# Client Tax Organizer

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

## 1. Personal Information

Disabled       Yes       No       Yes       No       Single         Pres. Campaign Fund       Yes       No       Single       Single         Pres. Campaign Fund       Yes       No       Single       Disabled       Full       Dependents         Image: Student       Relationship       Date of Birth       Social Security       Months       Disabled       Full       Dependents         Image: Student       Relationship       Date of Birth       Social Security       Months       Disabled       Full       Dependents         Image: Student       Relationship       Date of Birth       Social Security       Months       Disabled       Full       Dependents         Image: Student       I	Name		Soc. Se	c. No.	Date	ofBirth	Occupati	on	V	/ork Ph	one
Street Address       City       State       ZIP       Home Phor         Isopayar       Spouse       Marital Status       Will file jointly       Ves       No         Disabled       Ves       No       Ves       No       Single       Will file jointly       Ves         Pres. Campaign Fund       Ves       No       Ves       No       Will file jointly       Ves       Dependents         (first Last)       Relationship       Date of Spouse's beath         (first Last)       Relationship       Date of Spouse's colspan="2">Birth       Social Security       Months       Time       Dependents         (first Last)       Relationship       Date of Spouse's colspan="2">Social Security       Months       Time       Dependents         (first Last)       Relationship       Date of Spouse's colspan="2">Social Security       Months       State       Time       Dependents         (first Last)       Relationship       Date of Spouse's colspan="2">Social Security       Months       Disobled       Time       Dependents       File       Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"       Disobled       Time       Disobled	Taxpayer										
Iaxpayer       Spouse       Married Status         Bind       Yes       No       Yes       No         Pres. Campaign Fund       Yes       No       Yes       No         Pres. Campaign Fund       Yes       No       Yes       No         Image: Pres. Campaign Fund       Yes       Relationship       Data of       Social Security       Months         Image: Pres. Campaign Fund       Relationship       Data of       Social Security       Months       Full       Pegerde         Image: Pres. Campaign Fund       Relationship       Data of       Social Security       Months       Social Security       Months         Image: Pres. Campaign Fund       Relationship       Data of       Social Security       Months       Social Security       Months         Image: Pres. Campaign Fund       Relationship       Data of       Social Security       Months       Social Security       Months       Social Security       Months       Social Security       Months       Social Securi	Spouse										
Blind       Yes       No       Yes       No       Yes       No       Single         Pres. Campaign Fund       Yes       No       Yes       No       Single       Will file jointly       Yes       Pers.         2 Dependents (Children & Others)       Relationship       Date of Birth       Social Security       Months       Full       Dependent         First Last)       Relationship       Date of Birth       Social Security       Months       Full       Dependent         First Last)       Relationship       Date of Birth       Social Security       Months       Full       Dependent         Student       Incom       Incom       Incom       Incom       Incom       Incom         Student       Incom       Incom       Incom       Incom       Incom       Incom         Please provide for your appointment       Incom       Incom       Incom       Incom       Incom         Please answer the following questions to determine maximum deductions       Incom       Incom       Incom       Incom       Incom         1. Are your serve income from rarising an indust or crops?       Yes*       No       10 Did you give a git of more than \$12,000 to the or people?       Yes         2 Did you raceive income from gravenersts	StreetAddress			City		State	e ZI	Р	H	ome Ph	ione
Name (First Last)       Relationship       Date of Birth       Social Security Number       Months Lived With You       Disabled       Full Time Student       Depende Gross Incom         Please provide for your appointment - Last year's tax return (new clients only) - Name and address Isbel (from government booklet or card)       - All statements (W-2s, 1098, etc)       -         Please answer the following questions to determine maximum deductions       -       -       -       -         1.       Are you self-employed or do you receive hobby income?       Yes*       No       10 Did you give a gift of more than \$12,000 to one or more people?       Yes         2       Did you receive income from raising animals or crops?       Yes*       No       12 Did you give a gift of more than \$12,000 to one or more people?       Yes         2       Did you receive income from raising animals or crops?       Yes*       No       12 Did you give a gift of more than \$12,000 to one or more people?       Yes         2       Did you receive rent from real estate or other property?       Yes*       No       12 Did you give readent on student loan for yourself, your spouse, or your dependent during the year?       Yes         5       Did you vereive any correspondence from the IRS or State Department of Taxation?       Yes       No       14 Did you pay expenses for yourself, your spouse, or your dependent to a student loan for your dependent ca get 18 with uneamed income of more thare \$500?	Blind Yes N Disabled Yes N	o Yes o Yes	No	Mari	ried le	Date of S					No
First Last)       Relationship       Date UI Birth       Studau Security Number       Lived With You       Disabled Student       Time for some Student       Corosing Student         Image: Student	2. Dependents (Children & Oth	ers)									
<ul> <li>Last year's tax return (new clients only)</li> <li>Name and address label (from government booklet or card)</li> <li>Please answer the following questions to determine maximum deductions</li> <li>Are you self-employed or do you receive hobby income?</li> <li>Did you receive income from raising animals or crops?</li> <li>Yes*</li> <li>No</li> <li>Did you acceive rent from real estate or other property?</li> <li>Yes*</li> <li>No</li> <li>Did you go through bankruptcy proceedings?</li> <li>Yes</li> <li>No</li> <li>If you go through bankruptcy (b) Was heat included?</li> <li>Yes</li> <li>Did you withdraw or write checks from a mutual fund?</li> <li>Yes</li> <li>No</li> <li>Did you provide a home for or help support anyone not listed in Section 2 above?</li> <li>Did you receive any correspondence from telRs or State Department of Taxation?</li> <li>Were there any births, deaths,</li> </ul>		Relationship				Live	ed Disable	d Tir	me	Gro	DSS
Name and address label (from government booklet or card) Please answer the following questions to determine maximum deductions      Are you self-employed or do you     receive hobby income?      Did you receive income from     raising animals or crops?      Did you receive rent from real     estate or other property?      Did you receive income from     gravel, timber, minerals, oil, gas,     copyrights, patents?      Did you withdrawor write     checks from a mutual fund?      Do you have a foreign bank     account, trust, or business?      Do you provide a home for or     help support anyone not listed     in Section 2 above?      Wes      No      Did you preceive any correspondence     from the IRS or State Department     of Taxation?      Wes      Were there any births, deaths,      Wes      Did you provide a foreign bank     dor yes      No      Did you provide anter     Yes      No      Did you preceive any correspondence     from the IRS or State Department     of Taxation?      Were there any births, deaths,      Wes      Hou preceive any correspondence     from the IRS or State Department     of Taxation?      Were there any births, deaths,      Subject on the IRS or State Department     of Taxation?      Were there any births, deaths,      Were t											
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<ul> <li>estate or other property?</li> <li>Yes* No</li> <li>No</li> <li>Proceedings?</li> <li>(a) If you paid rent, how much did you pay?</li> <li>(b) Was heat included?</li> <li>Yes</li> <li>Did you withdraw or write checks from a mutual fund?</li> <li>Do you have a foreign bank account, trust, or business?</li> <li>Yes</li> <li>No</li> <li>Do you provide a home for or help support anyone not listed in Section 2 above?</li> <li>Did you receive any correspondence from the IRS or State Department of Taxation?</li> <li>Were there any births, deaths,</li> <li>Yes* No</li> <li>Yes* No</li> <li>Yes* No</li> <li>Yes* No</li> <li>Yes* No</li> <li>If you paid rent, how much did you pay?</li> <li>(b) Was heat included?</li> <li>Yes</li> <li>Yes</li> <li>No</li> <li>Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?</li> <li>Did you provide a home for or help support anyone not listed in Section 2 above?</li> <li>Yes</li> <li>No</li> <li>Did you receive any correspondence from the IRS or State Department of Taxation?</li> <li>Yes</li> <li>No</li> <li>Did you provide a home, account instal any energy efficiency</li> <li>Yes</li> </ul>	<ul> <li>Last year's tax return (new clients o</li> <li>Name and address label (from gove</li> <li>Please answer the following questions to</li> <li>Are you self-employed or do you receive hobby income?</li> <li>Did you receive income from raising animals or crops?</li> </ul>	rnment booklet or car determine maximum Yes* N	d) deductions 10 o 11. o	Did you gi to one or r Did you ha or refinanc	ve a gif more pe ave any ced?	t of more eople? debts ca	than \$12,00			] Yes	
gravel, timber, minerals, oil, gas, copyrights, patents?       Yes*       No       (b) Was heat included?       Yes         5       Did you withdraw or write checks from a mutual fund?       Yes       No       14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?       Yes         6       Do you have a foreign bank account, trust, or business?       Yes       No       15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?       Yes         7.       Do you provide a home for or help support anyone not listed in Section 2 above?       Yes       No       15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?       Yes         8       Did you receive any correspondence from the IRS or State Department of Taxation?       Yes       No       16. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle?       Yes         9       Were there any births, deaths,       18. Did you install any energy efficiency       Yes	estate or other property?	Yes* N	0	proceedin	gs?					Yes	L No
<ul> <li>checks from a mutual fund?</li> <li>Yes No</li> <li>Do you have a foreign bank account, trust, or business?</li> <li>Yes No</li> <li>Do you provide a home for or help support anyone not listed in Section 2 above?</li> <li>Did you receive any correspondence from the IRS or State Department of Taxation?</li> <li>Were there any births, deaths,</li> <li>Yes No</li> <li>Yes No</li> <li>No</li> &lt;</ul>	gravel, timber, minerals, oil, gas,	Yes* N		-			luci i dia you	pay		] Yes	
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<ul> <li>8 Did you receive any correspondence from the IRS or State Department of Taxation?</li> <li>9 Were there any births, deaths,</li> <li>9 Understand set to the image of the image o</li></ul>	<ul><li>account, trust, or business?</li><li>7. Do you provide a home for or help support anyone not listed</li></ul>		o 15.	Did you pa spouse, or classes be	ay expe r your d eyond h	ependen igh scho	t to attend ol?			Г	
9. Were there any births, deaths, 18. Did you install any energy efficiency	from the IRS or State Department	Yes N	0 17.	unearned Did you pu	income urchase	of more a new "l	than \$850? nybrid", alter	mative		7	
in your immediate family? Yes No improvements, or energy property to your residence such as exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? Yes	marriages, divorces or adoptions in your immediate family?	Yes N	18. Io	Did you in improvem residence insulation,	stall an ents, or such as heat p	y energy <sup>-</sup> energy   s exterio umps, fu	efficiency property to y r doors or wi rnace, centra	our ndows,	,	7	

## 3. Wage, Salary Income

## Attach W-2s:

Employer	Taxpayer	Spouse

## 4. InterestIncome

#### Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

## 5. Dividend Income

#### From Mutual Funds & Stocks - Attach 1099-DIV

Ordinary	Capital Gains	Non- Taxable
	Ordinary	Ordinary Gains

#### 6. Partnership, Trust, Estate Income

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

## 8. Property Sold

#### Attach 1099-S and closing statements

Property	Date Acquired	Cost&lmp.
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).

## 9. I.R.A. (Individual Retirement Acct)

Contributions for tax year income				
	Amount	Date	Roth	
Taxpayer				
Spouse				

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	<u>Reinvested?</u>
		Yes No Yes No Yes No Yes No Yes No

## 10. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	R	einve	sted?	2
			Yes Yes Yes		No No No
			Yes		No

<u>Taxpayer</u>

No

No

Yes

Yes

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

#### Did you receive:

Social Security Benefits Railroad Retirement

<u>Spouse</u>					
	Yes		No		
	Yes		No		

#### Attach SSA 1099, RRB 1099

### 7. 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

(paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mleage (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 CTORG03 12-26-07

#### 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\$0.00

## 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 - Uni	on, Professional	
Books, Su	bscriptions, Supplies	
Licenses		
Tools, Equ	ipment, Safety Equipment	
Uniforms	include cleaning)	
Sales Expe	ense, Gifts	
Tuition, Bo	ooks (work related)	
Entertainn	nent	
Office in h	ome:	
In Square	a) Total home	
Feet	b) Office	
	c) Storage	
Rent		
Insuranc	e	
Utilities		
Maintena		

## 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		23. Estimated Tax Paid			
Do you have written records? Did you sell or trade in a car used for business?	Yes No	Due Date	Date Paid	Federal	State
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		24. Other De Alimony Paid to Social Security No. Student Interest Pa Health Savings Acc Archer Medical Sav 25. Educatio Student's Name	aid count Contribution vings Acct Contrib n Expenses	\$ \$ s \$	Amount
Lease payments Garage Rent 21. Business Travel					
If you are not reimbursed for exact amount, gi	ve total expenses.	26. Question	s, Comments,	& Other Info	rmation
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		Residence: Town Village City	Scl	unty hool District	

27. DirectDepositofR	efund		
	und (s) directly deposited into osit your federal tax refund into se provide the following informa	up to three	Yes No
ACCOUNT 1			
Owner of account			Taxpayer Spouse Joint
Type of account	Checking Archer MSA Savings	Traditional Savings Coverdell Education Savings	Traditional IRA Roth IRA HSA Savings SEP IRA
Name of financial institution			
Financial Institution Routing Tra	ansitNumber (ifknown)		
Your account number	_		
ACCOUNT 2			
Owner of account			Taxpayer Spouse Joint
Type of account	Checking Archer MSA Savings	Traditional Savings Coverdell Education Savings	Traditional IRA Roth IRA HSA Savings SEP IRA
Name of financial institution			
Financial Institution Routing Tra	ansitNumber (ifknown)		
Your account number	_		
ACCOUNT 3			
Owner of account			Taxpayer Spouse Joint
Type of account	Checking Archer MSA Savings	Traditional Savings Coverdell Education Savings	Traditional IRA Roth IRA HSA Savings SEP IRA
Name of financial institution			
Financial Institution Routing Tra	ansitNumber (ifknown)		
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