

# 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
Email Address Taxpayer		Email address Spouse			

<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	ID Protection PIN

Please provide for your appointment

- Last year's tax return (new clients only)
- Driver's license or State ID (Current copy with issue date and expiration date)

- All statements (W-2s, 1098s, 1099s, etc)
- Bank account routing and acct # if you would like direct deposit of your tax refund (see last page of organizer)

Please answer the following questions to determine maximum deductions

- |   |   |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$16,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____<br/>(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> |
|---|---|



## 10. Investments Sold

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

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

## 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): \_\_\_\_\_  
Miles after June 30, 2022 \_\_\_\_\_

## 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 \_\_\_\_\_  
Premiums paid or accrued for qualified  
mortgage insurance \_\_\_\_\_

## 15. Casualty/Theft Loss

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

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

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

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

## 16. Charitable Contributions

	Other
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 _____ \$0.00

**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. Job-Related Moving Expenses**

✓ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order.

Date of move \_\_\_\_\_

Move Household Goods \_\_\_\_\_

Lodging During Move \_\_\_\_\_

Travel to New Home (no. of miles) \_\_\_\_\_

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

✓ if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

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 \_\_\_\_\_

**20. Investment-Related Expenses State use only**

Tax Preparation Fee \_\_\_\_\_

Safe Deposit Box Rental \_\_\_\_\_

Mutual Fund Fee \_\_\_\_\_

Investment Counselor \_\_\_\_\_

Other \_\_\_\_\_

**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 miles (personal & business) \_\_\_\_\_

Business miles (not to and from work) \_\_\_\_\_

Miles after June 30, 2022 \_\_\_\_\_

From first to second job \_\_\_\_\_

Miles after June 30, 2022 \_\_\_\_\_

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 \_\_\_\_\_

**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 to Federal and State**

Due Date	Date Paid	Federal	State

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**Driver's License Info:**

	State	Number	Issued	Expires
Taxpayer				
Spouse				

**24. Other Deductions**

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

**26. Estimated Tax Paid to Local and School District**

Due Date	Date Paid	Local	School Dist.

**Residence:**

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

**27. 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**

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA  
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

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

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

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