

# Client Tax Organizer

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

## 1. Personal Information

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

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

## 2. Dependents (Children & Others)

| Name<br>(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, 1098s, 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? _____<br/>(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> |
|---|---|



## 10. Investments Sold

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

| Investment | Date Acquired/Sold | Cost | Sale Price |
|------------|--------------------|------|------------|
|            | /                  |      |            |
|            | /                  |      |            |
|            | /                  |      |            |
|            | /                  |      |            |

## 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) \_\_\_\_\_  
 Miles after June 30 \_\_\_\_\_

## 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 \_\_\_\_\_  

|                         | Other | Federally Declared<br>Disaster Losses |
|-------------------------|-------|---------------------------------------|
| Amount of Damage        | _____ | _____                                 |
| Insurance Reimbursement | _____ | _____                                 |
| Repair Costs            | _____ | _____                                 |
| Federal Grants Received | _____ | _____                                 |

## 16. 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 \_\_\_\_\_

## 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

Date of move \_\_\_\_\_  
 Move Household Goods \_\_\_\_\_  
 Lodging During Move \_\_\_\_\_  
 Travel to New Home (no. of miles) \_\_\_\_\_  
 Miles after June 30 \_\_\_\_\_

## 19. 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 \_\_\_\_\_

## 20. Investment-Related Expenses

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

## 21. 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) \_\_\_\_\_

Miles after June 30 \_\_\_\_\_

From first to second job \_\_\_\_\_

Miles after June 30 \_\_\_\_\_

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 \_\_\_\_\_

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

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

Residence:  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Village \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_

**27. Direct Deposit of Refund / or Savings Bond Purchases**

Would you like to have your refund(s) directly deposited into your account?  Yes  No  
*(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  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 \_\_\_\_\_

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). \_\_\_\_\_

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). \_\_\_\_\_

| Owner's name | Co-owner or Beneficiary's name if applicable | X if name is for a beneficiary | Bond purchase Amount |
|--------------|--|--------------------------------|----------------------|
|              |  |                                |                      |
|              |  |                                |                      |
|              |  |                                |                      |

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