

# Tax Organizer

Please complete this Organizer before your appointment.

## 1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone

<p style="text-align: center;"><u>Taxpayer</u></p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><u>Spouse</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><u>Marital Status</u></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er), Date of Spouse's Death _____</p>
Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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, 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? <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 \$11,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. (a) If you paid rent, how much did you pay? _____</p> <p style="padding-left: 20px;">(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. 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>14. 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

### 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"/>

### 4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____

### 5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 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	Date	U for Roth
Taxpayer	_____	_____	<input type="checkbox"/>
Spouse	_____	_____	<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	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

### 10. Pension, Annuity Income

Attach 1099-R Payer\*

Reason for Withdrawal	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 \_\_\_\_\_  
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) \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_  
Scouts \_\_\_\_\_  
Telethons \_\_\_\_\_  
University, Public TV/Radio \_\_\_\_\_  
Heart, Lung, Cancer, etc. \_\_\_\_\_  
Wildlife Fund \_\_\_\_\_  
Salvation Army, Goodwill \_\_\_\_\_  
Other \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Volunteer (no. of miles) \_\_\_\_\_ @ 14'

### 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 Feet a) Total home \_\_\_\_\_  
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 a copy of purchase agreement

Make/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 \_\_\_\_\_

**23. Estimated Tax Paid**

Due Date	Date Paid	Federal	State

**24. Other Deductions**

Alimony Paid to \_\_\_\_\_

Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_

Student Interest Paid \$ \_\_\_\_\_

**25. Education Expenses**

Student's Name	Type of Expense	Amount

**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 \_\_\_\_\_

**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 \_\_\_\_\_