

CLIENT TAX ORGANIZER

Please complete this organizer before your appointment

Personal Information

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

<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>		Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			
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 _____			
Filing Status	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately	<input type="checkbox"/> Qualifying Widower		

Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	School Name	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

Are you self-employed or do you receive hobby income?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Did you go through bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive rent from real estate or other property?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	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
Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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
Do you have a foreign bank account, trust, or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$950?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in a health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any correspondence from the IRS or State Department of Taxation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health insurance provider _____	
Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you and your dependents have health insurance during the entire tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you give a gift of more than \$13,000 to one or more people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or your spouse have federal/state taxes or student loans in delinquent status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any debts canceled, forgiven, or refinanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your spouse been audited by the Internal Revenue Service or State Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have you been a victim of tax-related identity theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Contributions for tax year income

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

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

Pension, Annuity Income

Attach 1099-R 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:	Taxpayer		Spouse	
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

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 _____	_____

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).

Investments Sold

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

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

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.

Estimated Tax Paid

Due Date	Date Paid	Federal	State

Other Deductions

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

Education Expenses

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions, Comments, & Other Information

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

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

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

