



Tax Organizer

I. Personal Information

* If no information has changed you can ignore this section

PERSONAL DATA			
Taxpayer First Name	Taxpayer Last Name	Social Security	Birthdate
Spouse First Name	Spouse Last Name	Social Security	Birthdate
Taxpayer Occupation		Spouse Occupation	
Address	City	State	Zip
Home Phone #	Cell Phone #	E-Mail Address	
Taxpayer Driver License # and State Issued		DL Issue Date	Expiration Date
Spouse Driver License # and State Issued		DL Issue Date	Expiration Date

DEPENDENTS		
Name (First, Initial and Last)	Social Security	Birthdate

ELECTRONIC FILING		
	Yes	No
Would you like to have your return filed electronically?		
Would you like to have your refund direct deposited?		
If, yes what is your:	Name of bank	
	Bank routing number	
	Bank account number	

II. Income Tax Questions

*Answer YES or NO to these questions so we can better prepare your return.

TAX PREPARATION	YES	NO
1. Did you move over 50 miles from your prior residence?		
2. Did you (or your spouse) receive any source of income that is not listed in this booklet (lottery, awards, insurance, etc.)?		
3. Do you have a Medical or Health Savings Account?		
4. Were you covered by health insurance all year? If so, please provide any and all 1095 forms.		
5. Did you purchase a car or boat last year? If so, please provide amount of sales tax paid. \$ _____		
6. Do any of your children under age 18 have investment income in excess of \$2,000?		
7. Did you buy or sell a principal residence? If so, please provide closing statements.		
8. Did you refinance a mortgage or obtain a home equity line of credit?		
9. Did you purchase a second home or rental property?		
10. Did you pay for any tuition or fees for yourself or a dependent? If so, please provide a copy of your 1098-T tuition statement.		
11. Did you (or your spouse) make any student loan payments?		
12. Did you make any contributions to an IRA or Roth IRA?		
13. Did you receive any distributions from an IRA or other retirement account?		
14. Did you pay for child care during the year while both spouses worked?		
15. Did you receive any stock options or stock bonuses from an employer?		
16. Do you have over \$10,000 in a foreign bank account?		
PLANNING	YES	NO
17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?		
17. Are you interested in making IRA contributions?		

III. Tax Document Checklist

*What do I need to provide to my tax accountant in order to prepare my return?

INCOME	
	W-2 Statements from Employers
	Interest Income - 1099 INT or 1099 OID
	Investments & Dividends - 1099 DIV
	Capital Gains - 1099-B and any brokerage statements related to the sale of securities
	Retirement Benefits - any 1099-Rs received from retirement accounts
	Social Security or Disability Benefits

Self Employment Income - 1099 MISCs

DEDUCTIONS AND CREDITS	
	Home Mortgage Interest - 1098s for each property
	Real Estate Taxes
	Sales Taxes Paid - A total of all taxes paid or the sales tax for any vehicles purchased. A standard amount can be used if this information is not available.
	Healthcare Coverage - please provide form 1095-A, 1095-B and/or 1095-C from employer or healthcare provider
	Cash Charitable Contributions - a summary of all cash contributions made to charitable contributions.
	Noncash Charitable Contributions - a summary of all noncash contributions made to charitable contributions, including items donated and estimated original purchase price
	Medical Expenses - if your medical expenses exceeded 10% of your income, please provide a detailed summary of your expenses
	Education Expenses - please provide all higher education tuition paid for yourself or your dependents, including 1098-T
	Student Loan Interest - please provide any student loan interest paid.
	Child Care Expenses - please provide the amount paid to registered child care facilities

IV. Itemized Deductions

CASH CHARITABLE CONTRIBUTIONS		
Organization Name	Date	\$ Amount

NON-CASH CHARITABLE CONTRIBUTIONS	
Name of Organization	Donation Date
Address	Estimated \$ Value

Name of Organization	Donation Date
Address	Estimated \$ Value

Name of Organization	Donation Date
Address	Estimated \$ Value

Miles driven for charitable purposes? If yes, enter mileage.	Mileage
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OUT OF POCKET MEDICAL EXPENSES

*Only list if TOTAL out of pocket medical is greater than 10% of wages.

	\$ Amount	Date
Prescriptions		
Doctors, Dentists, etc.		
Hospitals		
Eyeglasses & contacts		
Miles driven for medical purposes? If yes, enter mileage.	Mileage	

V. Schedule C Business Income & Expenses

*Only applies to self-employed, contract and/or small business owners.

BUSINESS INFORMATION

Name of Business		Type of Business
Business Address (if different)		
Federal ID Number (if applicable)		

REVENUES

Gross Receipts		
Returns & Allowances		
Other Income		

COST OF GOODS SOLD

Beginning Inventory		
Purchases		
Ending Inventory		

EXPENSES

Advertising		Postage & Delivery	
Bank Charges		Rent	
Business Promotion		Repairs & Maintenance	
Contract Labor		Supplies (other)	
Computer Expense		Taxes	

Dues & Subscriptions		Telephone	
Health Insurance		Travel	
Insurance (Other)		Utilities	
Interest Expense		Wages & Salaries	
Legal & Professional Fees			
Licenses & Permits		Other:	
Meals & Entertainment			
Office Supplies			

VI. Additional Business Expenses

*Self employed or home office clients only

ASSET PURCHASES		
Date	Description	Amount

HOME OFFICE DEDUCTIONS		
Office Sq. Ft.		Repairs & Maintenance*
Total Sq. Ft.		Utilities
Insurance		Rent

AUTO EXPENSES			
Vehicle #1		Vehicle #2	
Make & Model		Make & Model	
Total Miles Driven This Year		Total Miles Driven This Year	
Business Miles		Business Miles	
Commuting Miles		Commuting Miles	
Gas & Oil Expenses		Gas & Oil Expenses	
Insurance		Insurance	
Lease Payments		Lease Payments	
Repairs & Maintenance		Repairs & Maintenance	

* Repairs & Maintenance can include the following expenses : home repairs, home maintenance, homeowner's dues, landscaping, security systems, pest control, and home warranties.

VII. Rental Income

*Only complete this sheet if you have rental properties

RENTALS			
House 1		House 2	
Address		Address	
Income		Income	
Rent received		Rent received	
Security Deposits Rec.		Security Deposits Rec.	
Expenses		Expenses	
Advertising		Advertising	
Cleaning		Cleaning	
Commissions		Commissions	
Dues		Dues	
Insurance		Insurance	
Landscaping		Landscaping	
Professional fees		Professional fees	
Management fees		Management fees	
Mortgage interest		Mortgage interest	
Repairs & maintenance		Repairs & maintenance	
Taxes		Taxes	
Other:		Other:	

RENTAL AUTO EXPENSES			
Vehicle #1		Vehicle #2	
Make & Model		Make & Model	
Total Miles		Total Miles	
Renta Miles		Rental Miles	

MAJOR REPAIRS		
Date	Description	Amount

QUESTIONS

Financial Questions

Yes

No

1. Do you have a plan for retirement?
2. Do you have non retirement investments that you manage yourself?
3. Are you currently working with a financial planner or advisor?
5. Do you have a current will or estate plan?
6. Do you have a living will?
7. Do you have the appropriate amount of life insurance on you and your spouse?
8. Are you comfortable with the amount of credit card debt you have?
9. Do you owe less on your house than it is worth?
10. Do you have 3 months or more in emergency savings?

If you answered "no" to any of the above questions, please let me know if you would like an introduction to someone who can assist you in getting your personal financial life back in check.

IX. Other (Optional)

ESTIMATED TAX PAYMENTS MADE

DATE

AMOUNT

QUESTIONS & COMMENTS