

Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information

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

| | | | |
|--|--|--|--|
| <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

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- | | | | |
|---|---|---|--|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 10. Did you give a gift of more than \$13,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 11. Did you have any debts cancelled, forgiven, or refinanced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you withdraw or write checks from a mutual fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? | _____ |
| 6. Do you have a foreign bank account, trust, or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

18. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ? ☐ Yes ☐ No

19. Did you own \$50,000 or more in foreign financial assets? ☐ Yes ☐ No

[illegible]

7. Property Sold

| Property | Date Acquired | Cost & Imp. |
|---------------------|---------------|-------------|
| Personal Residence* | | |
| Vacation Home | | |
| Land | | |
| Other | | |

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

Attach 1099-INT, Form 1097-BTC & broker statements

| Payer | Amount |
|-------------------|--------|
| | |
| | |
| | |
| | |
| Tax Exempt | |
| | |
| | |

Contributions for tax year income

| Contributions for tax year income | | | for Roth |
|-----------------------------------|--------|------|----------|
| | Amount | Date | |
| Taxpayer | | | |
| Spouse | | | |

Amounts withdrawn. Attach 1099-R & 5498

| Plan Trustee | Reason for Withdrawal | Reinvested? | |
|--------------|-----------------------|------------------------------|-----------------------------|
| | | <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 |

9. Pension, Annuity Income

From Mutual Funds & Stocks - Attach 1099-DIV

[illegible]

| Attach 1099-R Payer* | Reason for Withdrawal | Reinvested? |
|-------------------------|--------------------------|-------------|
|-------------------------|--------------------------|-------------|

| | | | |
|--|--|------------------------------|-----------------------------|
| | | <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 |

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

| Did you receive: | Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Social Security Benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Railroad Retirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach SSA 1099, RRB 1099

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

| Investment | Date Acquired/Sold | Cost | Sale Price |
|------------|--------------------|------|------------|
| | / | | |
| | / | | |
| | / | | |
| | / | | |

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) _____
Miles after June 30 _____

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 _____

| | Other | Federally Declared Disaster Losses |
|-------------------------|-------|---------------------------------------|
| Amount of Damage | _____ | _____ |
| Insurance Reimbursement | _____ | _____ |
| Repair Costs | _____ | _____ |
| Federal Grants Received | _____ | _____ |

16. Charitable Contributions

| | Other |
|-----------------------------|--------------------------|
| 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 _____ \$0.00 |

17. 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.

18. Job-Related Moving Expenses

Date of move _____
Move Household Goods _____
Lodging During Move _____
Travel to New Home (no. of miles) _____
Miles after June 30 _____

19. 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 _____

20. Investment-Related Expenses

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

21. 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) _____

Miles after June 30 _____

From first to second job _____

Miles after June 30 _____

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 _____

22. 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 _____

23. Estimated Tax Paid

| Due Date | Date Paid | Federal | State |
|----------|-----------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

25. Education Expenses

| Student's Name | Type of Expense | Amount |
|----------------|-----------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

24. Other Deductions

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

26. Questions, Comments, & Other Information

Residence:

Town _____ County _____

Village _____ School District _____

City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account?

☐ Yes ☐ No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account

☐ Taxpayer ☐ Spouse ☐ Joint

Type of account

| | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Education Savings | <input type="checkbox"/> HSA Savings | <input type="checkbox"/> 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

| | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Education Savings | <input type="checkbox"/> HSA Savings | <input type="checkbox"/> 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

| | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Education Savings | <input type="checkbox"/> HSA Savings | <input type="checkbox"/> SEP IRA |

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

| Owner's name | Co-owner or Beneficiary's name if applicable | X if name is for a beneficiary | Bond purchase Amount |
|--------------|---|-----------------------------------|----------------------|
| | | | |
| | | | |
| | | | |

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

TA TAX & ACCOUNTING

Tax Preparation Checklist

Before you begin to prepare for your income tax return, go through the following checklist. Highlight the areas that apply to you, and make sure you have that information available.

Most people will need:

Personal information

This information tells the IRS exactly who's filing, who is covered in your tax return, and where to deposit your tax refund.

- ☐ Social Security numbers and dates of birth for you, your spouse, your dependents
- ☐ Copies of last year's tax return for you and your spouse (helpful, but not required)
- ☐ Bank account number and routing number, if depositing your refund directly into your account

Information about your income

- ☐ W-2 forms for you and your spouse
- ☐ 1099-C forms for cancellation of debt
- ☐ 1099-G forms for unemployment income, or state or local tax refunds
- ☐ 1099-MISC forms for you and your spouse (for any independent contractor work)
- ☐ 1099-R, Form 8606 for payments/distributions from IRAs or retirement plans
- ☐ 1099-S forms for income from sale of a property
- ☐ 1099-INT, -DIV, -B, or K-1s for investment or interest income
- ☐ SSA-1099 for Social Security benefits received
- ☐ Alimony received
- ☐ Business or farming income - profit/loss statement, capital equipment information
- ☐ Rental property income and expenses: profit/loss statement, suspended loss information
- ☐ Prior year installment sale information - Forms 6252, principal and interest collected during the year, SSN and address for payer
- ☐ Miscellaneous income: jury duty, gambling winnings, Medical Savings Account, scholarships, etc.

Adjustments to your income

The following items can help reduce the amount of your income that is taxed, which can increase your tax refund, or lower the amount you owe.

- ☐ Form 1098-E for student loan interest paid (or loan statements for student loans)
- ☐ Form 1098-T for tuition paid (or receipts/canceled checks for tuition paid for post-high school)
- ☐ For teachers: Canceled checks or receipts for expenses paid for classroom supplies, etc.
- ☐ Records of IRA contributions made during the year
- ☐ Receipts for any qualifying energy-efficient home improvements (solar, windows, etc.)
- ☐ Records of Medical Savings Account (MSA) contributions
- ☐ Self-employed health insurance payment records
- ☐ Records of moving expenses
- ☐ Alimony paid
- ☐ Keogh, SEP, SIMPLE, and other self-employed pension plans

If you itemize your deductions:

Deductions and credits

The government offers a number of deductions and credits to help lower the tax burden on individuals, which means more money in your pocket. You'll need the following documentation to make sure you get all the deductions and credits you deserve:

- ☐ Child care costs: provider's name, address, tax ID, and amount paid
- ☐ Education costs: Form 1098-T, education expenses
- ☐ Adoption costs: SSN of child; records of legal, medical and transportation costs
- ☐ Forms 1098: Mortgage interest, private mortgage insurance (PMI), and points you paid
- ☐ Investment interest expenses
- ☐ Charitable donations: cash amounts, official charity receipts, canceled checks; value of donated property; miles driven and out-of-pocket expenses
- ☐ Medical and dental expense records
- ☐ Casualty and theft losses: amount of damage, insurance reimbursements

Deductions and credits (continued)

- ☐ Records/amounts of other miscellaneous tax deductions: union dues; unreimbursed employee expenses (uniforms, supplies, seminars, continuing education, publications, travel, etc.)
- ☐ Records of home business expenses, home size/office size, home expenses
- ☐ Rental property income/expenses: profit/loss statement, rental property suspended loss information

Taxes you've paid

- ☐ State and local income taxes paid
- ☐ Real estate taxes paid
- ☐ Personal property taxes
- ☐ Vehicle license fees based on value of vehicle

Other information

- ☐ Estimated tax payments made during the year (self-employed)
- ☐ Prior-year refund applied to current year and/or any amount paid with an extension to file
- ☐ Foreign bank account information: location, name of bank, account number, peak value of account during the year

TA TAX & ACCOUNTING

SMALL-BUSINESS TAX PREPARATION CHECKLIST

PERSONAL AND SMALL-BUSINESS RECORDS:

- ☐ **Personal Records**
You'll need the full legal names, SSNs, addresses, percent ownership, ownership acquisition date and distribution details for you, your spouse, any dependents and any other business owners.
- ☐ **Last Year's Federal and State Tax Returns**
Gather both personal and small-business returns.
- ☐ **Current Financial Statements and Bookkeeping Records**
This includes journal entries, profit and loss statements, balance sheets, etc.
- ☐ **Income Records**
You need all 1099 forms plus W-2s from your spouse (if applicable).
- ☐ **Estimated Tax Payments**
Gather all paperwork related to tax payments made during year, including state, federal, property, etc.
- ☐ **General Ledger**
Your ledger should list out contents of every expense category you plan to deduct from your small-business tax return.

ITEMIZED BUSINESS EXPENSE RECORDS:

☐ General Business Expenses

Keep receipts for all business-related expenses you plan to deduct (itemize by category, vendor name, date, amount, etc.). Examples of common business-expense categories:

- ☐ Meals and entertainment
- ☐ Travel (hotel, airfare, transportation, etc.)
- ☐ Advertising (business cards, website, ads, etc.)
- ☐ Legal and accounting fees
- ☐ Business insurance
- ☐ Tax, business license, and permit fees
- ☐ Office supplies
- ☐ Internet and cell phone
- ☐ Bank fees
- ☐ Business loan interest
- ☐ Equipment, storage, and office rent

☐ Home Office Deduction

If you work out of your home, there are many tax deductions you can take advantage of. The following are examples of expenses you can report on Form 8829, which is attached to Schedule C of your 1040:

- ☐ Square footage of the home
- ☐ Square footage of the office space
- ☐ Utilities plus repairs
- ☐ Homeowner's/renter's insurance
- ☐ Form 1098s for mortgage interest
- ☐ Property taxes

☐ **Vehicle Deduction**

If you use your car for business, keep a logbook of your mileage for business use. You cannot deduct the following business-related expenses without a logbook and itemized receipts:

- ☐ Fuel and oil costs
- ☐ Lease payments
- ☐ Insurance and tax payments
- ☐ Parking fees and toll charges
- ☐ Repair and maintenance fees

☐ **Sold or Purchased Assets**

Keep proper documentation of all business-related assets you've bought or sold during the year (purchase orders, invoices, receipts or checks, etc.).

☐ **Asset Depreciation**

Keep record of the cost and acquisition date of key business assets along with the sales price and disposition date of assets sold within the calendar year.

☐ **Salaries and Wages Paid to Employees**

You'll need copies of W-2 and W-3 forms along with federal and state payroll returns (Form 940).

☐ **Commissions to Subcontractors**

You will have to issue a Form 1099 to anyone you paid for services of \$600 or more (installation, bookkeeping, etc.).

☐ **Fringe Benefits**

Keep records of any benefits offered to employees. This could include:

- ☐ Employer-based pension/profit sharing contributions
- ☐ Employer-paid HSA contributions
- ☐ Employer-paid health insurance premiums

☐ **Self-Employment Expenses**

Keep records of any additional self-employment-related expenses, including:

- ☐ Pension plan contributions
- ☐ IRA contributions (Form 5498)
- ☐ Health insurance payments
- ☐ Health Savings Account contributions (Form 5498-SA)
- ☐ Job-hunting and job-related educational expenses

OTHER EXPENSE RECORDS:

☐ **Charitable Contributions**

Keep a detailed list of donations. You must have receipts for contributions over \$250 and a Form 1023 for vehicle donations.

☐ **Health Care Expenses**

Keep records of medical and dental costs.

☐ **Alimony Expenses**

Provide ex-spouse's full name and SSN.

☐ **Education Expenses**

These include Forms 1098-T (tuition statement and itemized receipts of educational expenses) and 1098-E (student loan interest statement).

☐ **Child and Dependent Care Expenses**

Be sure to get the name, address and tax ID or SSN of the provider.

HAVE QUESTIONS?

Our tax advisors can help you make sense of all the paperwork so you don't miss any deductions.