interest in a partnership or Corporation?
- 4 Did you sell, exchange, or purchase any real estate?
- 5 Did you sell or purchase a principle resident?
- 6 Did you take out a home equity loan?
- 7 Did you foreclose or abandon a principal residence or real property?
- 8 Did you acquire or dispose of any stock?
- 9 Did you refinance a principal residence or second home?
- 10 Did you sell an existing business, rental, or other property?
- 11 Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- 12 Did you have any debts cancelled or forgiven such as home mortgage, student loans, or credit card debt?
- 13 Did you purchase a qualified plug-in electric drive vehicle?


**RETIREMENT INFORMATION**

**YES NO**

- 1 Are you an active participant in a pension or retirement plan?
- 2 Did you receive any Social Security benefits during the year?
- 3 Did you make any withdrawals from an IRA, Roth, myRA, Koegh, SIMPLE, SEP, 401(k) plan?
- 5 If yes, were any withdrawals due to a Federally declared disaster?
- 6 Did you receive any lump-sum payments from a pension, profit sharing, or 401(k) plan?
- 7 Did you make any contributions to an IRA, Roth, myRA, Koegh, SIMPLE, SEP, 401(k), or other qualified retirement plan?


**EDUCATION INFORMATION**

**YES NO**

- 1 Did you, your spouse, or your dependents attend a post-secondary school during the year or plan to attend one this coming year? 

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- 2 Did you have any educational expenses during the year on behalf of yourself, Your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts qualified tuition and related expenses. 

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- 3 Did anyone in your family receive a scholarship of any kind during the year? 

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- 4 If yes, where any of the scholarship funds used for expenses other than tuition such as room and board? 

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- 5 Did you make any withdrawals from an education savings or 529 Plan? 

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- 6 If yes, were any of these withdrawals rolled over into a ABLE account? 

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- 7 Did you make any contributions to an education savings or 529 Plan account? 

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- 8 Did you pay any student loan interest this year? 

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- 9 Did you cash any Series EE or I US Savings bonds issued after 1989? 

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**HEALTHCARE INFORMATION**

**YES NO**

- 1 Did you, your spouse, or your dependents have the following?  
 Employer-Sponsored Coverage 

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 Government-Sponsored Coverage (IE Medicare/Medicaid) 

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 Marketplace Coverage (Affordable Care) 

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 If so, how much was your out-of-pocket expense? \_\_\_\_\_
- 2 Did you make any contributions to a Health Savings Account or Archer MSA? 

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- 3 Did you receive any distributions form a Health Savings Account or Archer MSA, or Medicare Advantage (MSA) this year? 

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- 4 Did you pay long-term care premiums for yourself or your family? 

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 If so, how much? \_\_\_\_\_
- 5 Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any form(s) 5498-QA you received. 

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- 6 Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any form(s) 1099-QA you received. 

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- 7 If you are a business owner, did you pay health insurance premiums for your employees this year? 

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- 8 Did you receive any Health Coverage Tax Credit (HCTC) advance payments? 

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 If yes, attach any Form(s) 1099-H you received.

**ITEMIZED DEDUCTION INFORMATION**

**YES NO**

- |    |   | YES | NO |
|----|---|-----|----|
| 1  | Did you incur a casualty or theft loss of any condemnation awards?  |     |    |
| 2  | If yes, did the loss occur in a Federally declared disaster area?   |     |    |
| 3  | Did you pay out-of-pocket medical expenses for the following?   |     |    |
|    | Co-Pays at Doctor, Dentist, Etc.  |     |    |
|    | Co-Pays at Hospitals, ER Clinics, Etc.  |     |    |
|    | Prescriptions   |     |    |
|    | Eyeglasses & Contact Lenses   |     |    |
|    | Medical Equipment & Supplies  |     |    |
|    | Lab & X-Ray Fees  |     |    |
|    | Gym Memberships   |     |    |
|    | Medical Transportation (Mileage)  |     |    |
|    | Medical Transportation (Ambulance/Shuttle Fees)   |     |    |
|    | Lodging for Medical Purpose   |     |    |
|    | <i>If yes, please provide a total amount along with documentation.</i>  |     |    |
| 4  | Did you make any cash or noncash charitable contributions?  |     |    |
|    | If yes, please provide evidence such as a receipt from the done organization, a canceled check, or record of payment to substantial all contributions made. |     |    |
| 5  | Did you have any mileage for charity in which you were not reimbursed?  |     |    |
|    | If yes, please provide evidence such as a mileage log.  |     |    |
| 6  | Did you donate a vehicle or boat during the year?   |     |    |
|    | If yes, attach form 1098-c or other written acknowledgement from the donee  |     |    |
| 7  | Did you pay any real estate tax for your primary home and/or second home?   |     |    |
| 8  | Did you pay any mortgage interest on an existing home loan?   |     |    |
|    | If yes, please attach and form 1098's you received.   |     |    |
| 9  | Did you incur interest expenses associated with any investment accounts?  |     |    |
| 10 | Did you make any major purchases during the year? (Car, boat, etc.)   |     |    |
|    | If yes, please attach a copy of the registration/tag fees.  |     |    |
| 11 | Did you make any out-of-state purchases (by telephone, internet, mail, etc)?  |     |    |
|    | for which the seller did not collect state sales or use tax?  |     |    |
| 12 | Did you renew your registration tags on your vehicles this year?  |     |    |
|    | If yes, please attach a copy of the registration/tag fees.  |     |    |

**MISCELLANEOUS INFORMATION**

**YES NO**

- 1 Did you make any gifts of more than \$15,000 to any individual? 

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- 2 Did you utilize an area of your home for business purposes? 

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- 3 Did you engage in any bartering transactions? 

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- 4 Did you retire or change jobs this year? 

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- 5 Did you incur moving cost because of permanent change of station as a member of the Armed Forces on active duty? 

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- 6 Did you pay any individual as a household employee during the year? 

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- 7 Did you make energy efficient improvements to your main home this year? 

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- 8 Did you receive a distribution from, or where a grantor or transfer of a trust, or have financial interest in or signature authority over a financial account such as a bank, securities, or brokerage account located outside of the United States? 

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- 9 Did you receive correspondence from the State or the IRS?  
If yes, please explain? \_\_\_\_\_ 

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- 10 Do you have previous years of returns that are either unfiled or filed with unpaid balances due? 

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- 11 Do you want to designate \$3 to the Presidential Election Campaign Funds?  
If you check yes, it will not change your tax or reduce your refund. \_\_\_\_\_ 

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**STATE ONLY DEDUCTIONS**

*Documentation may be required.*

- 1 Education Expenses \$ \_\_\_\_\_
- 2 Tax Preparation Fees \$ \_\_\_\_\_
- 3 Safety Deposit Box Rental \$ \_\_\_\_\_
- 4 Gambling Losses (up to winnings) \$ \_\_\_\_\_
- 5 Investment Expenses \$ \_\_\_\_\_
- 6 Union & Professional Dues \$ \_\_\_\_\_
- 7 Uniform & Protective Clothing \$ \_\_\_\_\_
- 8 Job Search Cost \$ \_\_\_\_\_
- 9 Other \$ \_\_\_\_\_

**OUTSTANDING TAX DEBT**

**YES NO**

- 1 Do you currently owe money to the Internal Revenue Service? 

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If yes, please explain? \_\_\_\_\_
- 2 Do you currently owe money to the State of Oklahoma? 

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If yes, please explain? \_\_\_\_\_
- 3 Do you currently owe money to any other state? 

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If yes, please explain? \_\_\_\_\_

**DOCUMENTS NEEDED**

- Engagement Letter
- Client Organizer
- Copies of all Birth Certificate \*
- Copies of all Social Security Card \*
- Copies of Driver’s License \*\*
- If Married, a copy of Marriage License \*
- Voided Check if you wish to have refund direct deposited
- Previous 2 years Tax Returns
- If divorced, and you are legally allowed to claim children that do not live in the home, on your income tax return, a copy of the court order will be required.

\*New Clients Only \*\*Only if expired during current tax year

**THIS INFORMATION IS COMPLETED AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.**

**TAXPAYER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SPOUSE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_