



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	Home Phone
Email Address						

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

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
 Potentially exempt under current federal law
Overtime Wages:
 Taxable
 Potentially exempt under current federal law
 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

Alimony Received
Child Support
Scholarship (Grants)
Unemployment Compensation (repaid)
Prizes, Bonuses, Awards
Gambling, Lottery (expenses _____)
Tips:
Taxable
Potentially exempt under current federal law
Overtime Wages:
Taxable
Potentially exempt under current federal law
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)

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

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	Amount Paid

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

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 Squarea) 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

Did you sell or trade in a car used for business?

| | Yes

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. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

| | No

| | No

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

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

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
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Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Treasury Direct	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Education Savings	<input type="checkbox"/> HSA Savings
				<input type="checkbox"/> SEP IRA

Name of financial institution

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Financial Institution Routing Transit Number (if known)

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Your account number

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ACCOUNT 2

Owner of account

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
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Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Treasury Direct	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Education Savings	<input type="checkbox"/> HSA Savings
				<input type="checkbox"/> SEP IRA

Name of financial institution

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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

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
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Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Treasury Direct	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Education Savings	<input type="checkbox"/> HSA Savings
				<input type="checkbox"/> 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	<input type="checkbox"/> 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**