

# 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					

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

## 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)
- 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? _____</p> <p style="padding-left: 20px;">(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 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 \_\_\_\_\_ \$0.00

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

