



Hamlin Tax & Accounting Solutions, LLC

Client Tax Organizer

1. PERSONAL INFORMATION

Taxpayer Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Spouse	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Street Address	City	State	ZIP	Home Phone
Email Address	Marital Status			Will file jointly
	<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

TAXPAYER

Blind ☐ Yes ☐ No Disabled ☐ Yes ☐ No Pres. Campaign Fund ☐ Yes ☐ No

SPOUSE

Blind ☐ Yes ☐ No Disabled ☐ Yes ☐ No Pres. Campaign Fund ☐ Yes ☐ 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) ► Social Security Cards (taxpayer, spouse, and dependents) ► All statements (W-2s, 1098s, 1099s, etc)

PLEASE ANSWER THE FOLLOWING QUESTIONS TO DETERMINE MAXIMUM DEDUCTIONS

- Are you self-employed or do you receive hobby income?
☐ Yes ☐ No
- Did you receive income from raising animals or crops?
☐ Yes ☐ No
- Did you receive rent from real estate or other property?
☐ Yes ☐ No
- Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?
☐ Yes ☐ No
- Did you withdraw or write checks from a mutual fund?
☐ Yes ☐ No
- Do you have a foreign bank account, trust, or business?
☐ Yes ☐ No
- Do you provide a home for or help support anyone not listed in Section 2 above?
☐ Yes ☐ No
- Did you receive any correspondence from the IRS or State Department of Taxation?
☐ Yes ☐ No
- Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
☐ Yes ☐ No
- Did you give a gift of more than \$16,000 to one or more people?
☐ Yes ☐ No
- Did you have any debts cancelled, forgiven, or refinanced?
☐ Yes ☐ No
- Did you go through bankruptcy proceedings?
☐ Yes ☐ No
- Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?
☐ Yes ☐ No
- Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?
☐ Yes ☐ No

15. 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.

☐ Yes ☐ No

16. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.

☐ Yes ☐ No

17. Did you have any children under the age of 17 or 19 to 23 year old students with unearned income of more than \$1150?

☐ Yes ☐ No

18. Did you purchase a new alternative technology vehicle or electric vehicle?

☐ Yes ☐ No

19. 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

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

☐ Yes ☐ No

21. 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.

Taxpayer

Spouse

3. WAGE, SALARY INCOME

ATTACH W-2S:

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

7. RENTAL & ROYALTY INCOME AND EXPENSE

Property Type:

☐ Residential ☐ Commercial Location: _____

If Vacation Home:

Number of days rented: _____ Number of days used personally: _____

Property is owned by:

☐ Taxpayer ☐ Spouse ☐ Joint

Percentage ownership of not 100%: _____%

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property? ☐ Yes ☐ No

If yes, what percentage did you occupy as a tenant? _____%

☐ Check if rented to a related party.

Explain relation: _____

INCOME	AMOUNT
1. RENTAL INCOME.	
2. ROYALTIES RECEIVED	
EXPENSES	AMOUNT
1. ADVERTISING	
2. ASSOCIATION DUES	
3. AUTO MILES DRIVEN	
4. TRAVEL	
5. CLEANING AND MAINTENANCE	
6. COMMISSIONS	
7. INSURANCE	
8. LEGAL AND PROFESSIONAL FEES	
9. ALLOCATED TAX PREPARATION FEES	
10. LICENSES AND PERMITS	
11. MANAGEMENT FEES	
12. MORTGAGE INTEREST -- (FORM 1098)	
13. OTHER INTEREST	
14. REPAIRS	
15. SUPPLIES	
16. PROPERTY TAXES	
17. UTILITIES	
OTHER (DESCRIPTION)	
18A.	
18B.	
18C.	
18D.	
18E.	
18F.	
18G.	

Depreciation:

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

8. BUSINESS INCOME & EXPENSES (SOLE PROPRIETORSHIP/LLC)

Principle business or profession:

Business name: _____ Employer ID number: _____

Business address: _____

City: _____ State: _____ Zip Code: _____

Business is owned by: ☐ Taxpayer ☐ SpouseAccounting Method: ☐ Cash ☐ AccrualInventory method: ☐ Cost ☐ Lower cost or market
☐ Other ☐ N/ADid you materially participate in the business? ☐ Yes ☐ No☐ Check if this is the first year of the business.

Income	Amount
1. Gross receipts or sales	
2. Returns and allowances.	
3. Other income.	

Cost of Goods Sold	Amount
1. Beginning of year inventory	
2. Purchases	
3. Cost of items used personally	
4. Cost of labor	
5. Materials and supplies	
6. Other costs	
7. End of year inventory	

Expenses	Amount
1. Advertising	
2. Bad debts (N/A cash benefits)	
3. Commissions and fees	
4. Employee benefits	

Expenses	Amount
5. Health insurance	
6. Other insurance	
7. Mortgage interest	
8. Other interest	
9. Legal and accounting fees	
10. Allocation of tax preparation fees	
11. Office expense	
12. Pension and profit sharing plans	
13. Rent, vehicles	
14. Rent, equipment	
15. Rent, building	
16. Repairs & maintenance, building	
17. Repairs & maintenance, equipment	
18. Repairs & maintenance, vehicles	
19. Supplies	
20. Payroll taxes	
21. Other taxes	
22. Licenses	
23. Travel	
24. Meals and entertainment	
25. Utilities	
26. Wages	
27. Management fees	
28. Consulting expenses	
29. Payroll service	
30. Employee vehicle expense	
31. Employee mileage reimbursement	
32. Client gifts (limited to \$25 each)	
33. Education and seminars	
34. Other: (Description)	
35.	
36.	

Depreciation:

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

9. 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).

10. I.R.A. (INDIVIDUAL RETIREMENT ACCT.)

Contributions for tax year income

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

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	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

12. INVESTMENTS SOLD

STOCKS, BONDS, MUTUAL FUNDS, GOLD, SILVER, PARTNERSHIP INTEREST - ATTACH 1099-B & CONFIRMATION SLIPS

Investment	Date Acquired/Sold	Cost	Sale Price

13. OTHER INCOME

List All Other Income (including non-taxable)	
Alimony Received	
Child Support	
Scholarship (Grants)	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses)	
Unreported Tips	
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	

11. PENSION, ANNUITY INCOME

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:	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA 1099, RRB 109910. INVESTMENTS SOLD

14. 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)	

15. TAXES PAID

Real Property Tax (attach bills)	
Personal Property Tax	
Other	

16. 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 _____

17. 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		

18. 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 (no. of miles)	@ .14

19. 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.

20. JOB-RELATED MOVING EXPENSES

☐ ☒ 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) _____

Office in home:	
In Square Feet	a) Total home
	b) Office
	c) Storage
Rent	
Insurance	
Utilities	
Maintenance	

21. EMPLOYMENT RELATED EXPENSES THAT YOU PAID (NOT SELF-EMPLOYED)

☐ ☒ 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	

22. INVESTMENT-RELATED EXPENSES STATE USE ONLY

Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other	

23. 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.	
Repairs	
Wash	
Insurance	
Interest	
Lease payments	
Garage Rent	

24. BUSINESS TRAVEL

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	

25. ESTIMATED TAX PAID

Due Date	Date Paid	Federal	State

26. OTHER DEDUCTIONS

Alimony Paid to _____

Social Security No. _____ \$ _____

Student Interest Paid \$ _____

Health Savings Account Contributions \$ _____

Archer Medical Savings Acct. Contributions \$ _____

27. EDUCATION EXPENSES

Student's Name	Type of Expense	Amount

28. QUESTIONS, COMMENTS, & OTHER INFORMATION

Residence:

Town _____ Village _____

City _____ County _____

School District _____

29. DIRECT DEPOSIT OF REFUND / OR SAVINGS BOND PURCHASES

Would you like to have your refund(s) directly deposited into your account?

☐ Yes ☐ No

ACCOUNT 1

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account

☐ Checking ☐ Traditional Savings ☐ Traditional IRA

☐ Roth IRA ☐ Treasury Direct ☐ Archer MSA Savings

☐ SEP IRA ☐ HSA Savings

☐ Coverdell Education Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)

Your account number

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 _____