



Tax Organizer – 1040 individual

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				

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Married	Will file jointly ☐ Yes ☐ No
Disabled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Single	
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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)
- 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? ☐ Yes* ☐ No</p> <p>2. Did you receive income from raising animals or crops? ☐ Yes* ☐ No</p> <p>3. Did you receive rent from real estate or other property? ☐ Yes* ☐ No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes* ☐ No</p> <p>5. Did you withdraw or write checks from a mutual fund? ☐ Yes ☐ No</p> <p>6. Do you have a foreign bank account, trust, or business? ☐ Yes ☐ No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? ☐ Yes ☐ No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No</p> <p>10. Did you give a gift of more than \$15,000 to one or more people? ☐ Yes ☐ No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? ☐ Yes ☐ No</p> <p>12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No</p> <p>13. (a) If you paid rent, how much did you pay? _____
(b) Was heat included? ☐ Yes ☐ No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ No</p> |
|---|---|



16. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. ☐ Yes ☐ No

17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number. _____

18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1100? ☐ Yes ☐ No

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

4. Interest Income

Attach 1099-INT, Form 1097-BTC & 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

19. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ Yes ☐ No

20. 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? ☐ Yes ☐ No

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

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number. _____ Taxpayer _____ Spouse

7. 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).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	✓ for Roth
Taxpayer	_____	_____	☐
Spouse	_____	_____	☐

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?	
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ No

9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Reinvested?	
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ No
_____	_____	☐ Yes	☐ 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	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ No

Attach SSA 1099, RRB 1099

**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) _____

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 _____

**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) _____

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 _____

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

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

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

26. Questions, Comments, & Other Information

Residence:

Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

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
☐ Treasury Direct ☐ 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
☐ Treasury Direct ☐ 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
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

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