



## Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

### 1. Personal Information

	Name	Soc. Sec. No	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address			City	State	ZIP
Email Address					

Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er), Date of Spouse's Death	Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				

### 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide for your appointment

-Last year's tax return (new clients only)

-Name and address label (from government booklet or card)

-All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

1.	Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did you receive income from raising animals or crops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Did you receive rent from real estate or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you have a foreign bank account, trust, or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Did you give a gift exceeding the annual IRS gift exclusion amount to one or more individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did you have any debts cancelled, forgiven, or refinanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.	Did you go through bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	(a) If you paid rent, how much did you pay? (b) Was heat included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. .	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.	
18.	Did you have any children under the age of 19 or 19 to 23 year old students with unearned income exceeding current IRS thresholds	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Did you purchase a U.S.-manufactured vehicle (electric, hybrid, or gas) that may qualify for federal incentives or credits?	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Mixed

20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ?

☐ Yes☐ No

Please check any that may apply:

☐ Energy / clean energy☐ Domestic manufacturing☐ Business or employer credits

3.Wage, Salary Income

Attach W-2s:

Employer

Taxpayer

Spouse

☐

☐

☐

☐

☐

☐

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☐

☐

☐

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4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer

Amount

Tax Exempt

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non- Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K- 1

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

21. Did you own \$50,000 or more in foreign financial assets?

☐ Yes☐ No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

TaxpayerSpouse

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

\* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

Amount	Date	U for Roth
Taxpayer		<input type="checkbox"/>
Spouse		<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason fo Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Pension, Annuity Incom

Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

Social Security Benefits

Railroad Retirement

Taxpayer

☐ Yes☐ No☐ Yes☐ No

Spouse

☐ Yes☐ No☐ Yes☐ No

Attach SSA 1099, RRB 1099

11. Other Income

List All Other Income (including non-taxable)

Alimony Received	
Child Support	
Scholarship (Grants)	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____ )	
Tips:	
Taxable	<input type="checkbox"/>
Potentially exempt under current federal law	<input type="checkbox"/>
Overtime Wages:	
Taxable	<input type="checkbox"/>
Potentially exempt under current federal law	<input type="checkbox"/>
Director / Executor's Fee	
Commissions	
Jury Duty	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payments from Prior Installment Sale	
State Income Tax Refund	
Other	
Other	

12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	

13. Taxes Paid

Real Property Tax (attach bills)	
Personal Property Tax	
Other	

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	

Also complete this section if you receive dependent care benefits from your employer.

Amount Paid

14. Interest Expense

Mortgage interest paid (attach 1098)	
Interest paid to individual for your home (include amortization schedule)	
Paid to:	
Name	
Address	
Social Security No.	
Investment Interest	
Premiums paid or accrued for qualified mortgage insurance	

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.		
Location of Property		
Description of Property		
	Other	Federally Declared Disaster Losses
Amount of Damage		
Insurance Reimbursement		
Repair Costs		
Federal Grants Received		

16. Charitable Contributions

	Other
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
Non-Cash	
Volunteer mileage (rate subject to IRS annual limits)	

18. Job-Related Moving Expenses

U if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order.

Date of move

Move Household Goods

Lodging During Move

Travel to New Home (no. of miles)

19. Employment Related Expenses That You Paid (Not self-employed)

U if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

Dues - Union, Professional

Books, Subscriptions, Supplies

Licenses

Tools, Equipment, Safety Equipment

Uniforms (include cleaning)

Sales Expense, Gifts

Tuition, Books (work related)

Entertainment

Office in home:

In Squarefeet) Total home

Feet    b) Office

c) Storage

Rent

Insurance

Utilities

Maintenance

20. Investment-Related Expenses State use only

Tax Preparation Fee

Safe Deposit Box Rental

Mutual Fund Fee

Investment Counselor

Other

Do you have any digital currency? (Crypto, Tokens, NFTs)

Please check all that apply:

☐ Bought digital assets

☐ Sold or exchanged digital assets

☐ Received digital assets as payment for services

☐ Used digital assets for business transactions

☐ Held only (no transactions)

24. Estimated Tax Paid

Due Date	Date Paid	Federal	State

21. Business Mileage

Do you have written records? ☐ Yes ☐ No

Did you sell or trade in a car used for business? ☐ Yes ☐ No

If yes, attach a copy of purchase agreement

Make/Year Vehicle

Date purchased

Total miles (personal & business)

Business miles (not to and from work)

From first to second job

Education (one way, work to school)

Job Seeking

Other Business

Round Trip commuting distance

Gas, Oil, Lubrication

Batteries, Tires, etc. ☐ Yes ☐ No

Repairs

Wash ☐ Yes ☐ No

Insurance

Interest

Lease payments

Garage Rent

22. Business Mileage

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc.

Lodging

Meals (no. of days \_\_\_\_\_ )

Taxi, Car Rental

Other

Reimbursement Received

23. Business & Trade Information (Including Construction & Contracting)

Did you purchase, finance, or lease any tools, equipment, or vehicles for your trade during the year? ☐ Yes ☐ No

If yes, please indicate:

☐ Tools & small equipment

☐ Heavy equipment

☐ Work vehicles

25. Other Deductions

Alimony Paid to		
Social Security No.		\$ -
Student Interest Paid		\$ -
Health Savings Account Contributions		\$ -
Archer Medical Savings Acct. Contributions		\$ -

26. Education Expenses

Student's Name	Type of Expense	Amount

27. Questions, Comments, & Other Information

Residence:

Town

Village

City

County

School District

28. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account?  
*(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)*

☐ Yes

☐ No

ACCOUNT 1

Owner of account

Taxpayer

Spouse

Joint

Type of account

Checking

Treasury Direct

Traditional Savings

Archer MSA Savings

Traditional IRA

Coverdell Education Savings

Roth IRA

HSA Savings

SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

ACCOUNT 2

Owner of account

Taxpayer

Spouse

Joint

Type of account

Checking

Treasury Direct

Traditional Savings

Archer MSA Savings

Traditional IRA

Coverdell Education Savings

Roth IRA

HSA Savings

SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

Most taxpayers now benefit from the standard deduction. Itemized deductions, including SALT and charitable contributions, may not apply to every return.

ACCOUNT 3

Owner of account

Taxpayer

Spouse

Joint

Type of account

Checking

Treasury Direct

Traditional Savings

Archer MSA Savings

Traditional IRA

Coverdell Education Savings

Roth IRA

HSA Savings

SEP IRA

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly).

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly).

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

**If self-employed, please attach a log of income and expenses**  
**If this is our first time, please attach last year's return**

**Please email this form and all attachments to**  
**mary@harmonymanagementgroup.com**