Client Tax Organizer

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

1. Pe	rsonal Information								
Taxpayer	Name		So	oc. Sec. No.	Date of	Birth (Occupatio	on Wo	rk Phone
Spouse									
Street Ac	ddress			City		State	ZIP	Hor	ne Phone
Email Ad	dress								
Blind	Taxpayer Yes N		ouse s No	Marital St			Will file	jointly Y	es No
Disabled Pres. Car	Yes N mpaign Fund Yes N			Singl Wido		ate of Spou	se's Deat	h	
2. De	pendents (Children & Oth	iers)							
	Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN
- Last	ovide for your appointment year's tax return (new clients o ne and address label (from gover		or card)	- All statemen	ıts (W-2s	, 1098s, 10	99s, etc)		
Please ans	swer the following questions to	determine maxir	num deducti	ons					
receiv	ou self-employed or do you e hobby income?	Yes*	No	9. Were ther marriages in your im	s, divorce	es or adopt	-		Yes No
-	ou receive income from g animals or crops?	Yes*	No	10. Did you giv		-	n \$14,000	, –	
-	ou receive rent from real or other property?	Yes*	No	to one or n	-	•	lled. forai		Yes No
gravel	ou receive income from , timber, minerals, oil, gas, ghts, patents?	Yes*	No	or refinance	ed? through				Yes No
5. Did yo	ou withdraw or write		<u> </u>	proceeding		how much	n did vou r		
6. Do you	s from a mutual fund? u have a foreign bank	Yes	No	(b) Was he			,		Yes No
7. Do you help s	nt, trust, or business? u provide a home for or upport anyone not listed tion 2 above?	∐ Yes □	No	14. Did you pa yourself, yo during the	our spou			nt	Yes No
8. Did yo	ou receive any correspondence he IRS or State Department	Yes	No	15. Did you pa spouse, or classes be	your dep	pendent to			Yes No

* Contact us for further instructions

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insurance) for dependents du	nealthcare coverage you, your spouse an uring this tax season s 1095-A, 1095-B, and	id i? If yes,	Y	es No	19. Did you purchas technology vehice20. Did you install a	cle or elec	tric vehicle?	ır	Yes	No
17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.				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 or 19 to 23	any children under th year old students wi ome of more than \$10	th	Y	′es	21. Did you own \$50 financial assets	0,000 or m			Yes	No
3. Wage, Sa	alary Income				22. Have you or you an identity theft digit identity pro	protection	PIN by the IRS	_		_
Attach W-2s: Employer		Тахр	oayer	Spouse			Taxpayer			Spouse
					7. Property	Sold				
			\dashv		Attach 1099-S and	d closing s	tatements			
					Property	,	Date Acquire	ed C	Cost & I	mp.
			\dashv	\vdash	Personal Resider					
			\dashv		Vacation Home					
					Land					
					Other					
Attach 1099-INT, I	Form 1097-BTC & br	oker statemer	nts Amo	ount	and cost of a ne (Job-Related Mo	oving).	_			
					Contributions for			,		
					Contributions for	•	mount	Date	•	✓ for Roth
Tax Exempt					Taxpayer Spouse		mount	Date	<i>-</i>	
					Amounts withdray	vn. Attach	1099-R & 5498			
5. Dividend	Income				Plan Trustee		Reason for Withdrawal		Reinves	sted?
From Mutual Fund	ds & Stocks - Attach	1099-DIV							Yes	No
Payer	Ordinary	Capital Gains		Non- axable					Yes Yes Yes	No No No
					9. Pension,	Annuity	Income			
					Attach 1099-R		Reason for			
					Payer*		Withdrawal		Reinves	sted?
								-	Yes	No No
6. Partnersh	hip, Trust, Estate	e Income							Yes Yes	No No
List payers of part or estate income -	tnership, limited part - Attach K-1	nership, S-co	rporati	ion, trust,	* Provide stateme company with in contributions to	nformation		Lrance	_ Yes	∐ No
					Did you receive:		Taxpayer		Spou	ise
					Social Security	y Benefits	Yes	No	Yes	No
					Railroad Retire	ement	Yes	No	Yes	No

Attach SSA 1099, RRB 1099

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	14. Interest Expense	
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1098)	
, -	Interest paid to individual for your	
Alimony Received	home (include amortization schedule)	
Child Support	Paid to:	
Scholarship (Grants)	Name	
Unemployment Compensation (repaid)	Address	
Prizes, Bonuses, Awards	Social Security No.	
	Investment Interest	
Unreported Tips	Premiums paid or accrued for qualified	
Director / Executor's Fee	mortgage insurance	
Commissions		
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation		
Disability Income	For property damaged by storm, water, fire, acci	ident or stolen
Veteran's Pension	Location of Property	•
Payments from Prior Installment Sale		
State Income Tax Refund	Description of Property	
Other		
Other		
12. Medical/Dental Expenses Medical Insurance Premiums (paid by you)	Amount of Damage Insurance Reimbursement Repair Costs Federal Grants Received	Disaster Losses
Prescription Drugs		-
Insulin		
Glasses, Contacts	16. Charitable Contributions	
Hearing Aids, Batteries		
Braces	Other	
Medical Equipment, Supplies		
Nursing Care	Church	
Medical Therapy	United Way	
Hospital	Scouts	
Doctor/Dental/Orthodontist	Telethons	
Mileage (no. of miles)	University, Public TV/Radio	
	Heart, Lung, Cancer, etc.	
	Wildlife Fund	
13. Taxes Paid	Salvation Army, Goodwill Other	
Real Property Tax (attach bills)	Non-Cash	
Personal Property Tax Other	Volunteer (no. of miles) @ .14	

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	21. Business Mileage
Date of move Move Household Goods Lodging During Move Travel to New Home (no. of miles)	Do you have written records? Did you sell or trade in a car used for business? Yes No Yes No If yes, attach a copy of purchase agreement Make/Year Vehicle
19. Employment Related Expenses That You Paid (Not self-employed)	Date purchased Total miles (personal & business) Business miles (not to and from work)
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	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
20. Investment-Related Expenses	22. Business Travel
Tax Preparation Fee Safe Deposit Box Rental Mutual Fund Fee Investment Counselor Other	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				24. Other Deductions			
Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Accoun Archer Medical Savings	\$s t Contributions \$		
25. Education	Expenses			26. Questions, 0	Comments, & Other Information		
Student's Name		expense					
				Residence: Town Village City	School District		
27. Direct De	posit of Refund	I / or Saving	s Bond Pur	chases			
•	ve your refund(s) of you to deposit you so. If so, please provid	r federal tax refu	ınd into up to th		Yes		
ACCOUNT 1				Г			
Owner of account Type of account	MyRA Treasury Direct	Checkin Archer M	g ISA Savings	Traditional Savings Coverdell Education Sav	Taxpayer Spouse J Traditional IRA Roth I wings HSA Savings SEP IF		
Name of financial in	stitution						
Financial Institution	Routing Transit No	umber (if know	n)				
Your account numbe	er						
ACCOUNT 2							
Owner of account					Taxpayer Spouse J		
Type of account	MyRA Treasury Direct	Checkin Archer M	g ISA Savings	Traditional Savings Coverdell Education Sav	Traditional IRA Roth I Roth I SEP IF		
Name of financial in	stitution						
Financial Institution	Routing Transit No	umber (if know	n)				
Your account number	er						

ACCOUNT 3

Owner of account			Taxpayer	Spouse Joint
Type of account MyRA Checkin Treasury Direct Archer	ng MSA Savings	Traditional Savings Coverdell Education	-	ditional IRA Roth IRA A Savings SEP IRA
Name of financial institution				
Financial Institution Routing Transit Number (if know	wn)			
Your account number				
Would you like to purchase Series I Savings bonds v	vith a portion of y	our refund? If so, please	answer the follow	ng:
Amount used for bond purchases for yourself (and s	pouse if filing joi	ntly).		
Amount used to buy bonds for someone else (or you	rself only or spo	ise only if filing jointly).		
Owner's name		or Beneficiary's f applicable	X if name is for a beneficiary	Bond purchase Amount
To the best of my knowledge the information income, deductions, and other information which I have adequate records.				
Taxpayer	 Date	Spouse		Date