

FOR INTERNAL USE ONLY

FEE: _____

Date Paid: _____

FOP: _____



MOSKOWITZ LLP
A TAX LAW FIRM

Client Tax Organizer

For the year Jan. 1-Dec. 31, 20 __, or other tax year beginning __, 20 __, ending __, 20 __.

Taxpayer Last Name

First Name

MI

Soc. Sec. No.

Spouse Last Name

First Name

MI

Soc. Sec. No.

Attestation and Signature:

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.

**Sign
here** 

Date _____

Date _____

The fee to prepare your income tax return(s) will be provided to you once you have returned this completed Tax Organizer.

Client Tax Organizer

1. Personal Information

	Last Name	First Name	Soc. Sec. No.	Birth Date	Occupation	U.S. Citizen
Taxpayer						<input type="checkbox"/>
Spouse						<input type="checkbox"/>
Street Address			City		State	ZIP
Work Phone	Home Phone	Cell Phone		Primary Email		

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

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student
					<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"/>

Questionnaire

(Please provide additional information on any question on the last page of this Organizer.)

	Yes	No
1. Were you self-employed, or did you receive hobby income?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive income from raising animals or crops?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive rent from real estate or other property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you withdraw or write checks from a mutual fund?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have a foreign bank account, trust, or business?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7. Did you provide a home for or help support anyone not listed in Section 2 above?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you receive any correspondence from the IRS or the State?	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you give a gift of more than \$13,000 to one or more people?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you go through bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
12. (a) If you paid rent, how much did you pay?		
(b) Was heat included?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	<input type="checkbox"/>	<input type="checkbox"/>

3. Wage & Salary Income

Please attach W-2s.

Employer Name	Taxpayer	Spouse	Gross Wages	FICA	Federal Tax	State Tax
	<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"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

10. Medical/Dental Expenses

	Amount
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dentist/Orthodontist	
Mileage (no. of miles) _____	
Long-term Care Insurance	

11. Taxes Paid/Interest Expense

Taxes Paid	Interest Expense
<p>Real Estate Taxes Paid (please attach tax bills, escrow statements, closing statements)</p> <p>Personal Residence _____</p> <p>Other Property (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>State Income Tax (please list) (do not enter taxes withheld or estimates)</p> <p><u>Balance due last year</u></p> <p>Audit or other additional tax paid</p> <p>Paid to other states</p> <p>Other</p> <p>_____</p> <p>General Sales Tax (please list amounts paid on large items such as autos, boats, motorcycles)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Mortgage Interest Paid (please attach 1098s)</p> <p>Personal Residence</p> <p>Other (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Home Equity Loan(s)</p> <p>Other (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other Property (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Paid to Individual for Residence</p> <p><u>Name</u></p> <p><u>Address</u></p> <p><u>City, State, ZIP</u></p> <p><u>SSN</u></p> <p>Investment Interest (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Carryover from Prior Year</p>

12. Casualty/Theft Loss

For property damaged by storm, water, fire, or accident or stolen.

Location of Property _____

Description of Property _____

Amount of Damage _____

Insurance Reimbursement _____

Repair Costs _____

Federal Grants Received _____

13. Contributions by Cash or Check, Noncash up to \$500, and Mileage

	Amount
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other (please list)	
Non-Cash Up to \$500	
Volunteer (no. of miles) _____ @	

Non-Cash Charitable Contributions

	Description of Property Donated	Donee Name and Address
1		
2		
3		
4		
5		

	Date Acquired	Date Donated	Cost or Other Basis	Fair Market Value
1				
2				
3				
4				
5				

14. Job-Related Moving Expenses

Please attach any moving-expense reimbursement documents from your employer.

Date of Move	
Distance from old home to new workplace	
Distance from old home to old workplace	
Cost to move and/or store household goods	
Travel en route to new home	
Lodging en route to new home	
Reimbursements not included in W-2s	

15. Miscellaneous Itemized Deductions

Subject to reduction by 2% of AGI

Employment-Related Expense (not for self-employed)

Union Dues	_____
Professional Dues, Subscriptions, Books	_____
Licenses	_____
Tools, Safety Equipment	_____
Uniforms	_____
Meals and Entertainment	_____
Other (please list)	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Miscellaneous Deductions

Tax Preparation Fee	_____
Safety Deposit Box Rental	_____
Investment Expense	_____
IRA Custodial Fees	_____
Other (please list)	_____
_____	_____
_____	_____
_____	_____

Other Deductions (from AGI or not subject to 2% AGI reduction)

Gambling Losses	_____
Excess Estate Expenses (from final estate K-1)	_____
Student Interest Paid	_____
Alimony Paid	_____
Recipient Name, Address, SSN	

16. Self-employed business (Sole proprietorship) (attach 1099-MISC)

Business name _____ Federal EIN _____

Address _____

Principal business activity _____ Principal product _____

Inventory valuation method _____ Cost _____ Lower of cost or market _____ Other

Accounting method _____ Cash _____ Accrual _____ Other

Income	Amount	Expenses	Amount
Total revenue		Accounting & bookkeeping	
Less return/allowances		Advertising	
		Auto/truck	(See next section)
Cost of goods sold		Bad debts	
Beginning inventory		Collections	
Purchases		Commissions	
Cost of labor		Dues & subscriptions	
Materials and supplies		Employee benefit	
Freight in		Delivery & postage	
Other		Freight out	
		Insurance (other than health)	
Ending inventory		Interest	
		Janitorial & cleaning	
Fixed assets acquired		Legal & professionals	
Description		Meals & entertainment	
Purchase cost		Office supplies	
Date place in service		Rent, office	
		Rent, other	

17. Business Use of Home

Do you use any part of your home regularly and exclusively for business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total area of home (in square feet)	_____	
Total area used for business	_____	
Business use percentage (divide business area by total area)	_____	
	Direct Costs (benefit business area only)	Indirect Costs (whole house costs)
House Insurance	_____	_____
Repairs and Maintenance	_____	_____
Utilities	_____	_____
Rent	_____	_____
Property Taxes	_____	_____
Mortgage Interest	_____	_____
Home Equity Loan Interest	_____	_____
Internet	_____	_____
Phone	_____	_____
Other (please list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Business Travel

If you are not reimbursed for the exact amount, list the total expenses.

	Amount
Airfare, Train, etc.	
Lodging	
Meals (no. of days _____)	
Taxi, Car Rental	
Other	
Reimbursement Received	

19. Business Car and Truck Expenses

Do you have written records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sell or trade in a car used for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of purchase agreement.	
Make/Year Vehicle _____	
Date purchased _____	
Total Miles (personal & business)	_____
Business Miles (not to and from work)	_____
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. 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.

21. Estimated Tax Paid

Due Date	Date Paid	Federal	State
Carryover from last year			

22. Education Expenses—College or Other Continuing Education Expenses

Student's Name	Type of Expense	Year of School	Amount

23. State Information

Residence

Town _____ County _____

Village _____ School District _____

City _____

24. Rental Income

	Property A	Property B	Property C
Description & types			
Date rental started			
Purchase cost			
Address			
Gross income			
Expenses			
Advertising			
Auto/truck			
Cleaning			
Commissions			
Insurance			
Professional fees			
Mortgage interest			
Other interest			
Repairs & maintenance			
Supplies			
Taxes			
Utilities			
Wages/salaries			
Other:			
% Occupancy by tenants			
Improvements			
Description			
Date improved			
Purchase cost			

