

Client Tax Organizer

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

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

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

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- | | |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$13,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay?
(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

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

List All Other Income (including non-taxable)

- Alimony Received _____
- Child Support _____
- Scholarship (Grants) _____
- Unemployment Compensation (repaid) _____
- Prizes, Bonuses, Awards _____
- Gambling, Lottery (expenses _____) _____
- Unreported Tips _____
- Director / Executor's Fee _____
- Commissions _____
- Jury Duty _____
- Worker's Compensation _____
- Disability Income _____
- Veteran's Pension _____
- Payments from Prior Installment Sale _____
- State Income Tax Refund _____
- Other _____
- Other _____

12. Medical/Dental Expenses

- Medical Insurance Premiums (paid by you) _____
- Prescription Drugs _____
- Insulin _____
- Glasses, Contacts _____
- Hearing Aids, Batteries _____
- Braces _____
- Medical Equipment, Supplies _____
- Nursing Care _____
- Medical Therapy _____
- Hospital _____
- Doctor/Dental/Orthodontist _____
- Mileage (no. of miles) _____
- Miles after June 30 _____

13. Taxes Paid

- Real Property Tax (attach bills) _____
- Personal Property Tax _____
- Other _____

14. Interest Expense

- Mortgage interest paid (attach 1098) _____
- Interest paid to individual for your home (include amortization schedule) _____
- Paid to: _____
- Name _____
- Address _____
- Social Security No. _____
- Investment Interest _____
- Premiums paid or accrued for qualified mortgage insurance _____

15. Casualty/Theft Loss

- For property damaged by storm, water, fire, accident, or stolen.
 - Location of Property _____
 - Description of Property _____
- | | Other | Federally Declared Disaster Losses |
|-------------------------|-------|------------------------------------|
| Amount of Damage | _____ | _____ |
| Insurance Reimbursement | _____ | _____ |
| Repair Costs | _____ | _____ |
| Federal Grants Received | _____ | _____ |

16. Charitable Contributions

- Other
- Church _____
- United Way _____
- Scouts _____
- Telethons _____
- University, Public TV/Radio _____
- Heart, Lung, Cancer, etc. _____
- Wildlife Fund _____
- Salvation Army, Goodwill _____
- Other _____
- Non-Cash _____
- Volunteer (no. of miles) _____ @ .14 _____ \$0.00

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

Date of move _____
 Move Household Goods _____
 Lodging During Move _____
 Travel to New Home (no. of miles) _____
 Miles after June 30 _____

19. Employment Related Expenses That You Paid (Not self-employed)

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 _____

20. Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

21. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____
 Date purchased _____
 Total miles (personal & business) _____
 Business miles (not to and from work) _____
 Miles after June 30 _____
 From first to second job _____
 Miles after June 30 _____
 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 _____

22. Business Travel

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 _____

Profit or Loss From Business Schedule C

Name:

SSN:

TS		Principal business or profession	Business code
Business name			Employer I.D. number
Business address			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type			Some investment is NOT at risk <input type="checkbox"/>
You started or acquired this business during 2013 <input type="checkbox"/>			You disposed of this property during 2013 <input type="checkbox"/>
Did you make any payments in 2013 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Income	2013	2012	2013	2012
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2013	2012	2013	2012
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks, etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2013	2012	2013	2012
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			There was a change of inventory method <input type="checkbox"/>	
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Interest Paid _____ \$ _____
 Health Savings Account Contributions _____ \$ _____
 Archer Medical Savings Acct. Contributions _____ \$ _____

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? Yes No
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA
 Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

ACCOUNT 2

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA
 Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

