Client Tax Organizer

Please complete this Organizer before your appointment.

2. Did you receive income from raising animals or crops? 3. Did you receive rent from real estate or other property? 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? 5. Did you withdraw or write checks from a mutual fund? 6. Do you have a foreign bank account, trust, or business? 7. Do you provide a home for or help support anyone not listed in Section 2 above? 8. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? 9. No 11. Did you have any debts cancelled, forgiven, or refinanced? 12. Did you go through bankruptcy proceedings? 13. (a) If you paid rent, how much did you pay? 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? 16. Did you have any children under age 18 with unearned income of more than \$850? 17. Did you purchase a new "hybrid", alternative	1. Personal Information									
Spouse Street Address Street Addre	Name		Soc. Se	c. No.	Date o	f Birth	Occupation		Work Pho	
Street Address City State ZIP Home Phone	Taxpayer						·			
Blind	Spouse									
Blind Yes No Yes No Will file jointly Yes No No Single Will file jointly Yes No No Single Will file jointly Yes No No Will file jointly Yes No No Single Will file jointly Yes No Single Will file jointly Yes No Will fi	Street Address			City		State	State ZIP		Home Phone	
Name (First, Last) Relationship Date of Birth Social Security Number Lived With You Disabled Full Time Student Oross Income	Blind Yes N	o Yes	No No	Marri Singl	ed e	Pate of Spor	-	intly [Yes] No
Relationship Birth Solar Security Lived With You Disabled Time Student Income Income Please provide for your appointment Last year's tax return (new clients only)	2. Dependents (Children & Others	s)								
- Last year's tax return (new clients only) - Name and address label (from government booklet or card) Please answer the following questions to determine maximum deductions 1. Are you self-employed or do you receive hobby income? 2. Did you receive income from raising animals or crops? 3. Did you receive rent from real estate or other property? 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? 5. Did you wave a foreign bank account, trust, or business? 7. Do you provide a home for or help support anyone not listed in Section 2 above? 8. Did you receive any correspondence from the IRS or State Department of Taxation? 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? 10. Did you give a gift of more than \$12,000 to one or more people? 11. Did you give a gift of more than \$12,000 to one or more people? 12. Did you give a gift of more than \$12,000 to one or more people? 13. (a) If you pad petrough bankruptcy proceedings? 14. Did you go through bankruptcy proceedings? 15. Did you pad irent, how much did you pay? 16. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? 17. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? 18. Did you have any children under age 18 with unearned income of more than \$850? 19. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? 10. Did you install any energy property to your residence such as exterior doors or windows, residence such as exterior doors or windows,		Relationship				Lived	Disabled	Time	Gro	oss
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23. Did you receive rent from real estate or other property? 44. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? 55. Did you withdraw or write checks from a mutual fund? 66. Do you have a foreign bank account, trust, or business? 77. Do you provide a home for or help support anyone not listed in Section 2 above? 88. Did you receive any correspondence from the IRS or State Department of Taxation? 99. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? 12. Did you go through bankruptcy proceedings? 13. (a) If you paid rent, how much did you pay? 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? 16. Did you have any children under age 18 with unearned income of more than \$850? 17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? 18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows,	2. Did you receive income from		11.	Did you hav	e any d	-	lled, forgiven,		Yes	
gravel, timber, minerals, oil, gas, copyrights, patents? Yes*	3. Did you receive rent from real	Yes* N	12. No		_	bankruptc	у		Yes	□ No
checks from a mutual fund? 6. Do you have a foreign bank account, trust, or business? 7. Do you provide a home for or help support anyone not listed in Section 2 above? 8. Did you receive any correspondence from the IRS or State Department of Taxation? 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? 16. Did you have any children under age 18 with unearned income of more than \$850? 17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? 18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows,	gravel, timber, minerals, oil, gas,	Yes* N					ı did you pay?	_	Yes	
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8. Did you receive any correspondence from the IRS or State Department of Taxation? 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? 17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? 18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows,	help support anyone not listed	Yes	No	spouse, or classes bey	your de yond hig	pendent to gh school?	attend		Yes	□ No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? 18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows,	from the IRS or State Department	∏Yes ∏N	17	unearned in Did you pur	ncome o	of more tha new "hybr	n \$850? id", alternativ			
modiation in near painted farmage and	marriages, divorces or adoptions		18.	Did you inst improveme residence s	tall any ints, or o such as	energy effic energy prop exterior do	ciency perty to your ors or window	/s,	□ res	□ ^{N1}

3. Wage, Salary Income		8. Property S	old 	
Attach W-2s:		Attach 1099-S and c	losina statements	
Employer	Taxpayer Spouse	Property		d Cost & Imp.
	– H H	Personal Residence		
	– H H	Vacation Home	;e"	
	– H H	Land		
	– H H	Other		
	- H H	Other		
	<u> </u>		mation on improvements, p new residence. Also see S Moving).	
4. Interest Income		9. I.R.A. (Indiv	vidual Retirement Acc	t.)
Attach 1099-INT & broker statements				
Payer	Amount	Contributions for ta	x year income	U for
			Amount	Roth Date
		Taxpayer		
		Spouse		
Tax Exempt		Amounts withdrawn	n. Attach 1099-R & 5498	
		Plan	Reason for	
		Trustee	Withdrawal	Reinvested?
5. Dividend Income				Yes No
3. Dividend income				Yes No
From Mutual Funds & Stocks - Attach 1099-DI\	ı			Yes No
	apital Non-			Yes No
	Gains Taxable			
		10. Pension,	Annuity Income	
		Attach 1099-R	Reason for	
		Payer*	Withdrawal	Reinvested?
				Yes No
6. Partnership, Trust, Estate Income	•	company with info	ts from employer or insura ormation on cost of or	nce
List payers of partnership, limited partnership,	, S-corporation, trust,	contributions to p	olan.	
or estate income - Attach K-1		Did you receive:	Taxpayer	Spouse
		Social Security	Benefits Yes	No Yes No
-		Railroad Retirer	н н	No Yes No
		ram dad ram di		
		Attach SSA 1099, R	RB 1099	
7. Investments Sold				
Stocks, Bonds, Mutual Funds, Gold, Silver, Par	rtnership interest - Attach 109	99-B & confirmation slip	os	
Investment		Date Acquired/S		Sale Price
		1	1,741	
		1		
		1		
		1 ,	I	1

List All Other Income (including non-taxable) For property damaged by storm, water, fire, accident, or stolen. Alimony Received Location of Property **Child Support** Scholarship (Grants) **Description of Property Unemployment Compensation (repaid)** Prizes, Bonuses, Awards **Amount of Damage** Gambling, Lottery (expenses -**Insurance Reimbursement Unreported Tips Repair Costs** Director / Executor's Fee **Federal Grants Received** Commissions Jury Duty 16. Charitable Contributions Worker's Compensation **Disability Income** Veteran's Pension Church **Payments from Prior Installment Sale United Way** State Income Tax Refund **Scouts** Other Telethons Other University, Public TV/Radio Heart, Lung, Cancer, etc. 12. Medical/Dental Expenses Wildlife Fund Salvation Army, Goodwill **Medical Insurance Premiums** Other_ (paid by you) Non-Cash __ **Prescription Drugs** Volunteer (no. of miles) -@ .14 Insulin Glasses, Contacts 17. Job-Related Moving Expenses Hearing Aids, Batteries **Braces** Medical Equipment, Supplies Date of move -**Nursing Care Move Household Goods Medical Therapy** Travel to New Home (no. of miles) Hospital **Lodging During Move** Doctor/Dental/Orthodontist Mileage (no. of miles) 18. Employment Related Expenses That You Paid (Not self-employed) 13. Taxes Paid **Dues - Union, Professional** Real Property Tax (attach bills) Books, Subscriptions, Supplies **Personal Property Tax** Licenses Other **Tools, Equipment, Safety Equipment** Uniforms (include cleaning) Sales Expense, Gifts 14. Interest Expense Tuition, Books (work related) **Entertainment** Mortgage interest paid (attach 1098) Interest paid to individual for your Office in home: home (include amortization schedule) In Square a) Total home Paid to: Feet b) Office Name c) Storage Address_ Rent Social Security No. Insurance Investment Interest Utilities Premiums paid or accrued for qualified Maintenance mortgage insurance

11. Other Income

15. Casualty/Theft Loss

19. Child & Other Dependent Care Exp	enses										
Name of Care Provider		Address	Soc. Sec. No. or Employer ID	Amount Paid							
Also complete this section if you receive dependent	nt care benefits from you	r employer.									
20. Business Mileage	20. Business Mileage			23. Estimated Tax Paid							
Do you have written records?	Yes No	Due Date	Date Paid	d Federal	State						
Did you sell or trade in a car used	☐Yes ☐No										
for business?											
If yes, attach a copy of purchase agreement			+								
Make/Year Vehicle		24. Other Dec	ductions								
Date purchased											
Total miles (personal & business)		Alimany Daid to									
Business miles (not to and from work) From first to second job		Alimony Paid to		\$							
Education (one way, work to school)	-	Social Security No. Student Interest Pa									
Job Seeking		Health Savings Acc		utions \$							
Other Business		Archer Medical Sav									
Round Trip commuting distance											
Gas, Oil, Lubrication		25. Education	n Fynenses								
Batteries, Tires, etc.		20. Ludodilo	ii Experises								
Repairs		Student's Name	. т	ype of Expense	Amount						
Wash		Student's Name	, 1	ype of Expense	Amount						
Insurance											
Interest					-						
Lease payments											
Garage Rent		*									
21. Business Travel											
If you are not reimbursed for exact amount, give to	otal expenses.	26. Question	s, Comment	ts, & Other Informa	ation						
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		Residence:									
Mutual Fund Fee		Town									
Investment Counselor		Village		_ School District							
Other		City		_							

27. Direct Deposit of Ref	und							
Would you like to have your refun (The IRS will allow you to depos different accounts. If so, please	sit your federal tax refund into u	ıp to three	?				Yes	No
ACCOUNT 1								
Owner of account					Taxpayer	Spou	se	Joint
Type of account	Checking Archer MSA Savings		raditional Savings overdell Education Savin	gs	Tradition HSA Sa	onal IRA avings	-	Roth IRA SEP IRA
Name of financial institution								
Financial Institution Routing Tran	sit Number (if known)							
Your account number								
ACCOUNT 2								
Owner of account					Taxpayer	Spou	se	Joint
Type of account	Checking Archer MSA Savings		raditional Savings overdell Education Savin	gs	Tradition HSA Sa	onal IRA avings	\mathbf{H}	Roth IRA SEP IRA
Name of financial institution								
Financial Institution Routing Tran	sit Number (if known)							
Your account number						_		
ACCOUNT 3								
Owner of account					Taxpayer	Spou	se	Joint
Type of account	Checking Archer MSA Savings		raditional Savings overdell Education Savin	gs	Tradition HSA Sa	onal IRA avings	-	Roth IRA SEP IRA
Name of financial institution								
Financial Institution Routing Tran	sit Number (if known)							
Your account number								
To the best of my knowledge income, deductions, and oth which I have adequate recor	ner information necessa							
Taxpayer	Date	<u>е</u>	Spouse				- Date	