

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

<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	Will file jointly
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	<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"/> Single	
Pres. Campaign Fund <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 (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)
- All statements (W-2s, 1099s, etc)
- ~~Name and address label (from government booklet or card)~~

Please answer the following questions to determine maximum deductions

- | | | | |
|---|---|---|--|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 10. Did you give a gift of more than \$11,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 11. Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 12. (a) If you paid rent, how much did you pay? _____ | |
| 5. Did you withdraw or write checks from a mutual fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have a foreign bank account, trust, or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. 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 |
| 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 | 14. 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 |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

* Contact us for further instructions

3. Wage, Salary Income

Attach W-2s:
Employer

	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

4. Interest Income

Attach 1099-INT & 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

7. Investments Sold

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

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

8. 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).

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

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			<input type="checkbox"/>
Spouse			<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?	
		<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"/> Yes	<input type="checkbox"/> No

10. Pension, Annuity Income

Attach 1099-R Payer*

Payer*	Reason for Withdrawal	Reinvested?	
		<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"/> Yes	<input type="checkbox"/> No

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

Did you receive:

	<u>Taxpayer</u>	<u>Spouse</u>
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA 1099, RRB 1099

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

Sales Tax _____
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 _____

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¢ _____ \$0.00

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 _____ \$ _____

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

To the best of my knowledge the enclosed information 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.

 _____ Date _____
 _____ Date _____