

Tax Return Appointment: Date: _____ Time: AM PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. 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? _____

2. 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:

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| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you pay tuition or other education expenses for yourself or a dependent? (Attach Form 1098-T) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>13. 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</p> <p>14. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Health Insurance. Did you have ACA compliant health insurance during the year? (Attach Form 1095-A, 1095-B, and/or 1095-C) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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3. Wage, Salary Income

Attach Form(s) W-2's

Employer name	TP	SP
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Pensions, Annuities, Profit Sharing, IRA's, etc.

Attach Form(s) 1099-R

1099-R Payer name	TP	SP
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Social Security/Railroad Benefits

Attach Form(s) SSA-1099	Taxpayer	Spouse
Social Security benefits	_____	_____
Railroad Retirement benefits	_____	_____
Medicare B premiums w/h	_____	_____
Medicare D premiums w/h	_____	_____

6. Interest Income

Attach Form(s) 1099-INT & Broker statements

1099-INT Payer name	Tax-exempt?	Amount
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

8. Dividend Income

Attach Form(s) 1099-DIV

Form 1099-DIV Payer	Ordinary	Capital gain	Tax-exempt?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Property Sold

Attach Form(s) 1099-S & closing statements

Property	Date acquired	Cost & Imp
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Other Income

Alimony received	_____
Gambling/lottery winnings	_____
Jury duty	_____
Disability income	_____
State income tax refund	_____
Other	_____
Other	_____

11. Adjustments to Income

Alimony paid	_____
Name _____ SS# _____	
IRA/SEP Contributions - Taxpayer	_____
IRA/SEP Contributions - Spouse	_____
Educator expenses	_____
Student loan interest	_____
Health Savings Account	_____
Other:	_____

12. Investments Sold

Attach Form(s) 1099-B & confirmation slips

Investment	Date acquired	Date Sold	Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Medical/Dental Expenses

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

14. Taxes Paid

Real property tax (attach bills)
Personal property tax
Other:

15. Interest Expense

Mortgage interest paid (attach 1098's)
Interest paid to individual for your home
(attach amortization schedule)
Paid to:
Name
Address
Social Security No.
Investment interest

16. 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

17. Estimated Tax Payments

Table with 4 columns: Federal Amount, State Amount, LY - Jan 15, Q1 - Apr 15, Q2 - Jun 15, Q3 - Sep 15, Q4 - Jan 15.

18. Charitable Contributions (receipts required)

Church
United Way
Scouts
Telethons
University, Public TV/Radio
Heart, Lung, Cancer, etc.
Wildlife Fund., Humane society
Salvation Army, Goodwill
Other:
Non-Cash
Address
City/State/Zip
Value of goods (attach list if more than one)
Volunteer mileage

19. Miscellaneous/Unreimbursed Expenses

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

20. Day Care Expense (Form 2441)

Provider #1
Address
City/State/ZIP
EIN/SS# Amt Pd
Provider #2
Address
City/State/ZIP
EIN/SS# Amt Pd
Children cared for