

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

## 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, 1098s, 1099s, etc.)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

<p>1. Are you self-employed or do you receive hobby income?</p> <p><input type="checkbox"/> Yes*   <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops?</p> <p><input type="checkbox"/> Yes*   <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property?</p> <p><input type="checkbox"/> Yes*   <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?</p> <p><input type="checkbox"/> Yes*   <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business?</p> <p><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?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?</p> <p><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?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>13. Did you have any virtual currency transactions?</p> <p><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?</p> <p><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?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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\* Contact us for further instructions

16. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,350?  Yes  No

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

18. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ?

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

### 3. Wage, Salary Income

**Attach W-2s:**

<b>Employer</b>	<b>Taxpayer</b>	<b>Spouse</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

## 7. Property Sold

**Attach 1099-S and closing statements**

Property	Date Acquired	Cost & Imp.
<b>Personal Residence*</b>		
<b>Vacation Home</b>		
<b>Land</b>		
<b>Other</b>		

- \* Provide information on improvements, prior sales of home, and cost of a new residence.

#### 4. Interest Income

**Attach 1099-INT, Form 1097-BTC & broker statements**

Payer	Amount
<b>Tax Exempt</b>	

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

#### I.R.A. contributions for tax year income

	Amount	Roth
Taxpayer		
Spouse		

## 5. Dividend Income

**From Mutual Funds & Stocks (Attach 1099-DIV)**

## 6. Partnership, Trust, Estate Income

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

**Retirement Income (Attach 1099-R, 5498)**

Did you receive:	<b>Taxpayer</b>	<b>Spouse</b>
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**

(Attach SSA 1099-BBB 1099)

## 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 ybome (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