



AVALON BOOKKEEPING
& TAX SERVICES

Client Tax Organizer Worksheet

The Client Tax Organizer Worksheet asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the worksheet.

Names

Taxpayer	Spouse
Social Security #	Social Security #
Birth Date	Birth Date
Occupation	Occupation

Current Address

Street Address	
Mailing Address	
Home Telephone	Work Telephone
County	Email Address

Dependent Children

Full Name	Full Name	Full Name
Birth Date	Birth Date	Birth Date
Social Security #	Social Security #	Social Security #

Other Dependents (less than \$1,000 gross income)

Full Name	Relationship	Social Security #
Full Name	Relationship	Social Security #
Full Name	Relationship	Social Security #

Yes/No Questions

Please check the appropriate box and include all necessary details.

Yes No

Personal Information

- Did your marital status change during the year?
If yes, please explain: _____
- Did your address change from last year?
- Can you be claimed as a dependent by another taxpayer?

Dependent Information

- Were there any changes in dependents from the prior year?
If yes, please explain: _____
- Do you have any children under age 14 with unearned income in excess of \$1500?

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you acquire a new or additional interest in a partnership or S Corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year?
- Did you receive any income from property sold prior to this year?
- Did you receive any lump-sum payment from a pension, profit sharing or 401(k) plan?
- Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?
- Did you make any withdrawals from an education savings/529 Plan account?
- Did you receive any disability income during the year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Yes/No Questions

Please check the appropriate box and include all necessary details.

Yes No

Itemized Deduction Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a casualty or theft loss during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to substantiate charitable contributions of \$250 or more? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any non-cash charitable contributions (clothing, furniture, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an expense account or allowance during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job, for other than commuting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any educational expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any expenses related to seeking a new job during the year? |

Economic Stimulus Payment

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an Economic Stimulus payment? If yes, in what amount? \$ _____ |
|--------------------------|--------------------------|--|

Miscellaneous Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an advance Child Tax Credit payment from the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts of more than \$11,000 to any individual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage in any bartering transactions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you covered by a pension or retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving costs because of a job change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive correspondence from the State or the IRS?
If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?
Checking yes will not change your tax or reduce your refund. |

Client Tax Organizer Worksheet

Estimated Tax Payments You Have Made

	1st Quarter 4/15	2nd Quarter 6/15	3rd Quarter 9/15	4th Quarter 1/15
Federal				
State				

Salary Income (Form W-2 Must Be Attached)

Employer's Name _____ Gross Amount \$ _____

Employer's Name _____ Gross Amount \$ _____

Employer's Name _____ Gross Amount \$ _____

Employer's Name _____ Gross Amount \$ _____

Interest Income (Attach Form 1099int)

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

Dividends (Attach Form 1099div)

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

Received From _____ Gross Amount \$ _____

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Name of Stock	Date Purchased	Date Sold	Purchase Price	Selling Price

Child Care Expenses

Amount \$ _____ Number of children cared for _____ Were services performed in your house? Yes No

Name of Provider _____

Address _____ Federal ID # (SSN) _____

Other Income

State Income Tax Refund \$ _____ Unemployment Compensation \$ _____

Gambling/Lottery Winnings \$ _____ Social Security – Taxpayer \$ _____
(Attach Form W-2G)

Social Security – Spouse \$ _____

Gambling/Lottery Losses \$ _____ Pensions/Retirement Plan \$ _____

Business Income

Partnerships (Attach K-1) \$ _____

Subchapter S Corporation (Attach K-1) \$ _____

Sole Proprietorship (Schedule C) \$ _____

(Call for additional form)

Farm Income (Attach Detail) \$ _____

Taxes

Real Estate Tax (Personal residence, land, lots, second homes) \$ _____

Personal Property Taxes (Vehicle, county taxes) \$ _____

Other Taxes (Including foreign investments) \$ _____

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Medical Expenses

Insurance Premiums \$ _____ (Health, Dental, Long Term)

Medicine & Prescriptions \$ _____ Miles Driven for Medical Care \$ _____

Physicians & Dentists \$ _____ Other Medical Transportation \$ _____

Eye Glasses, Lab Fees, etc. \$ _____ Insurance Reimbursements \$ _____

Interest Paid

Home Mortgage Paid to _____ Gross Amount \$ _____

Home 2nd Home Rental

Home Mortgage Paid to _____ Gross Amount \$ _____

Home 2nd Home Rental

Points Paid _____ Other _____

Was the mortgage re-financed this year? Yes No (Attach closing documents)

Contributions (Attach List If Necessary)

Paid to _____ Gross Amount \$ _____

Non-Cash Contributions (Attach statement/receipt from charity) Gross Amount \$ _____

Miscellaneous & Non-Reimbursed Business Expenses

Tax Preparation \$ _____ Safety Deposit Box \$ _____

Uniforms \$ _____ Union & Professional Dues \$ _____

Tools \$ _____ Professional Books/Magazines \$ _____

Car Business Miles _____ Type of Auto/Truck _____

Other Credits

Taxpayer IRA Contributions Traditional Roth \$ _____

Spouse IRA Contributions Traditional Roth \$ _____

Student Loan Interest \$ _____ Moving Expenses \$ _____

Rental Home \$ _____ Tools or Equipment \$ _____

Losses Due to Storms, Theft or Casualty Not Reimbursed by Insurance \$ _____

Declaration

I have reviewed the information given to Avalon Bookkeeping & Tax Services on this form. To the best of my knowledge it is true, correct, complete, and can be used in the preparation of my Income Tax Return.

Signature _____ Date _____