

Client Tax Organizer

Tax Year _____

Please complete this Questionnaire before your appointment and bring the following:

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

1. Personal Information

Name (First, Initial, Last)		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Taxpayer E-mail Address					
Spouse E-mail Address					

	<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	Date of Divorce _____
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, Initial, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

- | | | | | | | | | | |
|---|--|---|--|---------------|--|----------------------|-------|----------------------|-------|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 11. Did you give a gift of more than \$11,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? | _____ | | | | | | |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | (b) Was heat included? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 5. Did you withdraw or write checks from a mutual fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. 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 | | | | | | |
| 6. Do you have a foreign bank account, trust, or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. 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 | | | | | | |
| 7. Did you refinance your main home or other property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Did you receive distribution from a qualified state tuition program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 8. Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Would you like your tax return filed electronically? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 9. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Would you like your refund directly deposited into your bank? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 10. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <table border="1"> <tr> <td>Account Type:</td> <td>Checking <input type="checkbox"/> Savings <input type="checkbox"/></td> </tr> <tr> <td>Your Account Number:</td> <td>_____</td> </tr> <tr> <td>Bank Routing Number:</td> <td>_____</td> </tr> </table> | | Account Type: | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | Your Account Number: | _____ | Bank Routing Number: | _____ |
| Account Type: | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | | | | | | | |
| Your Account Number: | _____ | | | | | | | | |
| Bank Routing Number: | _____ | | | | | | | | |

* Contact us for further instructions

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	<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

Attach 1099-INT & broker statements

Payer's Name	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Tax Exempt	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Dividend Income

From Mutual Funds & Stocks — Attach 1099-DIV
Payer's Name

	Taxpayer	Spouse
	<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"/>

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership,
S-corporation, trust, or estate income — Attach K-1

7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest — Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

8. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	X for Date	X for Roth IRA
Taxpayer			
Spouse			

Amounts withdrawn — Attach 1099-R & 5498

Plan	Reason for Withdrawal	Reinvested?
Trustee		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Payment	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA 1099, RRB 1099

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 and Gratuities _____
Director / Executor's Fee _____
Commissions _____
Jury Duty Pay _____
Worker's Compensation _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Other _____
Other _____

12. Medical/Dental Expenses

Long-term Care Premiums _____
Medical Insurance Premiums (paid by you) _____
Prescription Medications _____
Insulin _____
Eyeglasses, Contact Lenses _____
Hearing Aids, Batteries _____
Braces _____
Medical Equipment, Supplies _____
Nursing Care Services _____
Medical Therapy _____
Hospital and Nursing Homes _____
Doctor, Dentist, and other
Healthcare Professionals _____
Lodging _____
Mileage (no. of miles) _____ @14¢ _____

13. Taxes Paid

Real Property Tax (attach bills) _____
Personal Property Tax _____
Other Taxes _____

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 _____
Boy-Girl Scouts _____
Telethons _____
University, Public TV/Radio _____
Heart, Lung, Cancer, etc. _____
Wildlife Fund _____
Salvation Army, Goodwill _____
Other _____
Non-Cash _____
Volunteer (no. of miles) _____ @14¢ _____

*Provide detail if over \$3000.00 is paid to any one organization.

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/Model 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 Loan 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 _____