

Today's Date:



# 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				Cellphone Provider:		

**Taxpayer**      **Spouse**      **Marital Status**  
 Blind       Yes     No       Yes     No       Married      Will file jointly     Yes     No  
 Disabled     Yes     No       Yes     No       Single  
 Pres. Campaign Fund     Yes     No       Yes     No       Widow(er), Date of Spouse's Death \_\_\_\_\_  
 Filing Status     Head of Household     Single     Married Filing Jointly     Married Filing Separately     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

\* Contact us for further instructions

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

Contributions for tax year income			
	Amount	Date	✓ 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

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

### 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.

	Taxpayer	Spouse
Did you receive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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



**ACCOUNT 3**

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 \_\_\_\_\_

**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