

Referred by: _____

Tax Professional: _____

Client Tax Organizer

For the year January 1 – December 31, 20____.

Taxpayer Last Name:	First Name:	M.I.:	Social Security #:	Date of Birth:
_____	_____	_____	_____	_____

Spouse Last Name:	First Name:	M.I.:	Social Security #:	Date of Birth:
_____	_____	_____	_____	_____

Verification and Signature:

To the best of my knowledge the enclosed information is true and correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax return for which I have adequate records to prove such if needed by a Taxing Authority such as the IRS and any State Revenue Agency.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

ID Information:

Taxpayer:

Spouse:

Driver's License/State I.D. #: _____

Issuing State: _____

Issue Date: _____

Expiration Date: _____

Taxpayer Initials _____

Spouse Initials _____

1. Personal Information

Taxpayer Last Name: _____ First Name: _____ M.I.: _____ Social Security #: _____ Date of Birth: _____

Spouse Last Name: _____ First Name: _____ M.I.: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Add to mailing list ___ Yes ___ No

Taxpayer:

Blind _____ Yes ___ No
 Disabled _____ Yes ___ No

Spouse:

Blind _____ Yes ___ No
 Disabled _____ Yes ___ No

Marital Status

Married will file jointly: ___ Yes ___ No
 Single: _____
 Widow(er), Spouse Date of Death: _____

Please answer the following questions to determine maximum deductions:

- | | | | |
|--|---|---|--|
| <p>1. Are you self-employed or do you receive hobby income?</p> <p>2. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?</p> <p>3. Did you receive income from raising animals or crops?</p> <p>4. Did you give a gift of more than \$15,000 to one or more people?</p> <p>5. Did you receive rent from real estate or other property?</p> <p>6. Did you have any debts cancelled, forgiven, or refinanced?</p> <p>7. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?</p> <p>8. Did you go through bankruptcy proceedings?</p> | <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> | <p>9. Did you withdraw or write checks from a mutual fund?</p> <p>10. Did you pay rent or mortgage?</p> <p style="padding-left: 20px;">a. If so, are you Head of Household?</p> <p>11. Do you have a foreign bank account, trust, or business?</p> <p>12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?</p> <p>13. Do you provide a home for or help support anyone not listed in Section 2 above?</p> <p>14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?</p> <p>15. Did you receive any correspondence from the IRS or State Department of Taxation?</p> | <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> |
|--|---|---|--|

Taxpayer Initials _____

Spouse Initials _____

16. Did you have any children under the age of 19 or 19 to 23-year-old students with unearned income of more than \$950? Y N

17. Did you purchase a new alternative technology vehicle or electric vehicle? Y N

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

19. Did you install any energy property to your residence such as solar water heaters, generators, etc... or make improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? Y N

20. Did you withdraw and/or borrow from your Retirement Account? Y N

2. Dependents (Children & Others) (Please Provide Social Security Cards or SSA printouts)

Exact Name on Soc. Sec. Card	Relationship	D.O.B.	Social Security #	Months Lived With You	Disabled	Full-Time Student	Gross Income If Any

3. Estimated Taxes Paid (not taxes withheld from earnings)

	Date Paid	Federal	State
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

Refund Options (Please Check One):

- Refund Advance (1-48 hours)
- Refund Transfer Check (7-21 days Check printed at Tax Office after fees withheld)
- Refund Transfer Direct Deposit (7-21 days Refund Deposited into bank acct. after fees are withheld)
- Prepaid Debit Card (7-21 days Refund Deposited onto a Prepaid Visa/Master Card provided by us)
- Check Mailed or Direct Deposited by IRS (7-21 days **fees must be paid upfront**)

If any form of direct deposit is chosen, please complete the following

Taxpayer Initials _____

Spouse Initials _____

4. Refund Direct Deposit

Bank Name	
Banking Routing Number (9-Digit Number)	_____
Account Number	
Account Type (Circle One)	Checking or Savings

Please enter whole numbers only (no cents.)

5. Interest Income (Please provide 1099-INTs & brokerage statements.)

Payer	T/S/J	Bank or Credit Union	U.S. Bonds/T – Bills	Federal Tax Withheld	Municipal or Tax-Exempt

6. Dividend Income from Mutual Funds and Stocks (Please provide 1099-DIVs for each item listed below.)

Payer	T/S/J	Total ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Capital Gain Distribution (Box 2a)	Federal Tax Withheld

7. Other Income (Please list all other income.)

Payer/Source	Taxpayer	Spouse	Federal Tax Withheld
Alimony Received			
Prizes, Bonuses, Awards			
Jury Duty			
Worker’s Compensation			
Social Security Benefits (Taxable Income)			
Medicare Premiums Withheld			
Unemployment Compensation Received			
Unemployment Compensation Repaid			
Gambling, Lottery			
Other Income			

8. Medical/Dental Expenses

Taxpayer Initials _____

Spouse Initials _____

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income, and then only the amount that exceeds a 7.5% floor is deductible.

Example: Your AGI is \$40,000 for the year; your medical expenses must exceed \$3,000.

	Amount		Amount
Acupuncture, Chiropractic		Lodging for Away-From-Home Medical Purposes	
Ambulance, Paramedics		Long-Term Care Insurance – Taxpayer	
Auto Travel for Medical Purposes	_____miles	Long-Term Care Insurance – Spouse	
Braces		Medical Equipment, Supplies	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Medical Insurance Premiums (paid by you)	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Doctors, Dentists (discretionary cosmetic surgery is not deductible)	
Handicapped Modification to Home		Nursing Homes, Nursing Care	
Handicapped Placard		Parking Fees for Medical Purposes	
Hearing Aid, Batteries		Prescription Drugs	
Insulin		Psychotherapy, Psychological Counseling	
Lab Fees & X-Rays		Insurance Reimbursement	
Hospital		Other:	

9. Home Mortgage Interest

IF YOU HAVE PURCHASED, SOLD OR REFINANCED YOUR HOME THIS YEAR, IF POSSIBLE PLEASE PROVIDE YOUR ESCROW PAPERS.

Paid to Lenders / Lien Holders	Amount Paid
Mortgage Company:	
Mortgage Company:	
Mortgage Company:	
Home Equity Loan:	
Name: _____	
Social Security #: _____	
Address: _____	

10. Taxes Paid

Taxpayer Initials _____

Spouse Initials _____

Type of Taxes	Amount
Real Estate Taxes	
Auto License Fees (vehicle license fee portion only)	
Property taxes on investment property	
Personal property tax – boat, etc.	
State Income Tax (We calculate)	
Other Taxes:	

.11. Alimony Paid(Do not include amount paid for child support. Child support is not deductible.)

Name	Social Security Number	Amount Paid

12. Charitable Contributions

Cash Contributions		
Church		
Payroll Deduction		
United Way		
Cancer Society		
Red Cross		
Scouts		
Other (please list):		
Volunteer (no. of miles)		
Non-Cash Charitable Contributions		
Description of Property Donated	Donee Name	Fair Market Value

13. Miscellaneous Itemized Deductions

	Taxpayer	Spouse
Business Telephone		
Cell Phone		
Credential Renewal & Transcripts		
Education Expense (Course Work)		
Internet/DSL		
Job Seeking Expense		
Professional Dues (CTA, NEA, etc)		
Professional Subscriptions		
Safety Deposit Box		
Safety Equipment		
Tax Return Preparation Fee		
Teaching Aids & Supplies		
Uniforms & Laundry		
Union Dues		
Work Tools		
Other (please list):		

14. Education Expenses – College or Other Continuing Education Expenses (Provide 1098-T or other supporting documentation)

Student's Name	Type of Expense	Year of School	Amount

15. Child & Dependent Care Expenses (Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13 or a dependent who is physically or mentally incapable of self-care.)

Provider Name	Address City, State, Zip	Phone #	Provider SSN or EIN	Amount Paid	Child's Name

*If childcare is for more than one child or dependent, please indicate how much was paid for **each** child or dependent.

Taxpayer Initials _____

Spouse Initials _____

16. Student Loan Interest Paid(Please provide 1098-E or other supporting documentation)

Taxpayer:

Spouse:

Dependent(s):

\$ _____

\$ _____

\$ _____

Taxpayer's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Select how you would like to receive your copy of your tax return:

Emailed

Upload to Your Portal

Paper Copy

Sign and date here to confirm receipt of your tax return documents:

(the signature below is to be completed once tax return preparation is completed and tax return documents received)

Signature: _____

Date: _____

Taxpayer Initials _____

Spouse Initials _____