

# Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

## 1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow (er), Date of Spouse's Death _____	

## 2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> | <ol style="list-style-type: none"> <li>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. Did you give a gift of more than \$10,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12. (a) If you paid rent, how much did you pay?<br/>(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>15. Advance rate reductions credit payment received? _____</li> </ol> |
|--|---|

\* Contact us for further instructions



**11. Other Income**

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Scholarship (Grants) \_\_\_\_\_  
 Unemployment Compensation (repaid) \_\_\_\_\_  
 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 \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**12. Medical/Dental Expenses**

Medical Insurance Premiums  
 (paid by you) \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Insulin \_\_\_\_\_  
 Glasses, Contacts \_\_\_\_\_  
 Hearing Aids, Batteries \_\_\_\_\_  
 Braces \_\_\_\_\_  
 Medical Equipment, Supplies \_\_\_\_\_  
 Nursing Care \_\_\_\_\_  
 Medical Therapy \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Doctor/Dental/Orthodontist \_\_\_\_\_  
 Mileage (no. of miles) \_\_\_\_\_

**13. Taxes Paid**

Real Property Tax (attach bills) \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 Other \_\_\_\_\_

**14. Interest Expense**

Mortgage interest paid (attach 1098) \_\_\_\_\_  
 Interest paid to individual for your  
 home (include amortization schedule) \_\_\_\_\_  
 Paid to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Investment Interest \_\_\_\_\_

**15. Casualty/Theft Loss**

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

Location of Property \_\_\_\_\_  
 Description of Property \_\_\_\_\_  
 Amount of Damage \_\_\_\_\_  
 Insurance Reimbursement \_\_\_\_\_  
 Repair Costs \_\_\_\_\_  
 Federal Grants Received \_\_\_\_\_

**16. Charitable Contributions**

Church \_\_\_\_\_  
 United Way \_\_\_\_\_  
 Scouts \_\_\_\_\_  
 Telethons \_\_\_\_\_  
 University, Public TV/Radio \_\_\_\_\_  
 Heart, Lung, Cancer, etc. \_\_\_\_\_  
 Wildlife Fund \_\_\_\_\_  
 Salvation Army, Goodwill \_\_\_\_\_  
 Other \_\_\_\_\_  
 Non-Cash \_\_\_\_\_  
 Volunteer (no. of miles) \_\_\_\_\_ @ 14¢

**17. Job-Related Moving Expenses**

Date of move \_\_\_\_\_  
 Move Household Goods \_\_\_\_\_  
 Travel to New Home (no. of miles) \_\_\_\_\_  
 Lodging During Move \_\_\_\_\_

**18. Employment-Related Expenses That You Paid (Not self-employed)**

Dues — Union, Professional \_\_\_\_\_  
 Books, Subscriptions, Supplies \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Tools, Equipment, Safety Equipment \_\_\_\_\_  
 Uniforms (include cleaning) \_\_\_\_\_  
 Sales Expense, Gifts \_\_\_\_\_  
 Tuition, Books (work related) \_\_\_\_\_  
 Entertainment \_\_\_\_\_

Office in home:

In Square a) Total home \_\_\_\_\_  
 Feet b) Office \_\_\_\_\_  
 c) Storage \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Maintenance \_\_\_\_\_

**19. 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.

**20. Business Mileage**

Do you have written records?  Yes  No

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

If yes, attach 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 \_\_\_\_\_

**21. Business Travel**

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

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

**22. Investment-Related Expenses**

Tax Preparation Fee \_\_\_\_\_  
 Safe Deposit Box Rental \_\_\_\_\_  
 Mutual Fund Fee \_\_\_\_\_  
 Investment Counselor \_\_\_\_\_  
 Other \_\_\_\_\_

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \_\_\_\_\_ \$ \_\_\_\_\_

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**26. Questions, Comments, & Other Information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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.

\_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_