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	Rirth (Occupation	, ,	Work Pho	ne
Taxpayer		300. 36	C. NO.	Date of	Dirui (occupation	<u>'</u>	Work Pric	one
. ,									
Spouse						I			
Street Address			City		State	ZIP	'	Home Pho	one
Email Address		1							
Blind Yes N Disabled Yes N Pres. Campaign Fund Yes N	o Yes	No No No	Marital Si Marr Sing Widd	ied le	ate of Spou	Will file jo se's Death		Yes] No
2. Dependents (Children & Oth	ers)								
Name (First, Last)	Relationship	Date of Social Security Number		Months Lived With You	Disabled	Full Time Student	ime Gross		
Please provide for your appointment									
 Last year's tax return (new clients o Name and address label (from gove 			l statemer	ıts (W-2s	, 1098s, 109	99s, etc)			
Please answer the following questions to	determine maximum	deductions							
Are you self-employed or do you receive hobby income? Did you receive income from	Yes* N			s, divorce	rths, deaths es or adopt family?		[Yes	□ No
raising animals or crops? 3. Did you receive rent from real	Yes* N		Did you gi		of more tha	ın \$ _{15,000}		Yes	☐ No
estate or other property? 4. Did you receive income from	Yes* N		Did you ha		ebts cance	lled, forgiv	en,	Yes	□ No
gravel, timber, minerals, oil, gas, copyrights, patents?	Yes* N		Did you go proceedin		bankruptc	У		Yes	☐ No
5. Did you withdraw or write checks from a mutual fund?	Yes N	lo 13.	(a) If you	paid rent	, how much	did you p	ay?		
6. Do you have a foreign bank account, trust, or business?	Yes N	la.	(b) Was h		ded? st on a stud	ent loan fo	or [Yes	No
7. Do you provide a home for or help support anyone not listed in Section 2 above?		lo _{15.}	yourself, y during the Did you pa	our spou year? ny expens	ise, or your ses for your	dependen rself, your		Yes	☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes		spouse, or classes be		pendent to h school?	attend		Yes	No.

19 or 19 to a unearned in	te any children under the 23 year old students with acome of more than \$2100 chase a new alternative vehicle or electric vehicle.	0?	Yes No	18. Did you install any residence such as generators or fuel improvements suc windows, insulation central air conditi	s solar wat I cells or e ch as exte on, heat pu	ter heaters, nergy efficient rior doors or umps, furnaces,	Yes	No
3. Wage,	Salary Income		Yes No	19. Did you own \$10,0 financial assets?	000 or mor	e in foreign	Yes	☐ No
Attach W-2s:				7. Property S	Sold			
Employer		Taxpa	yer Spouse	Attach 1099-S and	closing sta	atements		
				Property		Date Acquired	Cost &	Imp.
				Personal Residence	ce*			
				Vacation Home				
				Land				
				Other				
				* Provide information and cost of a new (Job-Related Mov	residence			э,
4. Interes	t Income			8. I.R.A. (Indi	U,	etirement Ac	ct.)	
Attach 1099-IN	T, Form 1097-BTC & brok	er statement	s Amount	Contributions for ta	ax year inc	ome		✓ for
				_	Am	ount	Date	Roth
				Taxpayer				_
				Spouse				
Tax Exempt				Amounts withdrawn	n. Attach 1	099-R & 5498		
				Plan Trustee		Reason for Withdrawal	Reinve	sted?
5. Dividen	nd Income						Yes	No
		000 DU/					Yes	No No
	unds & Stocks - Attach 10	Capital	Non-				Yes Yes	No No
Payer	Ordinary	Gains	Taxable					
				9. Pension, A	Annuity Ir	ncome		
				Attach 1099-R Payer*		Reason for Withdrawal	Reinve	sted?
							Yes	No
							Yes	No.
							Yes Yes	No No
	rship, Trust, Estate I			* Provide statemen company with info contributions to p	ormation o			
List payers of p or estate incom	artnership, limited partne ie - Attach K-1	ership, S-corp	ooration, trust,	·	nan.	Taxpayer	Spou	usa.
				Did you receive:	Danasta		\neg	$\overline{}$
				Social Security Railroad Retirer		Yes No	\Box	No No
				Attach SSA 1099, R	RB 1099			

10. Investments Sold

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

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

	I		
11. Other Income	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attach 10	98)	
, , ,	Interest paid to individual for your		
Alimony Received	home (include amortization sche	dule)	
Child Support	Paid to:		
Scholarship (Grants)	Name		
Unemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No.		
Gambling, Lottery (expenses)			
Unreported Tips	Premiums paid or accrued for qua	ılified	
Director / Executor's Fee	mortgage insurance		
Commissions			
Jury Duty	15. Casualty/Theft Loss		
Worker's Compensation			
Disability Income	For property damaged by storm, v	water fire acci	ident or stelen
Veteran's Pension			•
Payments from Prior Installment Sale	Location of Property		
State Income Tax Refund	· · · · · · · · · · · · · · · · · · ·		
Other	Description of Property		
Other			
12. Medical/Dental Expenses	Amount of Damage Insurance Reimbursement	Other	Disaster Losses
Medical Insurance Premiums	Repair Costs		
(paid by you)	Federal Grants Received		
Prescription Drugs			
Insulin	16. Charitable Contributi	one	
Glasses, Contacts	To: Chartable Contribut	0113	
Hearing Aids, Batteries			
Braces		Other	
Medical Equipment, Supplies	Church		
Nursing Care	United Way		
Medical Therapy	Scouts		
Hospital			
Doctor/Dental/Orthodontist	Telethons		
Mileage (no. of miles)	University, Public TV/Radio		
Miles after June 30	Heart, Lung, Cancer, etc.		
	Wildlife Fund		
13. Taxes Paid	Salvation Army, Goodwill Other		
Real Property Tax (attach bills)	Non-Cash		
Personal Property Tax	Volunteer (no. of miles)	@ .14	
Other			

17. Estimated	d Tax Paid			18. Other Deducti	ions	
Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Account Archer Medical Savings	\$ \$ Contributions \$	
19. Education	n Expenses			20. Questions, Co	omments, & Other Informati	on
Student's Name		Expense	Amount			
				Residence: Town Village City		
21. Direct De	posit of Refun	d / or Savings B	Bond Purch	nases		
	w you to deposit yo	directly deposited our federal tax refund vide the following inf	l into up to thr		Yes	
Owner of account Type of account		Checking Archer MSA Savii		Fraditional Savings Coverdell Education Savings	\vdash	Roth
Name of financial in	nstitution					
Financial Institution	n Routing Transit I	Number (if known)				
Your account numb	per					
ACCOUNT 2						
Owner of account					Taxpayer Spouse	
Type of account		Checking Archer MSA Savii		raditional Savings Coverdell Education Savings	\vdash	Roth SEP
Name of financial in	nstitution					
Financial Institution	n Routing Transit I	Number (if known)				
Your account numb	per					

ACCOUNT 3 Joint Taxpayer Spouse Owner of account **Roth IRA** Type of account Checking Traditional Savings **Traditional 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 Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following: Amount used for bond purchases for yourself (and spouse if filing jointly). Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). X if name is for Owner's name Co-owner or Beneficiary's **Bond purchase Amount** name if applicable a beneficiary

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