Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information

Name		S	oc. Sec. No.	Date o	f Birth (Occupatio	on Wor	k Phone
Taxpayer			-			- •		
Spouse								
Street Address			City		State	ZIP	P Hom	ne Phone
Email Address								
Taxpayer	Spou	se	Marital S	tatus				
Blind Yes N	o Yes	No	Marı	ried		Will file j	jointly 🗌 Ye	s 🗌 No
Disabled Yes N	o Yes	No	Sing	le				
Pres. Campaign Fund Yes N	o Yes	No	Wido	ow(er), D	ate of Spou	se's Deat	h	
2. Dependents (Children & Oth	ers)							
			Questal	Month	s	5	Describertio	ID
Name (First, Last)	Relationship	Date of Birth	Social Security Number	Lived With You	Dischlad	Full Time Student	Dependent's Gross Income	ID Protection PIN
Please provide for your appointment - Last year's tax return (new clients o	nly)		- All statemer	nts (W-2:	s, 1098s, 10	99s, etc)		
- Name and address label (from gove								
Please answer the following questions to 1. Are you self-employed or do you	determine maximu	m deduct	ons 9. Were the	re anv b	irths. death:	6.		
receive hobby income?	Yes*	No	marriage	s, divorc	es or adopt			. .
2. Did you receive income from raising animals or crops?	Yes*	No	in your in		-			Yes 🔄 I
3. Did you receive rent from real		1	10. Did you gi to one or ı	-		in \$18,000	י 🗌 י	Yes
estate or other property?	Yes*	Νο	11. Did you ha or refinance	•	debts cance	lled, forgi	ven,	Yes
 Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? 	Yes*	No	or refinance 12. Did you go proceedin	o throug	h bankrupto	ÿ		Yes
5. Did you withdraw or write checks from a mutual fund?	Yes	No	13. (a) If you	-	t, how mucl	n did you j	pay?	
 Do you have a foreign bank account, trust, or business? 	Yes	No	(b) Was h					Yes 🗌 I
 Do you provide a home for or help support anyone not listed in Section 2 above? 	Yes	No	14. Did you pa yourself, y during the	our spo	st on a stud use, or your		nt	Yes 🗌 I
 8. Did you receive any correspondence from the IRS or State Department of Taxation? 	Yes	No		r your de	ises for you ependent to gh school?			Yes
	for further instruct	-	-	has a re	erest in an l porting obl nsparency A	igation un	der	Yes 🗍 I

- 17. 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.
- 18. Did you or your spouse receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset?

Yes	Ν

Yes N

Yes

 Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,300?

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	- -	
		Ц

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

lo	20. 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	
lo	windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ?	Yes No
	21. Did you own \$50,000 or more in foreign financial assets?	Yes No
lo	22. Have you or your spouse been a victim of ide an identity theft protection PIN by the IRS? If digit identity protection PIN number.	

Taxpayer		Spouse
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7. 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).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	ax year moome		🖊 for
	Amount	Date	Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	e Reason for Withdrawal		ed?
		Yes	No

9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Reinvested?
		Yes No
* Provide statements f	from employer or insurance	ce

 Provide statements from employer or insural company with information on cost of or contributions to plan.

Did you receive:	Taxpa	ayer	Spous	Spouse	
Social Security Benefits	Yes	No	Yes	No	
Railroad Retirement	Yes	No	Yes	No	

Attach SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Date Acquired/Sold	Cost	Sale Price
/		
/		
/		
/		
	Date Acquired/Sold / / / / / / / / / / / /	Date Acquired/Sold Cost / / / / / / / / / /

11. Other Income

List All Other Income (including non-taxable)

12. Medical/Dental Expenses

Medical Insurance Premiums

(paid by you)

Insulin

Prescription Drugs

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		

.. . .

Glasses, Contacts		itions	
Hearing Aids, Batteries Braces Medical Equipment, Supplies Nursing Care Medical Therapy		Church United Way Scouts	Other
Hospital Doctor/Dental/Orthodontist Mileage (no. of miles):			
13. Taxes Paid		Salvation Army, Goodwill Other	
Real Property Tax (attach bills) Personal Property Tax		Non-Cash	
Other		Volunteer (no. of miles)	@ .14

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.

18. 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)

19. 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 - Uni	on, Professional	
Books, Sul	oscriptions, Supplies	
Licenses		
Tools, Equ	ipment, Safety Equipment	
Uniforms (i	include cleaning)	
Sales Expe	ense, Gifts	
Tuition, Bo	oks (work related)	
Entertainm	lent	
Office in he	ome:	
In Square	a) Total home	
Feet	b) Office	
	c) Storage	
Rent		
Insuranc	e	
Utilities		
Maintena	ance	

20. Investment-Related Expenses State use only

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

21. Business Mileage

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

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

Yes

Yes

22. 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	

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to

Village _

City

Social Security No.	\$
Student Interest Paid	\$
Health Savings Account Contributions	\$
Archer Medical Savings Acct. Contributions	\$

26. Questions, Comments, & Other Information

Residence:		
Town	County	

School District

Yes No

27. 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.)

ACCOUNT 1	
Owner of account	Taxpayer Spouse Joint
Type of account Checking Traditional Savings Treasury Direct Archer MSA Savings	Traditional IRA Roth IRA Coverdell Education Savings HSA Savings
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 Treasury Direct Archer MSA Savings	Traditional IRA Roth IRA Coverdell Education Savings HSA Savings
Name of financial institution	
Financial Institution Routing Transit Number (if known)	
Your account number	

ACCOUNT 3

Owner of account	Тахрау	er Spouse	e 🗌 Joint
Type of account Checking Traditional Saving Treasury Direct Archer MSA Saving	ו Savings	Roth IRA 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