



## CLIENT TAX ORGANIZER

\*\*If you are a new client, please include a copy of last year's tax return.\*\*

	(Taxpayer)	(Spouse)
First & Last Name	_____	_____
Soc. Sec. Number	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Address	_____ (Include PO Box if you have one)	
City	_____	State _____ Zip Code _____
Email	_____	_____
Phone Number	_____	_____
Marital Status	_____	_____

(Dependent's Names)	(Soc. Sec. #)	(Birthdate)	(Relationship)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Income

(Check all that apply and provide documents received.)

	(Taxpayer)	(Spouse)
W-2 (Wages)	_____	_____
1099-R (Retirement)	_____	_____
K-1 (Business/Investment)	_____	_____
1099-INT (Interest)	_____	_____
1099-DIV (Dividends)	_____	_____
1099-B (Proceeds from Broker/Barter Exhg.)*	_____	_____
SSA-1099 (Social Security)	_____	_____
Other (Alimony, Unemployment, Misc.)	_____	_____

\*For sales of assets or stocks—you need to include basis amounts.

**Adjustments to Income**

Alimony Paid to Ex-Spouse     \$ \_\_\_\_\_     Ex-Spouse SS# \_\_\_\_\_  
 IRA Contribution     \$ \_\_\_\_\_ (Taxpayer)     \$ \_\_\_\_\_ (Spouse)  
 Type: Traditional or Roth     \_\_\_\_\_  
 Student Loan Interest Paid     \$ \_\_\_\_\_     (Include 1098-E)

**Itemized Deductions**

Medical and Dental Expenses:

Medical/Dental     \$ \_\_\_\_\_     Prescriptions Meds/Drugs     \$ \_\_\_\_\_  
 Medical Insurance Premiums     \$ \_\_\_\_\_     Miles Driven for Medical     \_\_\_\_\_  
 Long Term Care Premiums     \$ \_\_\_\_\_

Tax Expenses:

Real Estate Taxes     \$ \_\_\_\_\_     Personal Property Taxes     \$ \_\_\_\_\_

Interest Expenses (Attach all 1098's):

Mortgage Interest     \$ \_\_\_\_\_     Mortgage Ins. Premiums     \$ \_\_\_\_\_

Charitable Contributions (Attach all receipts):

Total Cash     \$ \_\_\_\_\_     Total Non-Cash Value     \$ \_\_\_\_\_

Miscellaneous Deductions:

Unreimbursed Business Exp     \$ \_\_\_\_\_     Other Qualifying Expenses (List & Amount)  
 Union Dues     \$ \_\_\_\_\_     \_\_\_\_\_ \$ \_\_\_\_\_  
 Tax Prep Fee (Prior Year)     \$ \_\_\_\_\_     \_\_\_\_\_ \$ \_\_\_\_\_

**Other Deductions/Credits**

Tuition & Fees     \$ \_\_\_\_\_     (Include 1098-T & Receipts)  
 Residential Energy Credits     \$ \_\_\_\_\_     (Include Manufacturer's Certificate & Receipts)  
 Dependent Care Expenses     \$ \_\_\_\_\_  
 Name of Caregiver     \_\_\_\_\_     EIN/SS#: \_\_\_\_\_  
 Address of Caregiver     \_\_\_\_\_

Did you make any estimated tax payments for the tax year? If yes, when and how much?

Date	Amount	Date	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Other Information**

Please include a narrative if necessary of other tax information you feel needs to be known by the tax preparer.

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If you receive a refund:

\_\_\_\_\_ I would like to receive a check in the mail.

\_\_\_\_\_ I would like to apply some or all of my refund to next year.

\_\_\_\_\_ I would like to direct deposit my refund to the following account:

Bank	_____
Account Type	_____ (Checking or Savings)
Routing Number	_____
Account Number	_____