

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	DL No.	Occupation	Work Phone
Taxpayer						
Spouse						
Street Address		City	State	ZIP	Home Phone	
Email 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"/> 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"/> 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"/> 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)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc.)

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 \$19,000 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. Did you have any virtual currency transactions? <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> |
|---|--|

* Contact us for further instructions

17. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ Yes ☐ No
If Yes, what date? _____

19. Did you own \$50,000 or more in foreign financial assets? ☐ Yes ☐ No

7. Property Sold

[illegible]

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

8. I.R.A., Pension & Annuity

Payer	Amount
Tax Exempt	

	Amount	Roth
Taxpayer		
Spouse		

[illegible][illegible]

Did you receive:	<u>Taxpayer</u>		<u>Spouse</u>	
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

	Amounts Received
Taxpayer	
Spouse	

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

9. Investments Sold

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

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

10. 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 _____

11. 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) _____

12. Taxes Paid

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

13. Interest Expense

Mortgage interest paid (Attach _____
1098) Interest paid to individual for
yhome (include amortization schedule) _____
Paid to:
Name _____
Address _____
Social Security No. _____
Investment Interest _____
Premiums paid or accrued for qualified
mortgage insurance _____

14. Casualty Loss from a Natural Disaster

For property damaged by a federally declared natural disaster.
Location of Property _____
Description of Property _____

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

15. 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 _____

16. 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.

17. Business Income/Expenses (Self-Employed Only)

Gross Income _____
Dues - Union, Professional _____
Books, Subscriptions, Supplies _____
Licenses _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Sales Expense, Gifts _____
Tuition, Books (work related) _____
Entertainment _____
Other _____

Office in home:

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

20. Estimated Tax Paid

Due Date	Date Paid	Federal	State	Local	Sch Dist

22. Education Expenses

Student's Name	Type of Expense	Amount

18. Business Mileage (Self-Employed Only)

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) _____

19. Business Travel (Self-Employed Only)

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 _____

21. Other Deductions

Alimony Paid to _____

Social Security No. _____ \$ _____

Student Interest Paid \$ _____

Health Savings Account Contributions \$ _____

Archer Medical Savings Acct. Contributions \$ _____

23. Questions, Comments, & Other Information

Any unpaid Ohio Sales and Use Taxes? Y/N if so, disclose.

Any 1099's Required? Y/N

Any Foreign Assets? Y/N

Did you have Health Coverage for Entire Year? Y/N

24. Driver's License Information

State _____ License # _____ Issue Date _____ Expiration Date _____

25. Residence

Town _____ County _____ City _____ Village _____ School District _____

26. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account?

☐ Yes ☐ No

ACCOUNT INFORMATION

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account

☐ Checking
☐ Savings

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