

Tax Return Appointment: Date: _____ Time: _____ AM

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:

- | | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Did your marital status change during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 |
| 2. Did your address change during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you give a gift of more than \$15,000 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 | 15. 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 | 16. 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 | 17. 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 | 18. 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 | 19. 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 | 20. 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 | 21. Did you own or have interest in any foreign assets or accounts, or have signature authority with any foreign financial accounts? | <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 | 22. Do you want to electronically file your tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Did you pay anyone for childcare services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Did you buy any internet merchandise for which you did not pay sales/use tax? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | 24. 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 |

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3. Wage, Salary Income

Attach Form(s) W-2's

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.

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

Social Security benefits		
Railroad Retirement benefits		
Medicare B premiums w/h		
Medicare D premiums w/h		

6. Interest Income

□ □ □ □ □ □

7. Partnership, Trust, Estate Income

Attach Form(s) K-1

8. Dividend Income

[illegible]

9. Property Sold

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[illegible]

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

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 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 _____
Phone number _____
Provider #2 _____
Address _____
City/State/ZIP _____
EIN/SS# _____ Amt Pd _____
Phone number _____
Children cared for _____

Self Employment Information

Business Name

Total Sales		Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
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Expenses

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	

Assets Purchased

Notes

Date	Amount	Asset	Notes

Cost of Goods Sold

Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Rental Income

Property #1

Property #2

Property #3

Property #4

Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				