

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)*

TOMMY DO INCOME TAX & FINANCIAL SERVICES

TAX ORGANIZER

Phone: 206-783-6200 x5

Tommy@pacifictaxservice.com

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