

READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that **MUST** be completed by new clients and only need to be filled in by existing clients when the information has changed.



This flag denotes areas where the IRS has concentrated their computer matching programs. Incorrect information may trigger a correspondence audit. Pay particular attention to instructions with this flag.

TAXPAYER INFORMATION

Name (Must match SS Administration)		Social Security Number* & Driver License Number	Birth Date
You			
Spouse			
Occupation		Home Phone	<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone
You			
Spouse			

* Caution - If you have been a victim of identity theft, please contact this office immediately.

ADDRESS & STATUS

Street Address			
City	State	ZIP	
Email			
Status Changes This Year - Enter Dates			
Married	Spouse Deceased	Sold Home	
Separated	Dependent Dec'd.	Sold Property	
Divorced	Moved	Legally Blind	You <input type="checkbox"/> Spouse <input type="checkbox"/>

DEPENDENTS

Social Security Numbers are MANDATORY

Name (Include last name if different)	Social Security Number	**	Mo. In Home During Year	Birth Date	If over age 18 Income <input type="checkbox"/> If Student <input type="checkbox"/>

** S = Son, D = Daughter, R = Relative, O = Other

Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year (custodial parent).

ESTIMATED TAXES PAID

Please provide cancelled checks if available.

Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			
First Quarter	April		
Second Quarter	June		
Third Quarter	Sept.		
Fourth Quarter	THIS Jan.		

INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

Name of Payer (Please provide all forms 1099-INT & 1099-OID)	Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally tax free)	Other State Municipal Bonds (Federal tax free)	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)
1				
2				
3				
4	Seller Financed Mortgage (Payer name, address & Social Security Number required)	Name, Address & Soc. Sec. #:		
5	FORFEITED INTEREST (early withdrawals)	FEDERAL WITHHOLDING ON INT & DIV:		
6	Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Did you receive a distribution from, or were you the grantor of, or transfer to; a foreign trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8	Did you make or receive gifts from a non-resident alien or foreign entity? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	Ordinary Dividends	Qualified Portion*	Capital Gains Dividends	Source U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State Only	Nontaxable State and Federal
1							
2							

*The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment.

SPECIAL INFORMATION



You Spouse

Employer Pension/Retirement Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traditional IRA, Keogh & SEP Plans:		
Contributions - no longer limited by age		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
Roth IRA:		
Contributions		
Withdrawals (1099-R) (1)		
Qualified Charitable Portion		
Rollovers (2) or Conversions (3)		
State Tax Refund (1099-G)		
Social Security or RR Benefits (SSA-1099/RRB-1099)		
Alimony Received - matched with payer (4)		
Unreported Tips Received		
Unemployment or Paid Family Leave Received (1099-G)		
Alimony (only required amounts) paid (provide information below) (4)		
Paid to:		SS#:

Salaries, Pensions, REIT, & Misc. Income (Provide W-2s and 1099s)
S-Corporation, Partnership & Trust Income (Provide K-1s)

Gross Gambling Winnings \$	Student Loan Interest Paid \$
Coverdell ESA Contribution \$	Sec 529 Plan Contribution \$
Educator Expenses \$	HSA Out of Pocket \$
<input type="checkbox"/> If you have been denied EITC, Child Credit or Education Credit by the IRS. If so, have you been re-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If you bought, sold or gifted real estate - call in advance. <input type="checkbox"/> If you gifted more than \$18,000 to any one individual. <input type="checkbox"/> If you incurred any adoption expenses this year. If so, enter amount. <input type="checkbox"/> If you had any cryptocurrency transactions during the year. <input type="checkbox"/> If you installed or added to a solar electric system for your home. <input type="checkbox"/> If you made energy efficient improvements to your home.	

(1) Provide copy of 1099-R and, if under age 59½, show reason.

(2) Must be reported even if not taxable unless "transferred".

(3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA are generally taxable.

(4) Enter date divorce or separate maintenance agreement finalized or last modified:

Did you purchase an electric or fuel cell vehicle?

Description	New vehicles enter MSRP or used enter cost.
<input type="checkbox"/> If Pickup or SUV <input type="checkbox"/> New or Used <input type="checkbox"/> \$	
Vehicle ID Number (VIN)	

MEDICAL INSURANCE INFORMATION (ACA)

<input type="checkbox"/> If you had coverage through a Government Marketplace. If so, provide all Forms 1095-A received from the Marketplace. <input type="checkbox"/> If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the Form 1095-A for that policy. <input type="checkbox"/> If a dependent filed a tax return (provide a copy). <input type="checkbox"/> If you received Form 1095-C (provide copy).

PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s)

REFUND DIRECT DEPOSIT

Bank Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Checking or ☐ Savings

Note: If you wish to direct deposit in up to three accounts (including IRA accounts), please provide the above information for the additional accounts and specify the refund allocations, on a separate sheet.

QUESTIONS YOU MAY HAVE

To be deductible, medical expenses must exceed 7.5% of your adjusted gross income, and then, only the amount that exceeds the 7.5% floor is deductible. Example: Your income is \$40,000 for the year—your medical expenses must exceed \$3,000 (7.5% of \$40,000) before the first dollar is deductible. Do not include medical expenses that were reimbursed by insurance or paid for with pretax funds.

Insurance Premiums: Hospital, Medical, Dental, Vision, Medicare*		
Long Term Care Insurance Premiums		
Doctors, Dentists, Psychotherapy & Psychological Counseling		
Hospitals, Nursing Home, Nursing Care, Lodging (max. \$50 per night per person), etc.		
Prescription Drugs (no "over-the-counter" drugs except insulin)		
Glasses, Hearing Aids, Batteries, etc.		Auto Travel
Lab & X-Ray		Parking Fees
Supplies, Rentals, etc.:		Phone (toll charges)
If taxpayer or spouse is a retired Public Safety Officer check this box:		<input type="checkbox"/>
Other:		
Other:		
*Do not include Medicare withheld from Form W-2, box 6.		

List all taxes even though the total may be limited.

Real Estate - Home & 2nd Homes ONLY (not rental)		
Real Estate - Investment Property (land, etc.) (not rental)		
Vehicle License Fees:	(1)	(2)
	(3)	(4)
Personal Property Tax (boat, plane, etc.)		
State Income Tax Paid (provide cancelled checks if available)		
Balance Due on Last Year's Return		Prior Year's Tax or Adjustment
Extension Payment Last Year's Return		Last Year's 4th Quarter Paid Jan. of this Year

IRS
WATCH

Provide 1098s Enter Rental Interest in Rental section.		Primary Home	Second Home
1st	Paid to a Bank, S & L, etc.*		
TD	Paid to an Individual <small>(**must list name, address & SS# below)</small>		
2nd	Paid to a Bank, S & L, etc.*		
TD	Paid to an Individual <small>(**must list name, address & SS# below)</small>		
Home Equity Loan <small>Equity interest is no longer deductible, but list in case it can be traced to another deductible or state use.</small>			
<p>*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/>.</p> <p>If Form 1098 was issued in another's Social Security Number, enter that person's name and Social Security Number here.</p>			
Name:		SS#:	
**Individual's Name:		**SS#:	
**Address:			
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
Did you refinance during the year? If so, provide escrow statement....		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you purchase your home after December 15, 2017?		<input type="checkbox"/>	<input type="checkbox"/>
• If yes, does the sum of all home mortgages exceed \$750,000?		<input type="checkbox"/>	<input type="checkbox"/>
• If no, does the sum of all home mortgages exceed \$1,000,000?		<input type="checkbox"/>	<input type="checkbox"/>

Interest paid for investments,
such as land, stocks, etc.

Vacant Land	
Brokerage Margin Accounts	
Other:	

Gambling Losses <i>(limited to taxable winnings)</i>	
Impairment Related Business Expenses	
Repayment of Previously Taxed Income <i>(only if more than \$3,000)</i>	
Casualty and Theft Losses of Income Producing Property	
NOTE: Tax reform, for federal purposes, repealed all miscellaneous deductions that were subject to the 2% of AGI limitation - see list below. However, some states may still allow them. Only enter if allowed by your state.	
Employee Business Expenses	
Investment Expenses	
Attorney Fees	
Casualty Losses <i>(losses in federally declared disaster areas are still allowed on federal return)</i>	

CASH

For 2023 through 2024 deduction of charitable contributions is only allowed if you itemize deductions. All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship	Red Cross
Payroll Deduction	Other: _____
Cancer	Other: _____

NON-CASH - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

Fair Market Value of Clothing & Household Items Contributed	
Automobile Travel for Charitable Purposes	m
Expenses in Connection with a Charitable Organization	
Explain: _____	
Vehicle Donation (provide 1098-C)	

IRS
MATCH

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

☐ ☒ If employer provides dependent care benefits.

PROVIDER INFORMATION <i>Payee SS# or EID# MANDATORY unless exempt organizations.</i>		Payments must be allocated by Child		
		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS# or EID#				
Name		Amount	Amount	Amount
Address				
Phone				
SS# or EID#				

IRS
MATCH

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family. In order to claim an education credit you MUST provide the 1098-T issued by the educational institution.

STUDENT:	THIS COLUMN IS DESIGNATED FOR		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter amount of any scholarships received.			
FOR TUITION CREDIT ONLY – At institutions eligible to participate in U.S. Dept. of Ed. Aid Program			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Tuition – First 4 Years			
Tuition After First 4 Years			
Fees – Enrollment/Attendance Only			
Other Expenses – Apply to a variety of education tax benefits.			
Tuition K-12 (Coverdell, Sec 529 distributions)			
Books, Supplies & Equipment (education credits, Sec 529 distributions)			
Room/Board (applies to Sec 529 plan distributions only)			
Computers (education credits, Sec 529 distributions)			

IRS
MATCH

IRS matches broker gross proceeds of sale reported on form 1099-B. The IRS also matches the sales price of "covered" securities (ones where the broker reported cost basis). All transactions must be reported even if there is no profit. If broker provides a summary of transactions, provide it and only enter other transactions, if any, in this section.

U					Cost or Other Basis
Description	✓ If Inherited	Date Acquired	Date Sold	Selling Price	Check box if basis reported basis on 1092-B

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. Business gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section **MUST** be completed for every vehicle that is used for business. Actual expenses are **NOT** required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

ONLY complete this section if the Business Vehicle Expense section if your vehicle is used for self-employment purposes. Do not include personal miles or miles driven as an employee in the Business Miles Driven section.	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse
Description of Vehicle (make/model)		
Date Originally Acquired		
Parking - Business Only (do not include parking at place of business)		
Total Miles Auto Driven, Personal & Business (required)	mi	mi
Total Commuting for the Year (required)	mi	mi
BUSINESS MILES DRIVEN		
Self-employed Business	mi	mi
Other: _____	mi	mi
Other: _____	mi	mi

BUSINESS VEHICLE EXPENSES

Complete only if vehicle used for business.
*Not required if using the standard mileage rate.

Fuel & EV Charging*		
Repairs, Maintenance, Oil, Lubrication*		
Tires, Batteries, etc.*		
Insurance* (DO NOT DUPLICATE ELSEWHERE)		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)		
Auto Club, parking & tolls		
Interest (DO NOT DUPLICATE ELSEWHERE)		
Wash & Wax*		
Lease Payments*		
Other*: _____		

AWAY-FROM-HOME EXPENSES

You Spouse

Airfare		
Auto Rental, Taxi, Uber, etc.		
Meals & Tips (enter 100%)		
Lodging & Tips (do not include meals)		
Laundry		
Other: _____		

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your home office expenses. If you choose not to itemize your home office expenses, only complete the square footage entries. A home office deduction is not allowed for employees on the federal return.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees		Other:	
Maintenance & Repairs: Office		Home in General**	
*If you own your home, provide purchase settlement statement and list of improvements made to office. **Roof, outside painting OK; not lawn/garden care or pool maintenance.			

SEC 199A DEDUCTION PASS-THROUGH INFORMATION

Income passed through from a business activity via a K-1 may qualify for a special tax deduction.

The information needed to compute this deduction is included on a separate statement, usually attached to the K-1 where the business income or loss is from partnerships, S-corporations and trusts.

BUSINESS ASSET PURCHASES

Date	Description	Business Activity	Cost

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement statement and county tax bill. If sold this year provide the closing escrow statement. Enter business vehicle and travel expenses in Business Mileage, Rental Property, this page.

Property	Address	Type Code	1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation Home Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Room Rental 9 - Other
1			
2			
3			
Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Acquisition Debt Interest			
Other Interest: _____			
Repairs: Carpentry, Hardware			
Electrical, Plumbing			
Paint & Decorating			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Condo, HOA &/or Management Fees			
Check box if rented to a Relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvements & Replacements	See Instructions Below		
Other: _____			
Number of Days Used Personally			
Days Rented at Fair Rental Value			
Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.			

SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page. Generally entertainment expenses are not deductible.

	You	Spouse			
Credit Card Sales (provide 1099-Ks)					
Cash and Bartering Sales					
Returns & Refunds	< >	< >			
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (equipment)		
Bank Charges			Rent (other)		
Biz Accounting			Repairs		
Biz Meals			Supplies		
Commissions			Taxes-Payroll		
Dues			Taxes-Sales		
Publications			Taxes-Property		
Freight			Telephone		
Gifts (see business expense instructions)			Utilities		
Insurance			Wages (W-2)		
Interest (mortgage)			Other: _____		
Interest (other)			Other: _____		
Legal/Professional			Other: _____		
Office Expense			Equipment:		
Provide list including description, purchase date and cost.					

RETURN SERVICE REQUESTED



IMPORTANT

YOUR

TAX APPOINTMENT

INFORMATION IS ENCLOSED!



YOUR TAX APPOINTMENT IS:

DAY: _____ DATE: _____ TIME: _____ A ☐ M ☐ PM

Please keep this appointment even if some of your information is not yet available. You can send the missing information later.

MAKE THE MOST OF YOUR APPOINTMENT - BE PREPARED.

Please carefully read and complete this *entire* questionnaire before our tax appointment and verify by signing below.

To the best of my knowledge, all information contained within this document is true, correct and complete.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

PLEASE NOTE: As a matter of policy and for future reference, this completed questionnaire may be kept on file in our office. If you want a photocopy for your records, please ask for one.