

## Client Tax Organizer

(Includes Review for: Itemized Deductions – Schedule A & Unreimbursed Employee Expenses – Schedule 2106)

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

### 1. PERSONAL INFORMATION

	<b>Name</b>	<b>Social Security No.</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Work Phone</b>
<b>Taxpayer:</b>					
<b>Spouse:</b>					
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>
<b>Email Address:</b>					

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
<b>Blind</b>	<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
<b>Disabled</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	
<b>Pres. Campaign Fund</b>	<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 No.	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)
- Please provide us with any W-2's, 1099s, 1099-Int for interest earned, 1098-E for student loan interest paid, 1098, 1098-T for tuition paid, 1099-Int for mortgage interest paid, property tax bills, etc... Please provide me with any one.

Please answer the following questions to determine maximum deductions:

Question	Yes	No
1. Are you self-employed or do you receive hobby income?		
2. Did you receive rent from real estate or other property?		
3. Did you withdraw or write checks from a mutual fund?		
4. Do you have a foreign bank account, trust or business?		
5. Do you provide a home for or help support anyone not listed in Section 2 above?		
6. Did you receive any correspondence from the IRS or State Department or Taxation?		
7. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?		
8. Did you give a gift of more than \$13,000 to one or more people?		
9. Did you have any debts cancelled, forgiven, or refinanced?		
10. Did you go through bankruptcy proceedings?		
11. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?		
12. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?		



**10. INVESTMENTS SOLD**

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest – Attach 1099-B & confirmation slips

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

**11. OTHER INCOME**

List All Other Income (Including non-taxable)

- Alimony Received \_\_\_\_\_
- Child Support \_\_\_\_\_
- Scholarship (General) \_\_\_\_\_
- Unemployment Compensation (repaid) \_\_\_\_\_
- Prizes, Bonuses, Awards \_\_\_\_\_
- Gambling, Lottery (Expenses \_\_\_\_\_) \_\_\_\_\_
- Unreported Tips \_\_\_\_\_
- Director / Executor's Fee \_\_\_\_\_
- Commission's \_\_\_\_\_
- Jury Duty \_\_\_\_\_
- Worker's Compensation \_\_\_\_\_
- Disability Income \_\_\_\_\_
- Veteran's Pension \_\_\_\_\_
- Payments from Prior Installment Sales \_\_\_\_\_
- State Income Tax Refund \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

ITEMIZED DEDUCTIONS – SCHEDULE A

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 \_\_\_\_\_  
  
Medical Mileage (No. of miles) \_\_\_\_\_

13. TAXES PAID

Real Property Tax (attach bills) \_\_\_\_\_  
Vehicle License Fees \_\_\_\_\_  
Personal Property Tax \_\_\_\_\_  
Other \_\_\_\_\_

14. INTEREST EXPENSES

Mortgage interest paid (attach 1098) \_\_\_\_\_  
  
Interest paid to individual for your home (include amortization schedule) \_\_\_\_\_

Paid To:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Investment Interest Expense \_\_\_\_\_

Premiums paid or accrued for qualified Private Mortgage Insurance (PMI) \_\_\_\_\_

15. CASUALTY/ THEFT LOSS

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

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

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

Other

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

\*If attributable to a federally declared disaster or personal use property attributable to the Midwest disaster area.

16. CHARITABLE CONTRIBUTIONS

Church/Temple \_\_\_\_\_  
United Way, Wildlife Fund, etc. \_\_\_\_\_  
Charitable Cash/Checks \_\_\_\_\_  
  
Salvation Army, Goodwill Charitable (non-cash) \_\_\_\_\_  
Other (non-cash) \_\_\_\_\_  
  
Volunteer (no. of miles) \_\_\_\_\_

Other

17. INVESTMENT RELATED EXPENSES

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

18. JOB-RELATED MOVING EXPENSES

Date of move \_\_\_\_\_  
Distance from old home to old workplace \_\_\_\_\_  
Distance from old home to new workplace \_\_\_\_\_  
Trans. & Storage \_\_\_\_\_  
Travel & Lodging \_\_\_\_\_  
Mileage for move (no. of miles) \_\_\_\_\_

**19. CHILD & OTHER DEPENDENT CARE EXPENSES**

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid Dependent #1	Amount Paid Dependent #2
			\$	\$
			\$	\$
			\$	\$

Also complete this section if you receive dependent care benefits from your employer.

**20. UNREIMBURSED EMPLOYEE EXPENSES (NOT SELF-EMPLOYED)**

Dues – Union, Professional \_\_\_\_\_  
 Books, Subscriptions, Supplies \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Tools, Equipment, Safety Equipment \_\_\_\_\_  
 Uniforms (Include cleaning) \_\_\_\_\_  
 Sales Expenses, Gifts \_\_\_\_\_  
 Tuition, Books (work related) \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Office in home:  
 In Square Feet a) Total home \_\_\_\_\_  
 b) Office \_\_\_\_\_  
 c) Storage \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Maintenance \_\_\_\_\_

**21. 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 a copy of purchase agreement

Make/Year Vehicle \_\_\_\_\_  
 Date Purchased \_\_\_\_\_  
 Total mile (personal & business) \_\_\_\_\_

	Prior to July 1	On or After July 1
Business miles (not to And from work)	_____	_____
From first to second job	_____	_____
Education (one way)	_____	_____
Education (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 \_\_\_\_\_

**22. 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 \_\_\_\_\_

**23. ESTIMATED TAX PAID**

Due Date	Date Paid	Federal	State

**24. OTHER DEDUCTIONS**

Alimony Paid to \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Interest Paid \$ \_\_\_\_\_  
 Health Savings Account Contributions \$ \_\_\_\_\_  
 Archer Medical Savings Acct. Contributions \$ \_\_\_\_\_

**25. EDUCATION EXPENSES**

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**26. QUESTIONS, COMMENTS & OTHER INFORMATION**

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

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

**DIRECT DEPOSIT OF REFUND**

Would you like to have your refund(s) directly deposited into your account? [ ] Yes [ ] No  
*(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)*

**ACCOUNT 1**

Owner of account: [ ] Taxpayer [ ] Spouse [ ] Joint

Type of account: [ ] Checking [ ] Traditional Savings [ ] Traditional IRA [ ] Roth IRA  
[ ] Archer MSA Savings [ ] Coverdell Education Savings [ ] HSA Savings [ ] SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

**ACCOUNT 2**

Owner of account: [ ] Taxpayer [ ] Spouse [ ] Joint

Type of Account: [ ] Checking [ ] Traditional Savings [ ] Traditional IRA [ ] Roth IRA  
[ ] Archer MSA Savings [ ] Coverdell Education Savings [ ] HSA Savings [ ] SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

**ACCOUNT 3**

Owner of account: [ ] Taxpayer [ ] Spouse [ ] Joint

Type of Account: [ ] Checking [ ] Traditional Savings [ ] Traditional IRA [ ] Roth IRA  
[ ] Archer MSA Savings [ ] Coverdell Education Savings [ ] HSA Savings [ ] SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

To the best of my knowledge the information enclosed in this client tax organizer 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.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date