Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Pe	rsonal Information								
Taxpaye	Name		So	oc. Sec. No.	Date of	Birth (Occupatio	on Wo	rk Phone
Spouse									
Street Ac				City		State	ZIP) Hor	me Phone
Email Ad	Idress								
Blind Disabled	Taxpayer Yes N Yes N Mpaign Fund Yes N	o Yes	No No	Marital St Marr Marr Singl	ied le	ate of Spou	Will file j	_	es No
	ependents (Children & Oth				(6.7,7 2-6				
					Mandle	.1		1	
	Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Protection PIN
- Last	ovide for your appointment t year's tax return (new clients o ne and address label (from gover		r card)	- All statemen	its (W-2s	, 1098s, 109	99s, etc)		
Please an	swer the following questions to	determine maxin	num deducti	ons					
receiv	ou self-employed or do you re hobby income? ou receive income from	Yes*	No	9. Were ther marriages in your im	s, divorce	es or adopt	-		Yes No
raisin	g animals or crops?	Yes*	No	10. Did you giv			n \$14,000	·	
-	ou receive rent from real e or other property?	Yes*	No	to one or n	-	•	lled, forgi	ven,	Yes
gravel	ou receive income from I, timber, minerals, oil, gas, ights, patents?	Yes*	No	or refinance	through	bankruptc	у		Yes No
-	ou withdraw or write	Yes	No	proceeding		. how much	n did vou r	_	
6. Do yo	s from a mutual fund? u have a foreign bank		<u> </u>	(b) Was he	•		, · r	,	Yes No
7. Do yo help s	int, trust, or business? u provide a home for or support anyone not listed stion 2 above?	Yes □	No	14. Did you pa yourself, yo during the	our spou			nt	Yes No
8. Did yo	ou receive any correspondence the IRS or State Department cation?	Yes [No	15. Did you pa spouse, or classes be	your dep	endent to			Yes No

* Contact us for further instructions

CTORG01 01-20-17

insurance) for dependents of	healthcare coverage r you, your spouse an luring this tax season s 1095-A, 1095-B, and	id i? If yes,	Y	es No	19. Did you purchas technology vehica. 20. Did you install a	cle or elec	tric vehicle?	ır	Yes	No	
 17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number. 18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1050? 					residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? 21. Did you own \$50,000 or more in foreign financial assets?			es,	Yes No		
									Yes No		
3. Wage, S	alary Income				22. Have you or you an identity theft digit identity pro	protection	PIN by the IRS	_		_	
Attach W-2s: Employer		Тах	payer	Spouse			Taxpayer			Spouse	
					7. Property	Sold					
					Attach 1099-S and	d closing s	tatements				
					Property	,	Date Acquire	ed C	Cost & I	mp.	
				\vdash	Personal Resider						
			-		Vacation Home						
					Land						
4. Interest					Other						
Attach 1099-INT, Payer	Form 1097-BTC & br	oker stateme	nts Amo	ount	8. I.R.A. (Inc		Retirement /	Acct.)			
					Contributions for	tax year in	come			✓ for	
Tax Exempt					Taxpayer	A	mount	Date)	Roth	
					Spouse						
5. Dividend	I Income				Amounts withdrav Plan Trustee	vn. Attach	1099-R & 5498 Reason for Withdrawal		Reinves	sted?	
From Mutual Fun	ds & Stocks - Attach	1099-DIV							Yes	No	
Payer	Ordinary	Capital Gains		Non- axable					Yes Yes Yes	No No No	
					9. Pension,	Annuity	Income				
					Attach 1099-R		Reason for				
					Payer*		Withdrawal	.	Reinves	sted?	
									Yes	No	
6. Partners	ship, Trust, Estate	e Income							Yes	No No	
List payers of par or estate income	tnership, limited part - Attach K-1	nership, S-co	rporat	ion, trust,	* Provide stateme company with in contributions to	nformation		Lrance	」Yes	∐ No	
					Did you receive:		Taxpayer		Spou	se	
					Social Security	y Benefits	Yes	No	Yes	No	
					Railroad Retire	ement	Yes	No	Yes	No	

Attach SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

	/		
11. Other Income	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attach	1098)	
	Interest paid to individual for ye	our	
Alimony Received	home (include amortization so	chedule)	
Child Support	Paid to:		
Scholarship (Grants)	Name		
Unemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No.		
Gambling, Lottery (expenses)	Investment Interest		
Unreported Tips	Premiums paid or accrued for o	qualified	
Director / Executor's Fee	mortgage insurance		
Commissions			
Jury Duty	15. Casualty/Theft Los	99	
Worker's Compensation			
Disability Income	For property demonsed by storm	n water fire cosi	dont or stolen
Veteran's Pension	For property damaged by storn		
Payments from Prior Installment Sale	Location of Property		
State Income Tax Refund			
Other	Description of Property		
Other			
		Other	Federally Declared
12. Medical/Dental Expenses	Assessment of Domestic	Other	Disaster Losses
	Amount of Damage		
	Insurance Reimbursement		
Medical Insurance Premiums	Repair Costs		-
(paid by you)	Federal Grants Received		
Prescription Drugs			
Insulin	16. Charitable Contrib	outions	
Glasses, Contacts			
Hearing Aids, Batteries		0.11	
Braces		Other	
Medical Equipment, Supplies	Church		
Nursing Care	United Way		
Medical Therapy	Scouts		
Hospital	Telethons		
Doctor/Dental/Orthodontist	University, Public TV/Radio		
Mileage (no. of miles)	Heart, Lung, Cancer, etc.		
	Wildlife Fund		
	·		
13. Taxes Paid	Salvation Army, Goodwill Other		
Real Property Tax (attach bills)	Non-Cash		
Personal Property Tax			
Other	Volunteer (no. of miles)	@ .14	

17. 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.

18. Job-Related Moving Expenses	21. Business Mileage
Date of move Move Household Goods Lodging During Move Travel to New Home (no. of miles)	Do you have written records? Did you sell or trade in a car used for business? If yes, attach a copy of purchase agreement Make/Year Vehicle
19. Employment Related Expenses That You F (Not self-employed)	Data nurshand
Dues - Union, Professional Books, Subscriptions, Supplies Licenses Tools, Equipment, Safety Equipment Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) Entertainment Office in home: In Square a) Total home Feet b) Office c) Storage Rent Insurance Utilities Maintenance	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. Investment-Related Expenses	22. Business Travel
Tax Preparation Fee Safe Deposit Box Rental Mutual Fund Fee Investment Counselor Other	If you are not reimbursed for exact amount, give total expenses. Airfare, Train, etc. Lodging Meals (no. of days) Taxi, Car Rental Other Reimbursement Received

23. Estimated Tax Paid			24. Other Deductions			
Due Date	Date Paid	Federal	State	Social Security No. Student Interest Paid Health Savings Accoun Archer Medical Savings	t Contributions Acct. Contributions	\$ \$ \$
25. Education	Expenses			26. Questions, C	Comments, & Othe	r Information
Student's Name		of Expense				
				Residence: Town Village City	School Dist	rict
27. Direct Dep	posit of Refu	nd / or Saving	s Bond Purd	chases		
	you to deposit y	s) directly deposit our federal tax refu ovide the following	ınd into up to thr		Taxpayer	Yes No
Type of account	MyRA	Checking Archer MS	A Savings	Traditional Savings Coverdell Education Saving	Traditional I	RA Roth IRA
Name of financial ins	stitution					
Financial Institution	Routing Transit	Number (if know	n)			
Your account number	er					
ACCOUNT 2						
Owner of account					Taxpayer :	Spouse Joint
Type of account	MyRA	Checking Archer MS	A Savings	Traditional Savings Coverdell Education Saving	Traditional I	
Name of financial ins	stitution					
Financial Institution	Routing Transit	Number (if know	n)			
Your account number	er					

ACCOUNT 3 Taxpayer Spouse Joint Owner of account **MyRA Traditional Savings** Traditional IRA Roth IRA Type of account Checking **Coverdell Education Savings Archer MSA Savings HSA Savings SEP IRA** Name of financial institution Financial Institution Routing Transit Number (if known) Your account number Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following: Amount used for bond purchases for yourself (and spouse if filing jointly). Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). Co-owner or Beneficiary's name if applicable X if name is for **Bond purchase Amount** Owner's name a beneficiary

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all ncome, deductions, and other information necessary for the preparation of this year's income tax returns for							
which I have adequate records.		y tor the proparation of time	your o moonio tax rotarno ioi				
Taxpayer	Date	Spouse					

Taxpayer