

PERSONAL INFORMATION

Taxpayer Name:		Spouse Name:	
Taxpayer Social Security #:	Birth Date:	Spouse Social Security #:	Birth Date:
Current Address:		City:	State: ZIP:
Email:	Home Phone:	Work/Cell Phone:	
Taxpayer Filing Status:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <small>Spouse info must be filled out above.</small>	<input type="checkbox"/> MARRIED FILING SEPARATE <small>Spouse info must be filled out above.</small>	<input type="checkbox"/> HEAD OF HOUSEHOLD <small>Can NOT be married. Other restrictions apply to this status.</small>
How Did You Hear About Us? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Returning Client <input type="checkbox"/> Internet </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Referred by Friend <input type="checkbox"/> Other: _____ </div>			

DEPENDENTS

RETURNING Clients: Only need to ADD or UPDATE their Dependent Situation from prior year.
NEW Clients: MUST completely fill out using the exact information listed on Social Security Card.

First Name:	Last Name:	Social Security #:	Date of Birth:	# of Months In Home:	Relationship: <small>(Son, Daughter, Niece/Nephew, Grandchild, Parent, Grandparent, Other)</small>

SPECIAL INFORMATION

You MUST answer ALL questions below:					
If you RECEIVED a Federal Tax Refund in the prior year, indicate the amount:	\$	Did you receive or pay Alimony in prior year?			
If you RECEIVED a State Tax Refund in prior year, indicate the amount (1099-G):	\$	Did you make contributions to a Traditional IRA in prior year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If you PAID the IRS in the prior year for any reason, indicate the amount:	\$	Did you have any Student Loan Interest paid in prior year (1098-E)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you receive Social Security payments in prior year (SSA-1099)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have any Moving Expenses paid in prior year? ACTIVE MILITARY ONLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you receive Unemployment payments in prior year (1099-G)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have a Health Saving Account HSA in prior year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you receive Interest and/or Dividend statements prior year (1099INT / 1099DIV)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If this is your first time with us, did you provide us a copy of your Prior Year Tax Return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you have any Stock sales/trades in prior year (must have brokerage statements)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you purchased a home between 4/8/08 to 12/31/08, did you receive \$7,500 tax credit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you have any Gambling Winnings in prior year (W-2G)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you buy energy-saving improvements for your principle residence in prior year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you have any income from Partnerships, Trusts (K-1)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you had any Adoption Expenses in prior year, indicate the amount: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did you withdraw any money from your IRA, 401K, or pension plans (1099-R)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been denied the earned income credit by the IRS in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		Have you sold or gifted real estate this past year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

MEDICAL EXPENSES

To be deducted, medical expenses **MUST** exceed 7 1/2% of your adjusted gross income, and then, only the amount **ABOVE** the 7 1/2% floor is the deductible portion. Health Insurance premiums deducted directly from your paycheck are typically pre-tax and therefore are **NOT** deductible.

Hospital, Medical & Dental Insurance Premiums paid (only post-tax premiums are deductible):	\$
Prescription Drugs (over-the-counter medicine NOT deductible)	\$
Doctor, Dentist, Hospital, Ambulance, Lab, X-ray, Physical Therapy and Chiropractic fees paid:	\$
Eye Exams, Glasses, Contact Lenses, Hearing Aids fees paid:	\$
Medicare Insurance Premiums paid: (NOT payroll tax)	\$

Long Term Care Insurance Premiums Paid:	Taxpayer:	\$
	Spouse:	\$
Taxi, Bus, Train, Air, Lodging, Parking, and Other Travel Expenses for Medical Purposes:		\$
Auto Miles for Medical Purposes		miles
Handicapped Placard, Handicapped Modification to Home, Special Schooling for Handicapped, Medical Supplies/Equipment/Rentals:		\$

HOME MORTGAGE INTEREST

How many 1098 Mortgage Interest statements did you bring?	
If you did NOT bring a 1098 Mort Interest form, what was the total Mort Interest paid?	\$
If you paid Mort. Interest to an individual, you must include the persons name, address and social security number below:	
Payee Name:	Payee SS#:
Payee Address:	

TAXES YOU PAID

Amount of Real Estate/Property taxes paid:	\$
Amount of Personal Property tax paid: (car license fee, boat, RV)	\$
Amount of Sales Tax paid: (receipted—leave blank for standard amount)	\$
	\$
Amount paid for State Tax due for prior year (do not include penalties & interest):	\$

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS: All cash charitable contributions **MUST** be documented with bank records or written verification from the charity.

Name of Charity:	\$
Name of Charity:	\$
Name of Charity:	\$

NON-CASH CONTRIBUTIONS: Household and clothing items **MUST** be itemized if total is over \$500 and written receipt from charity.

Name of Charity:	\$
Name of Charity:	\$
Name of Charity:	\$

Miles traveled for Charitable Purposes: _____ miles

MISCELLANEOUS DEDUCTIONS

Amount of Gambling Losses: (limited to gambling winnings)	\$
Amount of Jobseeking Expenses: (NOT DEDUCTIBLE)	\$ N/A
Amount of Union Dues / Professional Dues Paid: (NOT DEDUCTIBLE)	\$ N/A
Safe Deposit Box fees Paid: (NOT DEDUCTIBLE)	\$ N/A
Tools, Supplies, Equipment Paid: (Unreimbursed by your Employer) (NOT DEDUCTIBLE)	\$ N/A
Uniforms Purchased or Cleaned: (Unreimbursed by your Employer) (NOT DEDUCTIBLE)	\$ N/A
Misc Unreimbursed Employee Expenses: (NOT DEDUCTIBLE)	\$ N/A
Tax Preparation Fees: (NOT DEDUCTIBLE)	\$ N/A
Investment Related Expenses Paid: (NOT DEDUCTIBLE)	\$ N/A

CASUALTY LOSSES

Check this box if loss was in a Presidentially declared disaster area.

Description of Casualty:	Date of Casualty: / /	
Description of Property Damaged:	Value BEFORE Casualty	Value AFTER Casualty
	\$	\$
	\$	\$

AUTO MILEAGE

Do NOT fill out any of this section if you car is used only for going to and from work or for pleasure.

Do you have written evidence to support these figures: YES NO
 Did your employer reimburse for any expenses: YES NO

Total Miles driven FOR SELF EMPLOYMENT:	Taxpayer: mi	Spouse: mi
Auto #1 Year/Make/Model	mi	mi
Auto #2 Year/Make/Model	mi	mi

CHILD / DEPENDENT CARE EXPENSES

Care MUST enable you to work (or look for work) or allow you to attend school FULL TIME. Care must be for a child under 13 or a person who is physically/mentally incapable of self care.

<input type="checkbox"/> Check here if you have dependent care benefits taken directly out of your paycheck		Provider's SS# or Employer ID# is Mandatory.	Payments Must Be Separated BY CHILD	
Daycare Provider Name:	Daycare Provider Address:		Child 1:	Child 2:
			\$	\$
			\$	\$

EDUCATION EXPENSES

Must be separated by student.

	Taxpayer:	Spouse:	Dependent:	Dependent:
College Tuition/Textbook <small>(MUST be at least a half time student at Qualified College)</small>	\$	\$	\$	\$
Continuing Education <small>(MUST be job related)</small>	\$	\$		
K-12 Tuition / Books & Supplies			\$	\$

MOVING EXPENSES

Military Only

Miles from OLD residence to NEW Job (A):		mi
Miles from OLD residence to OLD Job (B):		mi
Difference from (A) and (B): <small>(Must be 50 miles or more)</small>		mi
Cost of Commercial Movers:	\$	
Cost of Truck / Trailer Rental / Road Tolls:	\$	
Lodging en route (do NOT include meals):	\$	
Other:	\$	
Other:	\$	

OFFICE-IN-HOME EXPENSES

Self-Employed Only

To qualify, an "office-in-home" MUST be used **exclusively** and on a regular basis as your principal place of business or by clients/customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business IF: You use it **exclusively** and **regularly** for the administrative or management activities of your business, AND you have no other fixed location where you conduct these activities.

Total Square Feet of Home:		Sq. ft	
Total Square Feet Used for Office/Storage:		Sq. ft	
Rent	\$	Utilities:	\$
Insurance	\$	Dues:	\$
Home Repairs:	\$	Office Repairs:	\$

ESTIMATED TAX PAYMENTS

MUST provide cancelled checks

	Date Paid	Federal:	State:
Applied From Prior Year's Refund:		\$	\$
First Quarter Payment (April):		\$	\$
Second Quarter Payment (June):		\$	\$
Third Quarter Payment (Sept.):		\$	\$
Fourth Quarter Payment (This Jan):		\$	\$

Small Business or Rental Property Income

- Check here if you are a Sole Proprietor with income and expenses from business activities—Daycare Provider, Real Estate Agent, Direct Sales, Independent Contractor, etc. (Schedule C required).
- Check here if you own Rental Property that produced income (Schedule E required).

QUESTIONS / ISSUES NOT ADDRESSED

If you have tax issues and/or questions NOT addressed in the previous pages of this Organizer, please list below:

TAX REFUND OPTIONS

Please select from the options below as to how you would like to receive your refund:

FEDERAL
REFUND
OPTIONS

Direct Deposit

Mail Check

Name of Your Bank to be deposited to:

Checking

Savings

Your Bank's 9 digit Routing Number:

Your Account Number:

IMPORTANT INFORMATION BELOW (please read):

It is **YOUR** responsibility to maintain, in your records, the documentation necessary to support the data on these forms including but not limited to: auto mileage, travel, entertainment, gambling losses and other expenses claimed here. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

My signature below indicates my acknowledgement and understanding that the information within this Client Information Packet is true, correct and complete.

Taxpayer Signature: _____ Date: _____

Taxpayer Signature: _____ Date: _____