

# Client Tax Organizer

For the year Jan. 1-Dec. 31, 20\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_, ending \_\_\_\_\_, 20\_\_\_.

Taxpayer Last Name

First Name

MI

Soc. Sec. No.

Spouse Last Name

First Name

MI

Soc. Sec. No.

## Attestation and Signature:

To the best of my knowledge the enclosed information 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.

**Sign  
here**



\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## Appointment

Date and time of appointment: \_\_\_\_\_

Please bring

- Copies of two preceding years' tax returns (new clients only)
- Name and Address Label if available (from government booklet or card)
- All tax documents (W-2s, 1099s, and 1009-Rs, etc.)

(Bring original documents which we will copy and return to you, or legible copies that you can leave with us).

# Client Tax Organizer

For the year Jan. 1-Dec. 31, 20 \_\_\_\_, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_, ending \_\_\_\_\_, 20 \_\_\_\_.

Please complete this Organizer before your appointment. Please enter whole numbers only (no cents).

## 1. Personal Information

	Last Name	First Name	Soc. Sec. No.	Birth Date	Occupation	U.S. Citizen
Taxpayer						<input type="checkbox"/>
Spouse						<input type="checkbox"/>
Street Address			City		State	ZIP
Work Phone	Home Phone	Cell Phone		Primary Email		

<p style="text-align: center;">Taxpayer</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 style="text-align: center;">Spouse</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 style="text-align: center;">Marital Status</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>
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Will file jointly  Yes  No

## 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

### Questionnaire

(Please provide additional information on any question on the last page of this Organizer.)

	Yes	No
1. Were you self-employed, or did you receive hobby income?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive income from raising animals or crops?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive rent from real estate or other property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have a foreign bank account, trust, or business?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7. Did you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you receive any correspondence from the IRS or the State?	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you give a gift of more than \$12,000 to one or more people?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you go through bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
12. (a) If you paid rent, how much did you pay?		
(b) Was heat included?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Wage & Salary Income

Please attach W-2s.

Employer Name	Taxpayer	Spouse	Gross Wages	FICA	Federal Tax	State Tax
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

**4. Interest Income**

Please attach 1099-INTs & brokerage statements.

Payer	T/S/J	Bank or Credit Union	U.S. Bonds/ T- Bills	Federal Tax Withheld	Municipal or Tax-Exempt

**5. Dividend Income from Mutual Funds and Stocks**

Please attach 1099-DIVs for each item listed below.

Payer	T/S/J	Gross Dividend (Box 1a)	Capital Gain Distribution	Nontaxable Distribution	Federal Tax Withheld

### 6. Partnership, Trust, Estate Income

Please attach K-1 or Income Tax Letter for each item listed.

Payer	T/S/J	Partnership	S Corp	Estate
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 7. Asset Dispositions

Please attach brokerage statements, 1099s, closing statements, and any other records available to help properly report these transactions. Additional information about any transaction should be entered on the last page of this Organizer.

Payer	T/S/J	Date Acquired	Date Sold	Sale Price	Cost/Other Basis

**8. Pension & Annuity Income/IRA Distributions**

Please attach all 1099-Rs or other documentation of amounts listed.

Payer	T/S/J	Rollover Distribution	IRA	Gross Distribution	Taxable Amount
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

**9. Other Income**

Please list all other income (including non-taxable).

Payer/Source	Taxpayer	Spouse	Tax Withheld
			Federal
Alimony Received			
Child Support			
Scholarship (Grants)			
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			
Social Security Benefits (Taxable amount)			
Medicare Premiums Withheld			
Unemployment Compensation Received			
Unemployment Compensation Repaid			
Other Income			

**10. Medical/Dental Expenses**

	Amount
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dentist/Orthodontist	
Mileage (no. of miles) _____	0
Long-term Care Insurance	

**11. Taxes Paid/Interest Expense**

Taxes Paid	Interest Expense
<p><b>Real Estate Taxes Paid</b> (please attach tax bills, escrow statements, closing statements)</p> <p>Personal Residence _____</p> <p>Other Property (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>State Income Tax</b> (please list) (do not enter taxes withheld or estimates)</p> <p><u>Balance due last year</u></p> <p>Audit or other additional tax paid</p> <p>Paid to other states</p> <p>Other</p> <p>_____</p> <p><b>General Sales Tax</b> (please list amounts paid on large items such as autos, boats, motorcycles)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Mortgage Interest Paid</b> (please attach 1098s)</p> <p>Personal Residence</p> <p>Other (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Home Equity Loan(s)</b></p> <p>Other (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Other Property</b> (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Paid to Individual for Residence</b></p> <p><u>Name</u></p> <p><u>Address</u></p> <p><u>City, State, ZIP</u></p> <p><u>SSN</u></p> <p>_____</p> <p><b>Investment Interest</b> (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Carryover from Prior Year</b></p>

**12. Casualty/Theft Loss**

For property damaged by storm, water, fire, or accident or stolen.

Location of Property \_\_\_\_\_

Description of Property \_\_\_\_\_

Amount of Damage \_\_\_\_\_

Insurance Reimbursement \_\_\_\_\_

Repair Costs \_\_\_\_\_

Federal Grants Received \_\_\_\_\_

**13. Contributions by Cash or Check, Noncash up to \$500, and Mileage**

	Amount
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other (please list)	
Non-Cash Up to \$500	
Volunteer (no. of miles) _____ @14¢	0

**Non-Cash Charitable Contributions**

	Description of Property Donated	Donee Name and Address
1		
2		
3		
4		
5		

	Date Acquired	Date Donated	Cost or Other Basis	Fair Market Value
1				
2				
3				
4				
5				



**14. Job-Related Moving Expenses**

Please attach any moving-expense reimbursement documents from your employer.

Date of Move	
Distance from old home to new workplace	
Distance from old home to old workplace	
Cost to move and/or store household goods	
Travel en route to new home	
Lodging en route to new home	
Reimbursements not included in W-2s	

**15. Miscellaneous Itemized Deductions**

Subject to reduction by 2% of AGI

Employment-Related Expense (not for self-employed)

Union Dues	_____
Professional Dues, Subscriptions, Books	_____
Licenses	_____
Tools, Safety Equipment	_____
Uniforms	_____
Meals and Entertainment	_____
Other (please list)	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Miscellaneous Deductions

Tax Preparation Fee	_____
Safety Deposit Box Rental	_____
Investment Expense	_____
IRA Custodial Fees	_____
Other (please list)	_____
_____	_____
_____	_____
_____	_____

Other Deductions (from AGI or not subject to 2% AGI reduction)

Gambling Losses	_____
Excess Estate Expenses (from final estate K-1)	_____
Student Interest Paid	_____
Alimony Paid	_____
Recipient Name, Address, SSN	_____
_____	_____
_____	_____
_____	_____

**16. Business Use of Home**

Do you use any part of your home regularly and exclusively for business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total area of home (in square feet)		
Total area used for business		
Business use percentage (divide business area by total area)		
	<b>Direct Costs</b> <small>(benefit business area only)</small>	<b>Indirect Costs</b> <small>(whole house costs)</small>
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		
Other (please list)		
_____		
_____		
_____		

**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. Business Car and Truck Expenses**

Do you have written records?  Yes  No

Did you sell or trade in a car used for business?  Yes  No

If yes, please attach a copy of purchase agreement.

Make/Year Vehicle \_\_\_\_\_

Date purchased \_\_\_\_\_

Total Miles (personal & business) \_\_\_\_\_

Business Miles (not to and from work)

    From first to second job \_\_\_\_\_

    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 \_\_\_\_\_

**19. Business Travel**

If you are not reimbursed for the exact amount, list the total expenses.

	Amount
Airfare, Train, etc.	
Lodging	
Meals (no. of days _____)	
Taxi, Car Rental	
Other	
Reimbursement Received	

**20. Estimated Tax Paid**

Due Date	Date Paid	Federal	State
Carryover from last year			

**21. Education Expenses—College or Other Continuing Education Expenses**

Student's Name	Type of Expense	Year of School	Amount

**22. State Information**

Residence  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Village \_\_\_\_\_ School District \_\_\_\_\_  
 City \_\_\_\_\_

