

**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.



The most important flag of all denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

**TAXPAYER INFORMATION**

Name	Social Security Number	Birth Date
You		
Spouse		
Occupation	Home Phone	Work Phone
		<input type="checkbox"/> Call 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 \_\_\_\_\_

Married	Spouse Deceased	Sold Home
Separated	Dependent Dec'd.	Sold Property
Divorced	Moved	Legally Blind <input type="checkbox"/> You <input type="checkbox"/> Spouse

**DEPENDENTS**

Soc. Sec. numbers are MANDATORY

Name (Include last name & address)	Soc. Sec. #	**	Mo. in Home During Year	Birth Date	If over age of 18	
					Income	✓ If Student

\*\* 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).

**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)

**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)	Bank, Credit Union, Bonds, etc.	Other State Municipal Bonds (Federal tax free)	Other U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)
Seller Financed Mortgage (Payer name, address & SS# req'd.)		Name, Address & SS#:	
FORFEITED INTEREST (early withdrawals)		FEDERAL WITHHOLDING ON INT & DIV:	
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			
Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)	Dividends to Spouse Only	Nonresident State and Federal

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 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
IRAs, 401(k)s & SEP Plans		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
Roth IRA:		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
<small>(1) Provide source of 1099-R and, if under age 59½, amount received. (2) Must be reported under "Distributions" unless "Rollover." (3) Conversion of Traditional IRA to Roth IRA.</small>		
State Tax Refund (1099-G)		
Social Security or RR Benefits (SSA-1099/RRB-1099)		
Alimony Received - matched with payer		
Unreported Tips Received		
Unemployment or Paid Family Leave Received (1099-G)		
Other: _____		
Alimony (only required amounts) paid (provide information below)		
Paid to: _____ SS#: _____		
Salaries, Pensions, & Misc. Income (Provide W-2s and 1099s)		
Partnership & Trust Income (Provide K-1s)		
Gross Gambling Winnings \$	Student Loan Interest \$	
Coverdell ESA Contribution \$	Sec. 529 Plan Contribution \$	
<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 last year. If so, please call in advance to discuss what documents are required.		
<input type="checkbox"/> ✓ If you incurred any adoption expenses this year. If so, enter amount.		

**MEDICAL INSURANCE INFORMATION (ACA)**

✓ If everyone in your family was insured for the entire year.

✓ If you had coverage through a Government Marketplace.  
If so, provide all Forms 1095-A received from the Marketplace.

✓ 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.

✓ If a dependent filed a tax return (provide a copy).

✓ If you received Forms 1095-B or 1095-C (provide copies).

✓ Each full month a member of your tax family was uninsured for the year (use supplemental sheet if more than two):

J F M A M J J A S O N D

Name: \_\_\_\_\_

Name: \_\_\_\_\_

✓ Received hardship exemption(s) (provide ECNs, months and for whom).

**ESTIMATED TAXES PAID**

Please provide cancelled checks if available

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

**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**

### MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 10% of your adjusted gross income, and then, only the amount that exceeds the 10% floor is deductible. Example: Your income is \$40,000 for the year - your medical expenses must exceed \$4,000 (10% 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.

Hospital, Medical, Dental, Vision, Medicare** Insurance Premiums		
Doctors, Dentists, Psychotherapy & Psychological Counseling		
Hospitals, Nursing Home, Nursing Care, Lodging, etc.		
Prescription Drugs (no "over-the-counter" drugs except insulin)		
Glasses, Hearing Aids, Batteries, etc.	Auto Travel	mi
Lab & X-Ray	Parking Fees	
Supplies, Rentals, etc.:	Phone (toll charges)	
Other: _____		
Other: _____		
Other: _____		

\*At press time, Congress was considering reducing this percentage.  
 \*\*Do not include Medicare withheld from Form W-2, box 6.

### TAXES PAID

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.)	
<b>State Income Tax Paid (provide cancelled checks if available)</b>	
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

### HOME MORTGAGE INTEREST PAID

Provide 1098s Enter Rental Interest in Rental section.		Primary Home	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (must list name, address & SSN below**)		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (must list name, address & SSN below**)		
Home Equity Loan			
Individual's Name:		SS#:	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's social security number, enter that person's name and Social Security number here.			
Name:		SS#:	
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 final escrow statement.....	YES	NO	
Does your home equity loan exceed \$100,000?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Does the sum of all home mortgages exceed \$1,100,000?.....	<input type="checkbox"/>	<input type="checkbox"/>	

### INVESTMENT INTEREST PAID

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

Vacant Land	Brokerage Margin Accounts
Other: _____	

### CHILD OR DEPENDENT CARE EXPENSES

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 Payee SS# or EID# MANDATORY unless exempt organizations.		Payments must be allocated by Child		
		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

### CHARITABLE CONTRIBUTIONS

**CASH** 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: _____
<b>NON-CASH</b> - 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	mi
Expenses in Connection with a Charitable Organization	
Explain: _____	
Vehicle Donation (provide 1098-C)	

### MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses (next page).

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union & Professional		
Employment Search & Resumé Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100% of cost		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E & O, malpractice, etc.)		
Investment Expenses		
Publications & Journals		
Investment Advisory Fees		
Other: _____		
IRA or SE Plan Fees Paid by You (not deducted from plan)		
Job-Related Licenses, Fees, Credentials, etc.		
Publications, Books, etc., Used in Business		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Telephone (business calls only)		
Job-Related Tools, Supplies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - Purchase (cannot be clothing suitable for street wear)		
Uniforms - Cleaning		
Other: _____		

### EDUCATION EXPENSES

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"/>
<b>FOR TUITION CREDIT ONLY</b> - All institutions eligible to participate in U.S. Dept. of Soc. Aid Programs			
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			
<b>Other Expenses - Apply to a variety of education tax benefits:</b>			
Tuition K-12 (Coverdell distributions only)			
Books, Supplies & Equipment (education credits, Sec 529 distributions)			
Room/Board (applies to Sec 529 plan distributions only)			
Computers (education credits, Sec 529 distributions)			
<b>DEFERRABLE EDUCATION EXPENSES - Education for the taxpayer &amp; spouse only &amp; MUST be on related</b>			
Tuition & Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

## BUSINESS VEHICLE INSTRUCTIONS

This **Driver** section **MUST** be completed for every vehicle that is used in 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 last 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.

DO NOT complete this section or the Business Vehicle Expenses section if your vehicle is used only for nondeductible commuting to and from work and for personal travel.		Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse
<input checked="" type="checkbox"/> If Vehicle Provided (owned) by Employer		<input type="checkbox"/>	<input type="checkbox"/>
Enter Reimbursement Provided by Employer			
<input checked="" type="checkbox"/> If Reimbursement Included in W-2 Wages		<input type="checkbox"/>	<input type="checkbox"/>
Description of Vehicle (make/model)			
Date Originally Acquired			
Parking - Business Only (do not include parking at place of employment)			
Total Miles Auto Driven, Personal & Business (required)		mi	mi
BUSINESS MILES DRIVEN	For Employer	mi	mi
	To Professional Meetings/From Job to School	mi	mi
	Between 1st & 2nd Job	mi	mi
	Jobseeking/Temporary Job Sites	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental Property	mi	mi
	Self-employed Business	mi	mi
	Other: _____	mi	mi
Average Round Trip Distance to Work (required)		mi	mi
Total Commuting for the Year (required)		mi	mi

## BUSINESS VEHICLE EXPENSES

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

Gasoline, Oil, Lubrication*		
Repairs & Maintenance*		
Tires, Batteries, etc.*		
Insurance* (DO NOT DUPLICATE ELSEWHERE)		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)		
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% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other: _____		

## 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. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

## "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 are an employee, the home office use must also be for the convenience of the employer. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your office expenses. If you choose not to itemize your expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees		Other:	
Maintenance & Repairs: Office		Home in General**	

\* From last owner, provide purchase settlement statement and list of improvements to office, including painting, etc.; not lawn/garden care or pool maintenance.

## SECURITIES & PROPERTY SOLD

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, bring it and only enter other financial items if any, in this section.

Description	✓ If Inherited	Date Acquired	Date Sold	Selling Price	Cost or Other Basis (Check box if broker reported basis on 1099-B)	Y
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

## RENTAL INCOME & EXPENSES

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

Property	Address	Type of Use	1	2	3
1					
2					
3					

1 - Single Family Residence  
2 - Multi-Family Residence  
3 - Vacation Home Rental  
4 - Commercial  
5 - Land  
6 - Rental  
7 - Self-Storage  
8 - Other

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 or Management Fees			
Telephone (toll calls only)			
Improvements & Replacements	See Instructions Below		
Other: _____			
Number of Days Used Personally			
Days Rented at Fair Rental Value			

Improvements and Replacements include: painting, wallpaper, carpet, drapes, window blinds, or improvements. Property a lot with driveway, etc. SEE IF APPLICABLE TO PROPERTY TYPE AND RENTAL TYPE.

## SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

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)		
Commissions			Repairs		
Dues & Pubs.			Supplies		
Entertainment (100%)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (see business expense instructions)			Taxes-Property		
Insurance			Telephone		
Interest (mortgage)			Utilities		
Interest (other)			Wages (W-2)		
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: \_\_\_\_\_ AM 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.**