



The Tax Organizer should be completed and sent to your tax preparer with your tax information.

The Tax Organizer will guide you through questions and information pertaining to the completion of your tax return. Remember that we prepare taxes based on the information you provide to us. The more accurate and complete the information the better results you will have in your tax return. Please take the time to review and complete the Tax Organizer.

TAX ORGANIZER INSTRUCTIONS

Step One: Print out the Tax Organizer and Engagement Letters.

Step Two: Once you are familiar with the Tax Organizer please complete it and attach the necessary tax documentation

After the Tax Organizer is completed, you should send the following to AdvancedTaxGroup.

1. Completed Tax Organizer: Send us a copy and retain the original
 2. Signed engagement letters (personal and business)
 3. A copy of your prior year tax return (If prepared by Advanced Tax Group a copy is not needed)
 4. Copies of your tax documents, such as, but not limited to the following:
 - a. W2s
 - b. 1098s: mortgage interest
 - c. 1099 Misc: Other compensation, rent, etc.
 - d. 1099-G: Government payments
 - e. 1099-B: Stock activity
 - f. 1099-Div: Dividends
 - g. 1099-INT: Interest
 - h. 1098-E: Student loan interest
 - i. Social Security Benefits Statement
 - j. HSA Information
 - k. Health Insurance Information
-

BASIC TAX PAYER INFORMATION**PERSONAL INFORMATION**☐ **Returning Client, No Changes to Personal Information**

	Name	Social Security No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					
Street Address		City	County	State	ZIP
Email Address		Home Phone			

Taxpayer Spouse
Blind ☐ Yes ☐ No ☐ Yes ☐ No
Disabled ☐ Yes ☐ No ☐ Yes ☐ No

Eligible to be claimed as a dependant on another return:
Taxpayer ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Filing Status
☐ Single ☐ Married filing jointly
☐ Married filing separately ☐ Head of Household
☐ Qualifying widow(er)
Date of Spouse's Death _____
☐ Did your Marital Status changing during the current tax year? ☐ Yes ☐ No
If yes, please explain _____

DEPENDENTS (CHILDREN & OTHERS)☐ **Returning Client, No Changes to Dependent Information**

Full Name (First, Last)	Social Security Number	Relationship	Months Lived With You	Date of Birth	Current Year Child Care Expense	Full Time Student
				/ /		<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
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional dependents, print this page again and complete this section.

CHILD AND DEPENDENT CARE EXPENSES**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

NAME	ADDRESS	EIN or Soc.Sec.#	AMOUNT PAID	CHILD
1.				
2.				
3.				

GENERAL QUESTIONS

PERSONAL INFORMATION

- YES NO
☐ ☐ 1. Did you move your residence more than 50 miles due to a change of employment?

- ☐ ☐ 2. Did you sell your primary residence in the current year? _____

DEPENDENT INFORMATION

- YES NO
☐ ☐ 3. Do you have dependents who must file?
☐ ☐ 4. Do you have children under age 14 with investment income greater than \$1,600?
☐ ☐ 5. Are any of your dependents not U.S. citizens or residents?
☐ ☐ 6. Did you provide over half the support for any other person during the current year?
☐ ☐ 7. Did you incur adoption expenses during the current year?

ITEMS RELATED TO INCOME/LOSSES

- YES NO
☐ ☐ 8. Did you receive any disability payments in the current year?
☐ ☐ 9. Did you sell and/or purchase a principal residence in the current year?
(Attach copies of your purchase and/or sale escrow statements.)
☐ ☐ 10. Did you receive/pay alimony payments?

PRIOR YEAR TAX RETURNS

- YES NO
☐ ☐ 11. Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes, enclose agent's report or notice of change.
☐ ☐ 12. Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

FOREIGN BANK ACCOUNTS AND TAXES

- YES NO
☐ ☐ 13. Did you have foreign income or pay any foreign taxes in the current year?
☐ ☐ 14. At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
☐ ☐ 15. Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?

GIFTS TO TRUSTS OR TUITION PLANS

- YES NO
☐ ☐ 16. Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan?

INVESTMENTS / BUSINESS

- YES NO
☐ ☐ 1. Did you buy or sell any stocks or bonds in the current year?

- YES NO
☐ ☐ 2. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?

ELECTRONIC FILING AND DIRECT DEPOSIT OR REFUND

CAUTION: REVIEW TRANSFERRED INFORMATION FOR ACCURACY.

- YES NO
☐ ☐ 17. If your tax return is eligible for Electronic Filing, would you like to file electronically?
☐ ☐ 18. The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?
If yes, please provide the following information:
a. Name of your financial institution _____
b. Routing Transit Number _____
(must begin with 01 through 12 or 21 through 32)
c. Account number _____
d. What type of account is this?
☐ Checking ☐ Savings
☒ Please attach a voided check (not a deposit slip)

STANDARD FORMS

Listed below are standard forms that some tax payers receive during the course of the year. Please make sure to check the appropriate box, send us a copy of the form, and list the appropriate quantity of that particular form. In parenthesis will be a brief explanation of the form.

☐ Attach all copies of your Tax Forms

YES
☐

NO
☐

W-2 (Year End Wages statement from Employer)

If Yes, how many? _____

☐

☐

1099 R (Distribution from Pension, Annuities, Retirement, or Profit sharing)

If Yes, how many? _____

If it was a rollover please explain.

If partial rollover please explain.

☐

☐

1098- (Home Mortgage Interest)

If Yes, how many? _____

If any of the 1098 or rentals please list them

☐

☐

1098 T (Education and Tuition Fees)

If Yes, how many? _____

List the name of the financial institution

YES
☐

NO
☐

1098 (Student loan interest)

If Yes, how many? _____

☐

☐

1099 Misc (Income from contracted work)

If Yes, how many? _____

☐

☐

W-2 G (Winnings from Gambling, you must posses the form)

If Yes, how many? _____

☐

☐

SSA Forms or RRB Forms (Social Security Benefit forms and Railroad benefits forms)

If Yes, how many? _____

☐

☐

1099 G Forms (Government payments or Unemployment)

If Yes, how many? _____

☐

☐

1099 INT- (Interest Income)

If Yes, how many? _____

☐

☐

1099 DIV (Dividend Income)

If Yes, how many? _____

☐

☐

1099-B (Stock Sales, Currency Trading, or Other Trading Activities)

If Yes, how many? _____

Did you exchange, send, receive, or acquire any virtual or crypto currency?

OTHER INCOME

Nature and Source	Current Year Tax Payer	Current Year Spouse
1. Alimony received		
2. Jury duty pay		
3. Prizes, Bonuses, Awards		
4. Investment Interest		
5. Other		
6. Other		
7. Other		
8. Other		

CHARITABLE CONTRIBUTIONS

☐ Attach all copies of your Contribution Statements

Name of Donee Organization	Current Year Amount	Name of Donee Organization	Current Year Amount
Miles driven for charitable purposes			
Parking fees, tolls, and local transportation			

NON-CASH CONTRIBUTIONS

DONEE ORGANIZATION INFORMATION

Name of Donee Organization

Date of Contribution

Address

Description of Donated Property

Amount of Contribution

City

State

ZIP

Name of Donee Organization

Date of Contribution

Address

Description of Donated Property

Amount of Contribution

City

State

ZIP

Name of Donee Organization

Date of Contribution

Address

Description of Donated Property

Amount of Contribution

City

State

ZIP

Do not include self-employment mileage here. This section is for EMPLOYEE business expense only.

GENERAL VEHICLE INFORMATION

	VEHICLE
19. Description of vehicle	
20. Date placed in service	
21. Total miles for the year	
22. Business miles	

MEDICAL AND TAX EXPENSES

If you are under the age of 65 the totals will need to be over 10% of your Adjusted Gross Income to qualify as a deductible. If you are over the age 65 it will be 7.5% of your Adjusted Gross Income

MEDICAL AND DENTAL EXPENSES

	CURRENT YEAR AMOUNT
1. Prescription medications	
2. Health insurance premiums (enter Medicare B on ORG6).	
3. Qualified long-term care premiums	
a. Taxpayer's gross long-term care premiums	
b. Spouse's gross long-term care premiums	
c. Dependent's gross long-term care premiums	
4. Enter self-employed health insurance premiums	
5. a. Insurance reimbursement	
b. Medical savings account (MSA) distributions	
6. Doctors, dentists, etc	
7. Hospitals, clinics, etc	
8. Lab and X-ray fees	
9. Expenses for qualified long-term care	
10. Eyeglasses and contact lenses	
11. Medical equipment and supplies	
12. Miles driven for medical purposes	
13. Ambulance fees and other medical transportation costs	
14. Lodging	
15. Other medical and dental expenses	
a.	
b.	
c.	

TAX PAYMENTS

Please include money that you paid directly to the IRS, not money that was withheld from your normal earnings.

TAXES

This is outside of W-2 Income or Standard amounts withheld.	CURRENT YEAR AMOUNT
1. Real estate taxes paid on principal residence	
2. Real estate taxes paid on additional homes or land (Not Rentals)	
3. Auto registration fees based on the value of the vehicle	
4. Other personal property taxes	
5. Other taxes:	

CURRENT YEAR ESTIMATED TAX PAYMENT

	FEDERAL		STATE			LOCAL		
	DATE	AMOUNT	DATE	AMOUNT	ID	DATE	AMOUNT	ID
6. Qtr 1 due by 04/15 of current year								
7. Qtr 2 due by 06/15 of current year								
8. Qtr 3 due by 09/15 of current year								
9. Qtr 4 due by 01/15 of following year								
10. a. Additional payments								
b. Additional payments								
11. Prior year overpayment applied to								
current year								

NOTES: (additional information)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

TAXPAYER AND SPOUSE (IF REQUIRED) REPRESENTATION

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 Signature

Date

Spouse Signature

Date _____