Client Tax Organizer

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

1. Personal Information

	Name		Soc. Se	c. No.	Date	of Birth (Occupation	n	Work Pho	one
Taxpayer										
Spouse										
Street Add	Iress			City		State	ZIP		Home Ph	one
Email Add	ress									
Blind Disabled Pres. Cam	Taxpayer Yes N Yes N Yes N Yes N Yes N Yes N	o Yes	No No No	Marital St	ied Ie	Date of Spou	Will file jo use's Death		Yes] No
2. Dep	endents (Children & Oth	ers)								
	Name (First, Last)	Relationship	Date of Birth	Social S Num		Months Lived With You	Disabled	Full Time Student	Depend Gro Inco	ss
- Last y - Name	vide for your appointment vear's tax return (new clients o and address label (from gove wer the following questions to	rnment booklet or car	d)	II statemen	nts (W-2	2s, 1098s, 10	99s, etc)			
1. Are you	self-employed or do you hobby income?	Yes* N	9.	marriage	s, divor	births, deaths ces or adopt		ſ		
	receive income from animals or crops?	Yes* N	^{lo} 10.	in your im Did you gi [,]		t of more that	ın \$13,000	L	Yes	
-	receive rent from real or other property?	Yes* N	lo	to one or r Did you ha		eople? debts cance	lled, forgiv	en, _[_ Yes	
gravel, t	receive income from timber, minerals, oil, gas, hts, patents?	Yes* N	12.	or refinance Did you go proceeding	o throug	gh bankrupto	ÿ	[Yes Yes	
-	withdraw or write from a mutual fund?	Yes N	10	•	•	nt, how much	n did you pa	ay?		
-	have a foreign bank t, trust, or business?	Yes N	lo	(b) Was h				[Yes	No
help su	provide a home for or pport anyone not listed on 2 above?	Yes N	lo	yourself, y during the	our spo year?	est on a stud buse, or your	dependen		Yes	No
-	receive any correspondence e IRS or State Department tion?	Yes		spouse, or	[.] your d	nses for you ependent to igh school?		[Yes	No

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

Yes No

3. Wage, Salary Income

Attach W-2s:



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

18. 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 windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ?

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

Yes No

No

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 t		🛩 for	
	Amount	Date	Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Reason for Frustee Withdrawal		Reinvested?			
		Yes	No		
		Yes Yes	No No		
		Yes	No		

9. Pension, Annuity Income

Attach 1099-R Reason for Payer* Withdrawal		Reinvested?
		Yes No

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

Did you receive:		Taxpayer				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)

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	

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		

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

Other___

Real Property Tax (attach bills) Personal Property Tax

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	Do you have written records?	Yes No
Move Household Goods	Did you sell or trade in a car used	
Lodging During Move	for business?	Yes No
Travel to New Home (no. of miles) Miles after June 30	If yes, attach a copy of purchase agreement	
	Make/Year Vehicle	
10 Employment Poloted Expenses That You P	Date purchased	
19. Employment Related Expenses That You F	Total miles (personal & business)	
(Not self-employed)	Business miles (not to and from work)	
Dura Haine Defensional	Miles after June 30	
Dues - Union, Professional	From first to second job	
Books, Subscriptions, Supplies	Miles after June 30	
Licenses	Education (one way, work to school)	
Tools, Equipment, Safety Equipment	Job Seeking	
Uniforms (include cleaning)	Other Business	
Sales Expense, Gifts		
Tuition, Books (work related)	Round Trip commuting distance	
Entertainment	Gas, Oil, Lubrication	
Office in home:	Batteries, Tires, etc.	
In Square a) Total home	Repairs	
Feet b) Office	Wash	
c) Storage	Insurance	
Rent	Interest	
Insurance	Lease payments	
Utilities	Garage Rent	
Maintenance	•	
	22 Business Travel	

20. Investment-Related Expenses

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

21. Business Mileage

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	
es e	

Yes No

Would you like to have your refund(s) directly deposited into your account?

27. Direct Deposit of Refund / or Savings Bond Purchase

(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 Archer MSA Savings	Traditional Savings Coverdell Education Savings	Traditional IRA HSA Savings	Roth IRA
Name of financial institution				
Financial Institution Routing Tra	ansit Number (if known)			
Your account number	_			
ACCOUNT 2				
Owner of account			Taxpayer Spouse	Joint
Type of account	Checking Archer MSA Savings	Traditional Savings Coverdell Education Savings	Traditional IRA HSA Savings	Roth IRA
Name of financial institution				
Financial Institution Routing Tra	ansit Number (if known)			
Your account number	_			

ACCOUNT 3

Owner of account					Taxpayer	Spouse	e 🗌 Joint
Type of account	Checking Archer MS	A Savings	Traditional Saving Coverdell Education			ional IRA avings	Roth IRA
Name of financial institution							
Financial Institution Routing Tran	nsit Number (if kn	own)					
Your account number							
Would you like to purchase Serie	s I Savings bonds	s with a portion o	of your refund? If so,	please answ	ver the followi	ng:	
Amount used for bond purchases	s for yourself (and	spouse if filing	jointly).				
Amount used to buy bonds for so	omeone else (or y	ourself only or s	oouse only if filing jo	ointly).			
Owner's name			er or Beneficiary's e if applicable		name is for beneficiary	Bond purcha	ise 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