

Tax Year \_\_\_\_\_

# Client Tax Organizer

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	Fax		Home	Fax	
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind  Yes  No      Spouse Legally Blind  Yes  No  
 Taxpayer Disabled  Yes  No      Spouse Disabled  Yes  No  
 Pres Campaign Fund (Taxpayer)  Yes  No      Pres Campaign Fund (Spouse)  Yes  No  
**Filing status:** Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did your address change during the year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Did you give a gift of more than \$14,000 to one or more people?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Were there any changes in dependents?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you go through bankruptcy, foreclosure, or repossession proceedings?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive unreported tip income of \$20 or more in any month?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you incur a loss because of damaged or stolen property?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you receive any unemployment or disability income?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Were you notified or audited by either the IRS or State taxing agency?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did you buy or sell any stocks, bonds or other investment property?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Did you work from a home office or use your car for business?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. May the IRS discuss your tax return with your preparer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Were you a citizen of, have income from, or live in a foreign country?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Could you be claimed as a dependent on another person's tax return?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Do you want to electronically file your tax return?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you pay anyone for domestic services in your home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Did you buy any internet merchandise for which you did not pay sales/use tax?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. <b>Health Insurance</b> Did you have ACA compliant health insurance during the year?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**(Attach Form 1095-A, 1095-B, and/or 1095-C)**

## Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
<b>Property Sold</b>	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired	Cost & Improvements	

## Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

## Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____ SS# _____		Tuition and Fees paid Who was it paid for? _____	
Educator Expenses		IRA/SEP Contributions - Taxpayer	
Health Savings Account		IRA/SEP Contributions - Spouse	
		Student loan interest	

## Medical/Dental Expenses

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

## Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	

## Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

## Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (if over \$500 attach list)			

## Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

## Miscellaneous/Unreimbursed Expenses

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

## Estimated Tax Payments

	Federal	State		Federal	State
1 <sup>st</sup> Quarter			3 <sup>rd</sup> Quarter		
2 <sup>nd</sup> Quarter			4 <sup>th</sup> Quarter		

## Day Care Expense

Provider #1	Provider #2
Address	
EIN/SS#	
Amount Paid	
Children cared for	

## Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	<b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all
	<i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
	Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide number _____	
Spouse	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	<b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all
	<i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
	Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide number _____	

## Health Insurance continued

Dependent  _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	<b>Attach Form 1095-A, 1095-B, and/or 1095-C</b> <input type="checkbox"/> Not insured at all  <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide number _____
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## Self-Employment Information

**Business Name** \_\_\_\_\_

<b>Total Sales</b>		<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
<b>Expenses</b>		
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 (gross W-2)
Equipment Rental Expense		Postage
Auto Expense		Bank Charges
Auto Mileage		Tools & Equipment
		Uniforms
<b>Assets Purchased</b>		<b>Notes</b>
Date	Amount	Asset
<b>Cost of Goods Sold</b>		
Inventory at beginning of year		Material & supplies
Purchases		Other:
Cost of items for personal use		Other:
Cost of labor		Inventory at end of year

**Expenses Related to Business**

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle: \_\_\_\_\_

Date vehicle was placed in service: \_\_\_\_\_

Check if Applicable:

Another vehicle is available for personal use

There is evidence to support your deduction

This vehicle is available for use during off-duty hours

The evidence is written

Number of miles the vehicle was driven during the tax year: Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other _____		_____		_____	
_____		_____		_____	

**Business Use of Home**

Name of business home is used for \_\_\_\_\_

What is the square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	In the "Office expenses" column, enter those expenses that pertain exclusively to your office. In the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Mortgage interest			
Real estate taxes			
Excess mortgage interest			
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses			