## **Client Tax Organizer**

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

1. Personal Informatio	n							
Na	me		Soc. Sec. No.	Date o	f Birth (	Occupatio	on Wo	rk Phone
Taxpayer Spouse								
Street Address			City		State	ZIP	P Hor	ne Phone
Email Address								
<u>Tax</u>	payer	Spouse	Marital S	tatus				
Blind Yes	H		No Marı No Sing			Will file	jointly Ye	es No
Pres. Campaign Fund Yes	$\Box$		H		ate of Spou	ıse's Deat	th	
2. Dependents (Childre	en & Others)							
				Month	s	T	I	
Name (First, Last)	Relationship	Date o Birth	f Social Security Number	Lived With You		Full Time Student	Dependent's Gross Income	Protection PIN
Please provide for your appoint - Last year's tax return (nev - Name and address label (	v clients only)	et or card)	- All statemer	nts (W-2s	s, 1098s, 10	99s, etc)		
Please answer the following qu	estions to determine m	aximum ded	uctions					
Are you self-employed or do receive hobby income?	Yes*	No No	9. Were the marriage in your in	s, divorc	es or adopt	-		Yes No
<ol><li>Did you receive income fror raising animals or crops?</li></ol>	n Yes*	No	10. Did you gi		-	ın \$16.000		
<ol><li>Did you receive rent from re estate or other property?</li></ol>	eal Yes*	No	to one or i	more pe	ople?	,		Yes No
4. Did you receive income fror gravel, timber, minerals, oil,	gas,		11. Did you ha or refinand 12. Did you go	ced?		, ,	· []	Yes No
copyrights, patents?  5. Did you withdraw or write	Yes*	No No	proceedin		·	•		Yes No
checks from a mutual fund?	<u> </u>	No	13. (a) If you	-		n did you p		
6. Do you have a foreign bank account, trust, or business?		No	(b) Was h			ent loon f		Yes No
7. Do you provide a home for a help support anyone not list in Section 2 above?		No	14. Did you pa yourself, y during the	our spo	st on a stud use, or your		nt	Yes No
Did you receive any corresp from the IRS or State Depar of Taxation?	ondence	No	•	r your de	ses for you ependent to gh school?			Yes No

\* Contact us for further instructions

insurance) fo dependents of include Form 17. Did you or yo	healthcare coverage (lor you, your spouse and during this tax season? as 1095-A, 1095-B, and our spouse receive, sell	If yes, 1095-C.		es No	19. Did you install a residence such a generators or fu improvements s windows, insula central air condi	as solar well cells or uch as extended	ater heaters, energy efficie terior doors of pumps, furna	ent r ces,	Yes	;	] No
	ft, or otherwise dispose et or a financial interest et?				20. Did you own \$50 financial assets?		ore in foreign		Yes	;	] No
19 or 19 to 23	e any children under the 3 year old students with come of more than \$1,1	h	Y	es No	21. Have you or you an identity theft digit identity pro	protection	PIN by the IF		-	_	
3. Wage, S	alary Income					_	Taxpay	ər		Sp	ouse
Attach W-2s:					7. Property	Sold					
Employer		Tax	payer	Spouse	Attach 1099-S and	d closing s	tatements				
					Property	/	Date Acqu	ired	Cost &	lmp	
					Personal Resider	nce*					
			_	$\vdash$	Vacation Home						
			_		Land						
					Other						
					* Provide informa and cost of a ne (Job-Related Mo	w residen				ıe,	
4. Interest	Income				8. I.R.A. (Inc	dividual I	Retirement	Acct.)			
Attach 1099-INT, Payer	, Form 1097-BTC & bro	ker stateme	ents Amo	ount	Contributions for t	-	come mount	D	ate		for loth
					Spouse						
Tax Exempt					Amounts withdray	vn. Attach	1099-R & 549	98			
Tux Exempt					Plan Trustee		Reason fo	-	Reinve	estec	1?
					liustee		VVIIIIGIAWA	"	Yes		<u></u> ] No
5. Dividend	d Income								Yes	; <u> </u>	No No
	nds & Stocks - Attach 1	000 DIV							Yes	-	No
From Mutual Ful	ius & Stocks - Attacii i	Capital		Non-							
Payer	Ordinary	Gains	T	axable	9. Pension,	Annuity	Income				
					Attach 1099-R Payer*		Reason fo Withdrawa		Reinv	estec	1?
									Yes	;	No
									Yes	٠ <u></u>	No
									Yes	٠ <u> </u>	No
									Yes	;	No
6. Partners	ship, Trust, Estate	Income			<ul> <li>Provide stateme company with in contributions to</li> </ul>	formation					
List payers of pa	rtnership, limited partn	ership. S-c	orporati	on, trust.	Did you receive:		Taxpaye	<u>:r</u>	Spo	ouse	
or estate income	• • • • •	p, 0 0	- , p 3, au		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.	
Gambling, Lottery (expenses )		
Unreported Tips	Premiums paid or accrued for qualified	t
Director / Executor's Fee	mortgage insurance	<u> </u>
Commissions		
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation		
Disability Income	For property damaged by storm, water	r fire accident or stelen
Veteran's Pension		
Payments from Prior Installment Sale	Location of Property	
State Income Tax Refund		
Other	Description of Property	
Other		
12. Medical/Dental Expenses  Medical Insurance Premiums	Amount of Damage Insurance Reimbursement Repair Costs	Disaster Losses
(paid by you)	Federal Grants Received	
Prescription Drugs	<u> </u>	
Insulin	40.01.11.11.0.11.11	
Glasses, Contacts	16. Charitable Contributions	
Hearing Aids, Batteries Braces	Ot	her
Medical Equipment, Supplies		
Nursing Care	Church	
Medical Therapy	United Way	
Hospital	Scouts	
· ———	Telethons	
Doctor/Dental/Orthodontist	University, Public TV/Radio	
Mileage (no. of miles):	Heart, Lung, Cancer, etc.	
Miles after June 30, 2022	Wildlife Fund	
	Salvation Army, Goodwill	
13. Taxes Paid	Other	
	Non-Cash	
Real Property Tax (attach bills)		
Personal Property Tax	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	
✓ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to	Do you have written records?	Yes No
and moving due to a permanent change of station due to a military order.	Did you sell or trade in a car used	
Date of move	for business?	Yes No
Move Household Goods	If yes, attach a copy of purchase agreement	
Lodging During Move	ii yoo, attaon a copy of paronace agreement	
Travel to New Home (no. of miles)	Make/Year Vehicle	
	Date purchased	
	Total miles (personal & business)	
19. Employment Related Expenses That You Paid	Business miles (not to and from work)	
(Not self-employed)	Miles after June 30, 2022	
	From first to second job	
if Armed Forces reservist, a qualified performing artist,	Miles after June 30, 2022	
a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.	Education (one way, work to school)	
with a disability claiming impairment-related work expenses.	Job Seeking	
Dues - Union, Professional	Other Business	
Books, Subscriptions, Supplies	Round Trip commuting distance	
Licenses	Gas, Oil, Lubrication	
Tools, Equipment, Safety Equipment	Batteries, Tires, etc.	
Uniforms (include cleaning)	Repairs	
Sales Expense, Gifts	Wash	
Tuition, Books (work related)	Insurance	
Entertainment	Interest	
Office in home:	Lease payments	
In Square a) Total home	Garage Rent	
Feet b) Office		
c) Storage	22. Business Travel	
Rent		
Insurance	If you are not reimbursed for exact amount, give	o total ovnoncos
Utilities	if you are not reimbursed for exact amount, give	s total expenses.
Maintenance	Airfare, Train, etc.	
	Lodging	
20. Investment-Related Expenses State use only	Meals (no. of days )	
201 Infediment ficialed Expenses ofate use only	Taxi, Car Rental	
Toy Dyanauction Coo	Other	
Tax Preparation Fee	Reimbursement Received	
Safe Deposit Box Rental		
Mutual Fund Fee		
Investment Counselor		
Other		

23. Estimated Tax Paid			24. Other Deductions				
Due Date	Date Paid	Federal	State	Student Inter Health Savin Archer Medic	ity No.	s utions \$ contributions \$	formation
25. Education	Expenses						
Student's Name		Expense					
				Village		School District	
27. Direct Dep	oosit of Refund	l / or Saving	s Bond Purc	hases			
	ve your refund(s) o y you to deposit you s. If so, please provi	ır federal tax ret	fund into up to th		Тахра	aver Spo	Yes No
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IR.		Roth IRA HSA Savings	SEP IRA
Name of financial in	stitution						
Financial Institution	Routing Transit N	umber (if know	/n)		_		
Your account number	er						
ACCOUNT 2							
Owner of account					Тахра	ayer Spo	use Joint
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IR.	A Location Savings	Roth IRA HSA Savings	SEP IRA
Name of financial in	stitution						
Financial Institution	Routing Transit N	umber (if know	/n)		_		
Your account number	er						

## ACCOUNT 3

Owner of account			Taxpayer	Spouse Joint	
	Traditional Savings Archer MSA Savings	Traditional IRA Coverdell Educat	<del>-</del>	th IRA A Savings SEP IRA	
Name of financial institution					
Financial Institution Routing Transit Number (	(if known)				
Your account number					
Would you like to purchase Series I Savings b	oonds with a portion o	f your refund? If so, ple	ase answer the follow	ing:	
Amount used for bond purchases for yourself	f (and spouse if filing j	ointly).			
Amount used to buy bonds for someone else	(or yourself only or sp	ouse only if filing jointly	y)		
Owner's name		er or Beneficiary's e if applicable	X if name is for a beneficiary	Bond purchase Amount	
To the best of my knowledge the infoincome, deductions, and other information I have adequate records.			_		
Taxpayer	Date	Spouse		Date	