

Client Tax Organizer

Tax Year _____

Case No: _____

1. Personal Information		Taxpayer		Spouse	
First Name & Initial					
Last Name					
Social Security Number					
Date of Birth					
Occupation					
E-mail Address					
Work Phone		Cell		Work	Cell
Home Phone		Cell		Work	Cell
Address				Apt	
City				Sate	Zip

1. Taxpayer Legally Blind Yes No Spouse Legally Blind Yes No

2. Taxpayer Disabled Yes No Spouse Disabled. Yes No

Filing Status: Single Head of Household Married Filing Joint Married Filing Separate Widower Year of Spouse Death? _____

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year?	Yes	No	9. Are you divorced?	Yes	No
2. Did your address change during the year?	Yes	No	10. If so, what year was your divorce finalized?		
3. Did you have health insurance the entire year?	Yes	No	11. Did you live and work in different states?	Yes	No
4. How many months out of the year did you have health insurance?			12. If so, what state was your primary residence?		
5. Did you provide our office proof of health insurance coverage	Yes	No	13. If Married Filing Separate did your spouse file?	Yes	No
6. Could you be claimed as a dependent on another person's tax return?	Yes	No	14. If so, did spouse itemize or use the standard deduction?	Yes	No
7. If so, were you claimed by that other person as their dependent?	Yes	No	15. Did you pay anyone for childcare services?	Yes	No
8. Did you receive a distribution from or make a contribution to a retirement plan (401k, IRA, etc.)?	Yes	No	16. If so, what was the childcare center EIN, or provider SSN?		

INITIAL: _____

3. Wage, Salary Income		
Attach Form(s) W-2's Employer name _____		
4. Pensions, Annuities, Profit Sharing, IRA's, etc.		
Attach Form(s) 1099-R 1099-R Payer name _____ TP _____ SP _____		

5. Social Security/Railroad Benefits		
Attach Form (s) SSA-1099	Taxpayer	Spouse
Social Security benefits	_____	_____
Railroad Retirement benefits	_____	_____
Medicare B premiums w/h	_____	_____
Medicare D premiums w/h	_____	_____
6. Interest Income		
Attach Form (s) 1099-INT & Broker statements		
1099-INT Payer name	Tax-exempt?	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
7. Partnership, Trust, Estate Income		
Attach Form (s) K-1		

8. Dividend Income			
Attach Form(s) 1099-DIV Form 1099-DIV Payer	Ordinary	Capital Gain	Tax-Exempt?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. Property Sold			
Attach Form(s) 1099-S & closing statements Property	Date acquired	Cost & Imp	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
10. Other Income			
Alimony received _____			
Gambling/lottery winnings _____			
Jury duty _____			
Disability income _____			
State income tax refund _____			
Other _____		_____	
Other _____		_____	
11. Adjustments to Income			
Alimony paid _____			
Name _____		SS# _____	
IRA/SEP Contributions - Spouse _____			
Educator expenses _____			
Student loan interest _____			
Health Savings Account _____			
Other: _____			

12. Investments Sold				
Attach Form (s) 1099-B & confirmation slips				
Investment	Date Acquired	Date Sold	Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INITIAL: _____

13. Medical/Dental Expenses

Medical insurance premiums (paid by you)	
Long Term Care Insurance	
Prescription drugs	
Glasses, contacts	
Hearing aids, batteries	
Braces	
Medical equipment, supplies	
Nursing care	
Medical therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	

14. Taxes Paid

Real property tax (attach bills)	
Personal property tax	
Other:	

15. Interest Expense

Mortgage property tax (attach bills)	
Interest paid to individual for your home (attach amortization schedule)	
Paid to:	
Name	
Address	
Social Security No.	
Investment interest	

16. 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	

17. Estimated Tax Payments

Federal	State
Amount	Amount
Ly - Jan 15	Ly - Jan 15
Q1 - Apr 15	Q1 - Apr 15
Q2 - Jun 15	Q2 - Jun 15
Q3 - Sep 15	Q3 - Sep 15
Q4 - Jan 15	Q4 - Jan 15

18. Charitable Contributions (receipts required)

Church	
United Way	
Scouts	
Telethons	
Salvation Army, Goodwill	
Other	
Other	
Other	
Other	
Non-Cash	
Address	
City/State/Zip	
Value of goods (attach list if more than one)	
Volunteer Mileage	

19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional Books, subscriptions, supplies	
Licenses	
Tools, equipment, safety equipment	
Uniforms (including cleaning)	
Sales expense, gifts	
Tuition, Books (work related)	
Entertainment	
Tax preparation fee	
Safe deposit box	
IRA custodial fees	
Investment periodicals, advisory fees	
Job search expense	
Moving of household goods (job related)	
Other:	
Other:	

20. Day Care Expense (Form 2441)

Provider #1	
Address	
City/State/ZIP	
EIN/SS#	Amt Pd
Provider #2	
Address	
City/State/ZIP	
EIN/SS#	Amt Pd
Children cared for	

INITIAL: _____

Self Employment Information		Business Name	
Total Sales		Taxpayer Spouse	
Expenses			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages Paid to Employees	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto (miles)		Tools & Equipment	
Business Auto		Uniforms	
Personal			
Make & Model of Vehicle			
Date first used for business			
Assets Purchased		Notes	
Cost of Goods Sold			
Inventory at beginning of year		Materials & supplies	
Purchases		Other:	
Cost of items for personal use		Other:	
Cost of labor		Inventory at end of year	

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning &				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

SIGNATURE: _____

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