

# CLIENT TAX ORGANIZER

Tax Year \_\_\_\_\_

Please complete this Questionnaire before your appointment. All clients must Sections 1 and 2.

## 1. PERSONAL INFORMATION

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone

	Taxpayer	Spouse	Marital Status	
Blind	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Married	Will file jointly <input type="radio"/> Yes <input type="radio"/> No
Disabled	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single	Date of Divorce _____
Pres. Campaign Fund	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Widow(er)	Date of Spouse's Death _____

## 2. DEPENDENTS (CHILDREN & OTHERS)

Name (Last, First)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

**Please provide for your appointment**

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc.)
- Name and address label (from government booklet or card)

**Please answer the following questions to determine maximum deductions**

- |   |   |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Do you have a foreign bank account, trust, or bank? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Did you refinance your main home or other property? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>8. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="radio"/> Yes <input type="radio"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="radio"/> Yes <input type="radio"/> No</p> <p>10. Did you give a gift of more than \$10,000 to one or more people? <input type="radio"/> Yes <input type="radio"/> No</p> <p>11. Did you go through bankruptcy proceedings? <input type="radio"/> Yes <input type="radio"/> No</p> <p>12. (a) If you paid rent, how much did you pay? <input type="radio"/> Yes <input type="radio"/> No<br/>(b) Was heat included? <input type="radio"/> Yes <input type="radio"/> No</p> <p>13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="radio"/> Yes <input type="radio"/> No</p> |
|---|---|

\* Contact us for further instructions



## 7. INVESTMENTS SOLD

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – **Attach 1099-B & confirmation slips**

Investments	Date Acquired	Date Sold	Cost	Sale Price

## 8. PROPERTY SOLD

**Attach 1099-S and closing statements**

Property	Date Acquired	Cost & Improvements
Personal Residence *		
Vacation Home		
Land		
Other		

\*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving)

## 9. I.R.A. (INDIVIDUAL RETIREMENT ACCOUNT)

Contributions for tax year income

	Amount	Date	Roth
Taxpayer			<input type="radio"/> Yes <input type="radio"/> No
Spouse			<input type="radio"/> Yes <input type="radio"/> No

Amounts withdrawn. **Attach 1099-R & 5498**

Plan Trustee	Reason for Withdrawal	Reinvested?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

## 10. PENSION, ANNUITY INCOME

**Attach 1099-R**

Payer*	Reason for Payment	Reinvested?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

\* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Railroad Retirement	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Attach SSA 1099, RRB 1099**

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**11. OTHER INCOME**

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List All Other Income (including non-taxable)

Alimony Received	_____	Scholarship (Grants)	_____
Child Support	_____	Unemployment Compensation (Repaid)	_____
Prizes, Bonuses, Awards	_____	Gambling Lottery (expenses _____)	_____
Unreported Tips	_____	Director/Executor's Fee	_____
Commission	_____	Jury Duty	_____
Worker's Compensation	_____	Disability Income	_____
Veteran's Pension	_____	Payments from Prior Installment Sale	_____
State Income Tax Refund	_____	Other _____	_____

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**12. MEDICAL/ DENTAL EXPENSES**

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Medical Insurance Premiums	_____	Prescription Drugs	_____
Insulin	_____	Glasses, Contacts	_____
Hearing Aids, Batteries	_____	Braces	_____
Medical Equipment, Supplies	_____	Nursing Care	_____
Medical Therapy	_____	Hospitals and Nursing Homes	_____
Doctor/Dental/Orthodontist	_____	Lodging	_____
Mileage (no. of miles) _____ @ 12	_____	Other _____	_____

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**13. TAXES PAID**

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Real Property Tax ( <b>Attach bills</b> )	_____	Personal Property Tax	_____
Other _____	_____		

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**14. INTEREST EXPENSE**

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Mortgage interest paid (Attach 1098)	_____	Investment interest	_____
Interest paid to individual for your home (including amortization schedule)	_____		
Paid to: Name _____			
Address _____			
Social Security Number _____			

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**15. CASUALTY/THEFT LOSS**

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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	_____

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**16. CHARITABLE CONTRIBUTIONS**

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Chrch	_____	United Way	_____
Scouts	_____	Telethons	_____
University, Public TV/Radio	_____	Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____	Salvation Army	_____
Other _____	_____	Non-Cash	_____
Mileage (no. of miles) _____ @ 12	_____		

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**17. JOB-RELATED MOVING EXPENSES**

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Date of move \_\_\_\_\_ Move Household Goods \_\_\_\_\_  
Travel to New Home (no. of miles) \_\_\_\_\_ Lodging During Move \_\_\_\_\_

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**18. EMPLOYMENT-RELATED EXPENSES THAT YOU PAID (NOT SELF-EMPLOYED)**

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Dues – Union, Professional \_\_\_\_\_ Books, Subscription, Supplies \_\_\_\_\_  
Licenses \_\_\_\_\_ Tools, Equipment, Safety Equipment \_\_\_\_\_  
Uniforms (include cleaning) \_\_\_\_\_ Sales Expense, Gifts \_\_\_\_\_  
Tuition, Books (work related) \_\_\_\_\_ Entertainment \_\_\_\_\_  
Office in home: In Square Feet \_\_\_\_\_ Rent \_\_\_\_\_  
b) Office \_\_\_\_\_ Utilities \_\_\_\_\_  
a) Total home \_\_\_\_\_ Insurance \_\_\_\_\_  
c) Storage \_\_\_\_\_ Maintenance \_\_\_\_\_

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**19. CHILD & OTHER DEPENDENT CARE EXPENSES**

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Name of Care Provider	Address	SSN or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

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**20. BUSINESS MILEAGE**

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Do you have written records?  Yes  No  
Did you sell or trade in a car used for business?  Yes  No  
If yes, attach copy of purchase agreement

Make of Vehicle \_\_\_\_\_ Year of Vehicle \_\_\_\_\_  
Date Purchased \_\_\_\_\_ Total Miles (personal & business) \_\_\_\_\_  
Business Miles (not to and from work) \_\_\_\_\_ Round Trip Commuting Distance \_\_\_\_\_  
From First to Second Job \_\_\_\_\_ Gas, Oil, Lubrication \_\_\_\_\_  
Education (one way, work to school) \_\_\_\_\_ Batteries \_\_\_\_\_  
Job Seeking \_\_\_\_\_ Repairs \_\_\_\_\_  
Other Business \_\_\_\_\_ Wash \_\_\_\_\_  
Insurance \_\_\_\_\_ Lease Payment \_\_\_\_\_  
Interest \_\_\_\_\_ Garage Rent \_\_\_\_\_

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**21. BUSINESS MILEAGE**

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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 \_\_\_\_\_

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**22. INVESTMENT-RELATED EXPENSES**

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Tax Preparation Fee \_\_\_\_\_ Safe Deposit Box Rental \_\_\_\_\_  
Mutual Fund Fee \_\_\_\_\_ Investment Counselor \_\_\_\_\_  
Other \_\_\_\_\_

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**23. ESTIMATED TAX PAID**

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Due Date	Date Paid	Federal	State	Due Date	Date Paid	Federal	State

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**24. OTHER DEDUCTIONS**

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Alimony Paid to \_\_\_\_\_ Social Security No. \_\_\_\_\_ \$ \_\_\_\_\_  
Student Interest Paid \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

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**25. EDUCATION EXPENSES**

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Student's Name	Type of Expense	Amount

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**26. QUESTIONS, COMMENTS, & OTHER INFORMATION**

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Residence:

Town \_\_\_\_\_ County \_\_\_\_\_  
Village \_\_\_\_\_ School District \_\_\_\_\_  
City \_\_\_\_\_

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_