

# Client Tax Organizer

Please complete this Organizer before your appointment.

## 1. Personal Information

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

<p style="text-align: center;"><u>Taxpayer</u></p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><u>Spouse</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><u>Marital Status</u></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er), Date of Spouse's Death _____</p>
Will file jointly <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

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, 1099s, etc)

Please answer the following questions to determine maximum deductions

- |  |  |
|--|--|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Did you give a gift of more than \$13,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____</p> <p style="padding-left: 20px;">(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>16. Did you have any children under age 24 with unearned income of more than \$1,900? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

\* Contact us for further instructions



**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 \_\_\_\_\_ ) \_\_\_\_\_  
 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_  
 Amount of Damage \_\_\_\_\_  
 Insurance Reimbursement \_\_\_\_\_  
 Repair Costs \_\_\_\_\_  
 Federal Grants Received \_\_\_\_\_

**16. Charitable Contributions**

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 \_\_\_\_\_

**17. Job-Related Moving Expenses**

Date of move \_\_\_\_\_  
 Move Household Goods \_\_\_\_\_  
 Travel to New Home (no. of miles) \_\_\_\_\_  
 Lodging During Move \_\_\_\_\_

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

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 Square a) Total home \_\_\_\_\_  
 Feet b) Office \_\_\_\_\_  
 c) Storage \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Maintenance \_\_\_\_\_

**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. 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 \_\_\_\_\_

**21. 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 \_\_\_\_\_

**22. Investment-Related Expenses**

Tax Preparation Fee \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Mutual Fund Fee \_\_\_\_\_

Investment Counselor \_\_\_\_\_

Other \_\_\_\_\_

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_

Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_

Student Interest Paid \$ \_\_\_\_\_

Health Savings Account Contributions \$ \_\_\_\_\_

Archer Medical Savings Acct. Contributions \$ \_\_\_\_\_

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**26. Questions, Comments, & Other Information**

Residence:

Town \_\_\_\_\_ County \_\_\_\_\_

Village \_\_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_

**27. Direct Deposit of Refund**

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  Traditional Savings  Traditional IRA  Roth IRA  
 Archer MSA Savings  Coverdell Education Savings  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  Traditional Savings  Traditional IRA  Roth IRA  
 Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

**ACCOUNT 3**

Owner of account  Taxpayer  Spouse  Joint

Type of account  Checking  Traditional Savings  Traditional IRA  Roth IRA  
 Archer MSA Savings  Coverdell Education Savings  HSA Savings  SEP IRA

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