

Client Tax Organizer

Please complete this Organizer before your appointment.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Single	
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 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

Please provide for your appointment

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 _____
 Amount of Damage _____
 Insurance Reimbursement _____
 Repair Costs _____
 Federal Grants Received _____

16. Charitable Contributions

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. Job-Related Moving Expenses

Date of move _____
 Move Household Goods _____
 Travel to New Home (no. of miles) _____
 Lodging During Move _____

**18. Employment Related Expenses That You Paid
(Not self-employed)**

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 _____

19. 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.

20. 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 _____

21. 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 _____

22. Investment-Related Expenses

- Tax Preparation Fee _____
- Safe Deposit Box Rental _____
- Mutual Fund Fee _____
- Investment Counselor _____
- Other _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

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

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account?
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

Yes No

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 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
 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
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

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

