

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse Last Name	First Name	MI	Soc. Sec. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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>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>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>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>
Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> 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"/>				

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

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)		
	Direct Costs <small>(benefit business area only)</small>	Indirect Costs <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 _____

