

# TOMMY DO INCOME TAX & FINANCIAL SERVICES

## TAX ORGANIZER

Phone: 206-783-6200 x5

Tommy@pacifictaxservice.com

### PERSONAL INFORMATION

**TAXPAYER:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Preferred Communication Method:  Phone  Email

**SPOUSE:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Preferred Communication Method:  Phone  Email

**ADDRESS:**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Provide Copy of Driver Licenses or Photo IDs
- Provide Copy of Prior Year's Tax Return
- Check if Change in Address, Phone Numbers, or Email

### DEPENDENT QUESTIONNAIRE

DEPENDENT INFORMATION	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Dependent's first name and middle initial				
Dependent's last name				
Date of Birth				
Social Security Number				
Relationship (e.g. Son, Daughter, Grandchild)				
Total months dependent lived in your home				

### INCOME

**SALARIES & WAGES** *(Provide All W-2 Forms)*

Taxpayer \_\_\_\_\_  
 Spouse \_\_\_\_\_

**INT. & DIV. LIST** *(Provide All 1099-INT & 1099-DIV Forms)*

\_\_\_\_\_  
 \_\_\_\_\_

**SALE OF STOCKS, BONDS, & MUTUAL FUNDS**

*(Provide 1099-B forms, the Name of Stock, Number of Shares Sold, Date Bought, Original Cost, Date Sold, & Proceeds from Sale)*

**ALIMONY RECEIVED** *(If Divorced Before 2019)*

Date of Divorce or Separation Agreement \_\_\_\_\_

**PENSION/ANNUITY/IRA INCOME**

*(Provide All 1099-R Forms)* \_\_\_\_\_  
 \_\_\_\_\_

**SELF EMPLOYED BUSINESS**

*Please complete the Small Business Organizer*

**STATE INCOME TAX REFUND RECEIVED IN 2022**

*(Only if You Itemized Deductions Last Year)* \_\_\_\_\_

**SOCIAL SECURITY/RAILROAD RETIREMENT**

**BENEFITS RECEIVED** *(Forms 1099-SSA Needed)* \_\_\_\_\_

**UNEMPLOYMENT COMPENSATION**

*(Provide 1099-G Forms)* \_\_\_\_\_

**PARTNERSHIP, S CORP, ESTATES, TRUSTS**

*(Provide All K-1 Forms)* \_\_\_\_\_

**RENTAL REAL ESTATE**

*Please complete the Rental Real Estate Organizer*

**TAXABLE SCHOLARSHIP/FELLOWSHIP**

**REAL ESTATE - SALE OR PURCHASE** \_\_\_\_\_

*(Provide All Closing Statements)*

**OTHER INCOME** *(Please Detail)*

\_\_\_\_\_  
 \_\_\_\_\_

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### CREDITS & ADJUSTMENTS TO INCOME

#### HIGHER EDUCATION EXPENSES

Tuition & Required Fees (Need Form 1098-T) \_\_\_\_\_  
Course Required Books, Supplies, & Equipment \_\_\_\_\_

**STUDENT LOAN INTEREST PAID (Form 1098-E)** \_\_\_\_\_

#### CHILD CARE EXPENSES

Name \_\_\_\_\_

Address \_\_\_\_\_

Tax ID # \_\_\_\_\_

#### TEACHER/EDUCATOR SUPPLIES

**HSA CONTRIBUTIONS** (Need 5498-SA and 1099-SA) \_\_\_\_\_

#### IRA CONTRIBUTIONS

Type:  Roth  Traditional  SEP  SIMPLE

**ALIMONY PAID** (If Divorced Before 2019) \_\_\_\_\_

Date of Divorce or Separation Agreement \_\_\_\_\_

Recipient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**SOLAR ENERGY SYSTEMS INSTALLED ON HOUSE** \_\_\_\_\_

**HEALTH INSURANCE MARKETPLACE CREDIT** (Need All 1095-A Forms)

**QUALIFIED ADOPTION EXPENSES** \_\_\_\_\_

### ITEMIZED DEDUCTIONS

#### MEDICAL EXPENSES

Doctors, Dentists, Nurses, Hospitals \_\_\_\_\_

Eyeglasses, Hearing Aids, Other Misc., etc. \_\_\_\_\_

Health Insurance Premiums \_\_\_\_\_

Medicare Parts B, C and D Premiums \_\_\_\_\_

Long Term Care Insurance Premiums \_\_\_\_\_

Prescription Drugs & Insulin \_\_\_\_\_

Medical Miles Driven \_\_\_\_\_

#### MORTGAGE INTEREST PAID

Home Mortgage Interest \_\_\_\_\_

2nd Mortgage Interest \_\_\_\_\_

Vacation Home/2nd Home Interest \_\_\_\_\_

Mortgage Insurance Premiums \_\_\_\_\_

**IMPORTANT NOTE:** If you bought, sold, or refinanced a home, include your closing settlement statements.

#### TAXES

Real Estate Property Taxes \_\_\_\_\_

Personal Property Tax (e.g. RTA Tax) \_\_\_\_\_

Additional State Income Tax Paid \_\_\_\_\_

Sales Tax Paid (Large Purchases, e.g. Boats, Vehicles, Motorhomes, Home Remodel) \_\_\_\_\_

#### CHARITABLE CONTRIBUTIONS

Amount Paid to Churches \_\_\_\_\_

Amount Paid to Charities \_\_\_\_\_

Mileage for Charity Work \_\_\_\_\_

Non-Cash Contributions (Clothing, Furniture, Appliances, Stocks, etc.) \_\_\_\_\_

**IMPORTANT NOTE:** If donation amount is >\$500, please provide a list of name(s) of charity.

### ESTIMATED TAX PAYMENTS

#### FEDERAL ESTIMATED TAX PAYMENTS

#1 April 15, 2022 Installment Paid \_\_\_\_\_

#2 June 15, 2022 Installment Paid \_\_\_\_\_

#3 September 15, 2022 Installment Paid \_\_\_\_\_

#4 January 15, 2023 Installment Paid \_\_\_\_\_

### DIRECT DEPOSIT REFUND

#### REFUND/TAXES OWED DELIVERY METHOD

Mail check  Direct Deposit/Debit Pymt Date \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING \_\_\_\_\_

ACCOUNT \_\_\_\_\_

CHECKING

SAVINGS