

TAX ORGANIZER

Phone: 206-783-6200 x4

Mike@pacifictaxservice.com

PERSONAL INFORMATION

TAXPAYER:

First Name _____ M.I. _____ Last Name _____ Soc. Sec. # _____
 Occupation _____ Birthdate _____ Cell Phone _____ Other Phone _____
 Email Address _____

SPOUSE:

First Name _____ M.I. _____ Last Name _____ Soc. Sec. # _____
 Occupation _____ Birthdate _____ Cell Phone _____ Other Phone _____
 Email Address _____

ADDRESS:

 City _____ State _____ Zip _____

- 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

#1st Quarter Installment Paid _____

#3rd Quarter Installment Paid _____

#2nd Quarter Installment Paid _____

#4th Quarter Installment Paid _____

DIRECT DEPOSIT REFUND

REFUND/TAXES OWED DELIVERY METHOD

Mail check Direct Deposit/Debit Pymt Date _____

BANK NAME _____

ROUTING _____

ACCOUNT _____

CHECKING

SAVINGS