



Client Tax Organizer

TAX YEAR: _____

1. Personal Information

EVERY BOX MUST BE COMPLETED

	Last Name	First Name	Soc. Sec. No.	Date of Birth	Occupation	U.S. Citizen
Taxpayer						
Spouse						
Street Address			City	State	ZIP	
Work Phone	Home Phone	Cell Phone	Primary Email			

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

2. Dependents (Children & Others)

EVERY BOX MUST BE COMPLETED

Name as shown on Social Security Card (First, Last)	Relationship	Date of Birth	Social Security Number	Months lived at home this year	Disabled	Full Time Student

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

	TP	Spouse	NA
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you move for work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could you be claimed as a dependent on another person's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes in dependents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a caregiver to an aging parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any dependent with interest & dividend income in excess of \$1,000 or total investment income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any births, deaths, marriages, divorces, or adoption in your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did any of the listed dependents file their own tax return and use their own exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage the services of any household employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Did you pay student loan interest for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay expenses for yourself, spouse, or dependent to attend classes beyond high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME

Did you or any dependents receive Alaska permanent fund dividends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any dependents receive Native American benefit income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you generate funds from any type of web-based activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any transactions involving virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOREIGN INCOME / BANKS / REAL ESTATE

Did you or your spouse have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an interest in or signature authority over a financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you own or have an interest in real property in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE COVERAGE

	TP	Spouse	NA
Did you, your spouse and your dependents have health care coverage for the full year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any of the following IRS Documents? 1095-A,1095-B or 1095-C? If so, please attach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did receive an exemption certificate? If so, please attach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a medical savings account (MSA) or acquire an interest in an MSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you take a distribution or contribute to an HSA account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASES, SALES AND DEBT

Did you start a business or farm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase rental or royalty property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire an interest in a partnership, S corporation, trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell any stocks, bonds or other investment property this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell, or refinance your principal home or second home, or take a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any residential energy-efficient improvements or purchase solar, wind, geothermal or fuel cell energy sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone whom you have a note with; owe you money which has become uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETIREMENT PLANS

Did you receive Pension, Annuity income or IRA Distributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make a contribution to a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you transfer or rollover any amounts from one retirement plan, to another retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENTS MADE

Did you pay any alimony payments? Please supply recipient's name & SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ESTIMATED TAXES _____

	TP	Spouse	NA
Did you apply an overpayment of last year's taxes to this year's estimated tax (instead of being refunded)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have an overpayment of taxes this year, do you want the excess applied to next year's estimated tax (instead of being refunded)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect next year's taxable income and withholdings to be different from this year's taxable income and withholdings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

Did you or your spouse make any gift to an individual that totaled more than \$14,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIRECT DEPOSIT/ELECTRONIC PAYMENT

	Yes	No
Direct deposit of federal tax refund	<input type="checkbox"/>	<input type="checkbox"/>
Electronic payment of federal balance due	<input type="checkbox"/>	<input type="checkbox"/>
Direct deposit of state tax refund	<input type="checkbox"/>	<input type="checkbox"/>
Electronic payment of state balance due	<input type="checkbox"/>	<input type="checkbox"/>

Name of Bank	Routing Number	Account Number	Checking	Savings	Percent

3. INCOME: PLEASE PROVIDE ALL FORMS RECEIVED THAT ARE LISTED BELOW:

- W-2s:** Salary / wages Form
- K-1:** Flow through income & loss
- 1099-INTs & brokerage statements:** Interest from Banks Form
- 1099-DIVs & brokerage statements:** Dividends Form
- 1099-Rs:** Pension, Annuities & IRA distribution Form
- 1099-MISC:** Miscellaneous income Form
- 1099-K:** Merchant card & third party payment Form
- 1099-Bs & brokerage statements:** Stock, Bond & Security sales Form
- 1099-S:** Sales of Real Estate Form (also include closing statement)
- SSA-1099:** Social Security Form
- 1099-G:** State tax refund OR Unemployment compensation
- 1098-E:** Student loan interest
- 1098-T:** Tuition and related expenses

4. Other Income

Please list all other income (including non-taxable).

Payer/Source	Taxpayer	Spouse	Federal Tax Withheld
Alimony Received			
Unemployment Compensation Received			
Unemployment Compensation Repaid			
Fellowships			
Scholarship			
Grants			
Prizes, Bonuses, Awards			
Gambling, Lottery winnings			
Jury Duty			
Worker's Compensation			
Disability Income			
Alaska Permanent fund dividends			
Payments from Prior Installment Sale			
Native American benefit income			
Social Security Benefits			
Medicare Premiums Withheld			
Unreported tips			
State Income Tax Refund			
Other Income			

5. Medical / Dental Expenses

	Amount
Prescription Drugs	
Doctors, dentists and nurses	
Hospitals and nursing homes	
Medical Insurance Premiums (paid by you)	
Long-term Care Insurance	
Insurance reimbursement	
Medical Equipment, Supplies (Hearing Aids, Glasses, Contacts, Braces, Therapy)	
Mileage (no. of miles)	

6. State and Sales Taxes Paid

	Amount
Paid for prior years and/or to other states	
Principal paid via installment agreement or levied (NO PENALTY or INTEREST included)	
State and local Sales & Use Taxes (except autos & special items)	
Sales tax on autos not included above	
Sales tax on boats, aircraft, and other special items	

7. Real Estate and other Property Taxes

	Amount
Principal residence	
Property held for investment	
Personal property taxes (Value based automobile fees)	

8. Mortgage Interest Expense / Primary Residence

Primary Residence	
On what date was the loan acquired?	
How much did you owe on this loan on the first day of this year?	
Was the money used to buy, build or improve the home?	
How much principle did you pay, on the loan, this year?	
Did you make any extra payments or additional monies paid toward the loan, this year?	
What was the Fair Market Value of the residence on the date the loan was acquired?	

9. Mortgage Interest Home Equity Loan Expense / Primary Residence

Home Equity Loan - Primary Residence	
On what date was the loan acquired?	
Was the money used to buy, build or improve the home?	
How much did you owe on this loan on the first day of this year?	
How much principle did you pay, on the loan, this year?	
Did you make any extra payments or additional monies paid toward the loan, this year?	
What was the Fair Market Value of the residence on the date the loan was acquired?	

10. Mortgage Interest Expense / Secondary Residence

Secondary Residence	
On what date was the loan acquired?	
Was the money used to buy, build or improve the home?	
How much did you owe on this loan on the first day of this year?	
How much principle did you pay, on the loan, this year?	
Did you make any extra payments or additional monies paid toward the loan, this year?	
What was the Fair Market Value of the residence on the date the loan was acquired?	

11. Mortgage Interest Home Equity Loan Expense / Secondary Residence

Home Equity Loan - Secondary Residence	
On what date was the loan acquired?	
Was the money used to buy, build or improve the home?	
How much did you owe on this loan on the first day of this year?	
How much principle did you pay, on the loan, this year?	
Did you make any extra payments or additional monies paid toward the loan, this year?	
What was the Fair Market Value of the residence on the date the loan was acquired?	

12. Charitable Contributions

Cash or Check / Non-cash up to \$500	Amount
Church	
Other (please list)	
Non-cash charitable contributions up to \$500	

Non-Cash Charitable Contributions (if total non-cash is OVER \$500)			
Description of Donated Property		Name and Address of organization donated to	
1			
2			
3			
Date Donated	Date Acquired	Cost or Other Basis	Fair Market Value

Vehicle Charitable Contributions			
If Donated Property is Vehicle		Name and Address of organization donated to	
Vehicle ID number			
Year / Make / Model			
Condition & Mileage			
Date Donated	Date Acquired	Cost or Other Basis	Fair Market Value

13. Miscellaneous Itemized Deductions

Subject to reduction by 2% of AGI	Amount
Union & Professional Dues	
Educator Expenses	
Investment Expenses & IRA Custodial Fees	
Tax Return Preparation Fee	
Safety Deposit Box Rental	
Gambling Losses (up to the amount of winnings)	
Other (please list)	

14. Estimated Taxes Paid for This Year

FEDERAL / IRS		STATE	
Date Paid	Amount Paid	Date Paid	Amount Paid

15. Education Expenses – College or Other Continuing Education Expenses

MUST INCLUDE FORM 1098-T for each student, to receive this credit

Student's Name	Amount
Qualified Tuition & Fees	
Books & supplies required to be purchased from the institution	
Books & supplies not entered above (AOC only)	
Number of prior years Hope Credit / American Opportunity Credit were claimed	

Student's Name	Amount
Qualified Tuition & Fees	
Books & supplies required to be purchased from the institution	
Books & supplies not entered above (AOC only)	
Number of prior years Hope Credit / American Opportunity Credit were claimed	

16. Self-employed Business

Business Name _____ Federal EIN (not SS#) _____

Address (if different from page 1) _____

Principal business activity _____ Principal Product _____

Accounting method _____ Cash _____ Accrual _____ Other _____

This business belongs to: **TAXPAYER** **SPOUSE**

TOAL BUSINESS INCOME _____

Sales Tax included in Income _____ Returns & Allowances _____ Bad Debt _____

Expenses	Amount	Expenses	Amount
Accounting & bookkeeping		Repairs (business)	
Advertising		Security	
		Supplies and Materials	
Bank charges		Taxes and Licenses	
Business Licenses & Permits		Travel (out of town)	
Commissions and fees		Telephone	
Contract Labor		Tools	
Dues and subscriptions		Uniforms & Safety clothes	
Insurance (other than health)			
		Wages and Salaries	
		Payroll Tax	
Interest - other		Website Hosting	
Internet		Self-Employed Health Insurance	
Janitorial			
Legal and professional			
Meals & entertainment			
Office supplies			
Outside services			
Parking and tolls (business)			
Postage			
Printing			
Rent – other than office			

Cost of goods sold	Amount
Beginning inventory	
Purchases	
Cost of labor	
Materials and supplies	
Freight in	
Other	
Inventory at end of year	

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

17. Business Use of Home

Yes No

Do you use part of your home regularly and EXCLUSIVELY for business?

Total (office) area used for business (in square feet) _____

Total area of home (in square feet) _____

Mortgage interest _____

Property Taxes _____

House Insurance _____

Rent _____

Repair & maintenance of Office ONLY _____

Utilities _____

Internet _____

Phone _____

Other (please list) _____

18. Business Car & Truck Expenses

Yes No

Do you have written evidence to support your deduction?

Vehicle is available for off-duty personal use?

No other vehicle is available for personal use?

Year / Make of Vehicle _____

Date Placed in Service _____

Total Miles (personal & business) _____

Business Miles (not to and from work) _____

Price paid for vehicle (if 100% business use) _____

Gas, Oil, Lubrication _____

Tires Repairs _____

Wash _____

Insurance _____

Garage Rent _____

Vehicle lease payments _____

DMV licensing fee _____

19. Asset Acquisition List

Description of Property	Related Business or Activity	Date Placed in Service	Cost / Basis

20. Asset Dispositions List

Please attach brokerage statements, 1099s, closing statements, and any other records to properly report transactions

Description of Property	Date Placed in Service	Date Sold	Sale Price	Cost or Basis	Expenses of Sale

21. Business Travel (UN-REIMBURSED BUSINESS EXPENSES, FOR TAX PAYERS WITH W2 WAGES)

If your company does not reimburse, list the total expenses

	Amount
Airfare, Train, etc.	
Lodging (more than 50 mile from home)	
Meals (no. of days _____)	
City where meals are consumed for per diem rate	
Taxi, Car Rental (While out of town)	
Other	
Reimbursement Received	

22. Job-Related Moving Expenses

Please attach any moving-expense reimbursement documents from you employer

Date of Move	
Miles from old home to new workplace	
Miles from old home to old workplace	
Expenses for transport and storage of household goods	
Lodging & travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	
Reimbursements not included in W-2s	

23. Child & Other Dependent Care: Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13, or an individual who is physically or mentally incapable of self-care.

	PROVIDER #1 INFORMATION	PROVIDER #2 INFORMATION
Name of Care Provider		
Street Address		
City, State, zip code		
Telephone number		
Employer ID or Soc. Sec. No		
Total Amount Paid to Provider		
Child Name		
Amount Paid for this Child		
Child Name		
Amount Paid for this Child		
Child Name		
Amount Paid for this Child		

24. Rental Property & Royalty Income

Property A

Type of property	
Street address	
City, State, Zip code	
Number of days rented	

Property B

Type of property	
Street address	
City, State, Zip code	
Number of days rented	

Property C

Type of property	
Street address	
City, State, Zip code	
Number of days rented	

	Property A	Property B	Property C
Purchase Price			
Date placed in Service			
Gross income			
Advertising			
Association dues			
Auto/truck			
Cleaning and maintenance			
Commissions			
Gardening			
Insurance			
Legal & Professional fees			
Licenses & permits			
Management fees			
Mortgage interest			
Other interest			
Painting and decorating			
Pest control			
Plumbing and electrical			
Repairs			
Supplies			
Real Estate Taxes			
Utilities			
Other taxes (Please describe)			

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.

Client Signature: _____ **Date** _____
Client Signature: _____ **Date** _____

Please provide additional information regarding any if the data entered elsewhere in this Organizer. Also, provide an explanation of missing documents. Add additional pages if necessary.
