Client Tax Organizer

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

	Name		Soc. Se	ec. No.	Date of	Birth	Occupation	1	Work Ph	one
Taxpayer										
Spouse										
Street Add	City			State ZIP		ı	Home Phone			
Email Addr	ress			-						
	Taxpayer	Spouse		Marital St	tatus					
Blind Disabled Pres. Camp	Yes N Yes N Paign Fund Yes N	o Yes	No No No	Marr Sing Wide	le	ate of Spou	Will file jo	_	Yes	No
2. Dep	endents (Children & Oth	ers)				77				
	Name (First, Last)	Relationship	Date of Birth	Social S Num		Months Lived With You	Disabled	Full Time Student	Depend Gro Inco	SS
	y the dataset									
	Plant all the first and Miller to the second									
• •	ide for your appointment									
_	ear's tax return (new clients o and address label (from gove	• •		l statemen	ts (W-2s,	, 1098s, 10	99s, etc)			
lease answ	ver the following questions to	determine maximum	deductions							
-	self-employed or do you hobby income?	Yes* N		Were ther	-	ths, deaths		_	_	
-	receive income from inimals or crops?	Yes* N	0 40	in your im		-		L	Yes	
Did you	receive rent from real r other property?	Yes* N	10.	Did you giv to one or n	_		n \$13,000		Yes	
Did you	receive income from imber, minerals, oil, gas,		11.	Did you ha or refinanc Did you go	ed?			en,	Yes	
	nts, patents? withdraw or write	Yes* N	Λ	proceeding	_	Банктирко	,	L	Yes	Ш
checks f	rom a mutual fund?	Yes N	o 13.	(a) If you p	oaid rent,	how much	did you pa	ay?	_	
-	nave a foreign bank , trust, or business?	Yes N	0	(b) Was he					Yes	
help sup	provide a home for or propert anyone not listed on 2 above?	Yes N		Did you pa yourself, yo during the	our spous				Yes	
Did you	receive any correspondence IRS or State Department		15.	Did you pa spouse, or classes be	your dep	endent to		Γ	Yes	[]

19 or 19 to 2 unearned in	e any children under th 23 year old students wit come of more than \$95 chase a new alternative vehicle or electric vehic	th 60?	Yes	☐ No	improvements windows, insul	as solar wa uel cells or such as ext ation, heat	ater heaters, energy efficient	Yes	☐ No
					19. Did you own \$5		ore in foreign	Yes	No
3. Wage, 8	Salary Income			200					
Attach W-2s:		_		_	7. Property	Sold			
Employer		ı ax	cpayer	Spouse	Attach 1099-S ar	id closing s	tatements		,
N. 11 (11)			\dashv	\mathbb{H}	Proper	ty	Date Acquired	Cost &	lmp.
					Personal Reside	ence*			
					Vacation Home				
			_		Land				
- Printer				\vdash	Other	ation on inc	provements, prio	coloo of hom	
						ew residen	ce. Also see Sect		e,
4. Interest	Income				8. I.R.A. (In	dividual I	Retirement Ac	ct.)	
	T, Form 1097-BTC & bro	oker stateme			Contributions for	tax year in	come		
Payer			Amou	int		- Λ.	mount	Date	✓ for Roth
•					Taxpayer	A	illouit.	Date	
					Spouse				
Tax Exempt					Amounts withdra	wn. Attach	1099-R & 5498		
					Plan Trustee		Reason for Withdrawal	Reinve	ested?
5. Dividen	d Income							Yes	No
								Yes	
From Mutual Fu	nds & Stocks - Attach							Yes Yes	No No
Payer	Ordinary	Capital Gains		lon- xable					
					9. Pension	, Annuity	Income	100	
					Attach 1099-R Payer*	9	Reason for Withdrawal	Reinve	ested?
					r ayei		Withiulawai	Yes	
								Yes	
								Yes	No.
			erie a					Yes	No
List payers of pa	artnership, limited part		orporatio	n, trust,	* Provide statem company with contributions t	information	employer or insur- on cost of or	ince	
or estate incom	e - Audon N- I				Did you receive:		Taxpayer	Spo	use
					Social Securi	ty Benefits	Yes N	o Yes	No.
	And Andrew Control of the Control of				Railroad Reti	•	Yes N		
					Attach SSA 1099	RRR 1000			
	<u>.</u>				Attach GGA 1099	, 1033			

10. Investments Sold	60 (20) 50 (20)	
Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interes	t - Attach 1099-B & confirmation slips	
Investment		ost Sale Price
	/	
	/	
	/	
	1	
11. Other Income	14. Interest Expense	
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1098) Interest paid to individual for your	
Alimony Received		
Child Support	Paid to:	
Scholarship (Grants)	Name	
Unemployment Compensation (repaid)		
Prizes, Bonuses, Awards	Social Security No.	
Gambling, Lottery (expenses)		1-
Unreported Tips	Premiums paid or accrued for qualified	
Director / Executor's Fee	mortgage insurance	
Commissions		
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation	13. Casualty/Theit Loss	
Disability Income	For preparty domaged by storm, water	fire agaident or stolen
Veteran's Pension	For property damaged by storm, water	
Payments from Prior Installment Sale	Location of Property	
State Income Tax Refund	Description of Property	
Other	Description of Property	
Other		F. d W. D l
10 Aug 1	Ott	ner Federally Declare Disaster Losses
12. Medical/Dental Expenses	Amount of Damage	
	Insurance Reimbursement	
Medical Insurance Premiums	Repair Costs	
(paid by you)	Federal Grants Received	
Prescription Drugs		
Insulin	16 Charitable Contributions	
Glasses, Contacts	16. Charitable Contributions	
Hearing Aids, Batteries		
Braces	Oth	ner
Medical Equipment, Supplies	Church	
Nursing Care	Church United Way	-0-6
Medical Therapy	Scouts	
Hospital	Telethons	
Doctor/Dental/Orthodontist	University, Public TV/Radio	
Mileage (no. of miles)	Heart, Lung, Cancer, etc.	
Miles after June 30	Wildlife Fund	

13. Taxes Paid

Other__

Real Property Tax (attach bills) Personal Property Tax Salvation Army, Goodwill

Volunteer (no. of miles)

\$0.00

Other

Non-Cash

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid	
Also complete this section if you receive dependent care benef	its from your employer.			
18. Job-Related Moving Expenses	21. Business Milea	је		
Date of move	Do you have written records	s?	Yes N	
Move Household Goods	Did you sell or trade in a ca	r used		
Lodging During Move	for business?		Yes N	
Travel to New Home (no. of miles)	If yes, attach a copy of pure	hase agreement		
Miles after June 30	 Make/Year Vehicle			
	Data purchased			
19. Employment Related Expenses That You Pa	Total miles (personal & busi	iness)		
(Not self-employed)	Business miles (not to and t	•		
	Miles after June 3	0		
Dues - Union, Professional	From first to second job			
Books, Subscriptions, Supplies	Miles after June 3	0		
Licenses	Education (one way, work	to school)	****	
Tools, Equipment, Safety Equipment Uniforms (include cleaning)	Job Seeking			
Sales Expense, Gifts	Other Business		· · · · · · · · · · · · · · · · · · ·	
Tuition, Books (work related)	Round Trip commuting dist	ance		
Entertainment	Gas, Oil, Lubrication	u		
Office in home:	Batteries, Tires, etc.			
In Square a) Total home	Repairs			
Feet b) Office	Wash			
c) Storage	Insurance			
Rent	Interest			
Insurance	Lease payments			
Utilities	Garage Rent			
Maintenance				
	22. Business Travel			
20. Investment-Related Expenses				
	If you are not reimbursed for	er exact amount, give to	tal expenses.	
Tax Preparation Fee	Airfore Train etc			

Airfare, Train, etc.

Taxi, Car Rental

Meals (no. of days _____)

Reimbursement Received

Lodging

Other

Safe Deposit Box Rental

Investment Counselor

Mutual Fund Fee

Other

Profit or Loss From Business Schedule C SSN: Name: Business code TS Principal business or profession Employer I.D. number Business name Business address City State, ZIP U.S. Only Province/State, Country, Postal Code Foreign Only Accounting method, if not cash Accrual Other Some investment is NOT at risk Activity type You disposed of this property during 2013 You started or acquired this business during 2013 No Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes No Yes If "Yes," did you or will you file all required Forms 1099? 2012 2013 2013 2012 Income Other income Gross receipts or sales Returns and allowances 2012 2013 2012 2013 Expenses Taxes and licenses Advertising Travel Car and truck expenses Total meals and entertainment Commissions and fees Utilities Contract labor Wages Depletion Other expenses (list): Employee benefit programs 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) Other (Detail) Repairs and maintenance Family Health Coverage Supplies 2012 2013 2012 Cost of goods sold 2013 Other There was a change of inventory method Lower of Cost or Market Inventory method, if not Cost Inventory at beginning of the year Materials and supplies Purchases (less cost of items withdrawn for personal use) Other costs Inventory at end of year Cost of labor

Supplemental Income and Loss Part I - Income or Loss From Rental Real Estate and Royalties SSN: Name: Activity Type Property description TSJ No Did you make any payments in 2013 that would require you to file Form(s) 1099? No Yes If "Yes," did you or will you file all required Forms 1099? Property Address City U.S. Only State, ZIP Province/State, Country, Postal Code Foreign Only Self-Rental Single Family Residence Vacation / Short Term Rental Land Other Royalties Multi-Family Residence Commercial Qualified Joint Venture Personal use days Fair Rental Days If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer Property is a Single Member LLC Property was 100% disposed of in 2013 Some investment is NOT at risk This is your main home 2013 Income: Rent Income Royalties from oil, gas, mineral, copyright or patent Indirect expense 2012 Direct expense 2012 2013 Expenses: Advertising Auto and travel Cleaning and maintenance Commissions Insurance Legal and professional fees Management fees Interest - mortgage Interest - other Repairs Supplies Taxes Utilities Other: (list) Ownership Percentage

Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Account Cont Archer Medical Savings Acct.	\$tributions \$
25. Educatio	on Evnenses			26. Questions, Comn	nents, & Other Information
Student's Name	e Type of	Expense	Amount		
•				Residence: Town Village	
				City	The second secon
ould you like to l	eposit of Refurnave your refund(s) directly deposit	ed into your ac	City	Yes
ould you like to l (The IRS will all different accoun) directly deposit	ed into your ac	City	
ould you like to l (The IRS will all different accoun	nave your refund(s ow you to deposit yo nts. If so, please pro) directly deposit	ed into your ac	City	Yes
ould you like to l	nave your refund(s ow you to deposit yo nts. If so, please pro) directly deposit	red into your ac	City	Yes
culd you like to I (The IRS will allowing different accounts) COUNT 1 where of accounts pe of accounts	nave your refund(s ow you to deposit you nts. If so, please pro	directly deposit our federal tax refu vide the following	red into your ac	City chases count? nree Ta	Yes
culd you like to I (The IRS will allowed account) COUNT 1 where of account the of financial	nave your refund(s ow you to deposit you nts. If so, please pro	directly deposite our federal tax refunde the following Checking Archer MSA Sa	red into your actual into up to the information.)	City chases count? nree Ta	Yes
could you like to I (The IRS will allow different account) COUNT 1 where of account pe of account mane of financial mancial Institution	nave your refund(sow you to deposit you to deposit you to. If so, please products. If so, please products. If so, please products. If so, please products are the source of the source o	directly deposite our federal tax refunde the following Checking Archer MSA Sa	red into your actual into up to the information.)	City chases count? nree Ta	Yes
could you like to I (The IRS will allowing different account) CCOUNT 1 The image of account a	nave your refund(sow you to deposit you to deposit you to. If so, please products. If so, please products. If so, please products. If so, please products are the source of the source o	directly deposite our federal tax refunde the following Checking Archer MSA Sa	red into your actual into up to the information.)	City chases count? nree Ta	Yes
could you like to land (The IRS will all different account acc	nave your refund(s ow you to deposit you nts. If so, please pro-	directly deposite our federal tax refunde the following Checking Archer MSA Sa	red into your actual into up to the information.)	City chases count? ree Ta Traditional Savings Coverdell Education Savings	Yes
could you like to I (The IRS will all different account count 1 where of account me of financial mancial Institution	nave your refund(s ow you to deposit you nts. If so, please pro-	directly deposite our federal tax refunde the following Checking Archer MSA Sa	avings	City chases count? ree Ta Traditional Savings Coverdell Education Savings	Yes Yes

ACCOUNT 3					
Owner of account				Taxpayer	Spouse Joint
Type of account	Checking Archer MSA Sav		aditional Savings overdell Education Savin	H	ional IRA Roth IRA savings SEP IRA
Name of financial institution					
Financial Institution Routing Tra	nsit Number (if known)				
Your account number		-			
Would you like to purchase Seri	es I Savings bonds witl	a portion of yo	our refund? If so, please	answer the follow	ing:
Amount used for bond purchase	es for yourself (and spo	use if filing join	tly).		
Amount used to buy bonds for s	comeone else (or yours	elf only or spou	se only if filing jointly).		
Owner's name		Co-owner o name if	r Beneficiary's applicable	X if name is for a beneficiary	Bond purchase Amount
To the beat of much moude	dae the informatio	n analosad ir	n this client tay ora:	onizar is corra	et and includes all
To the best of my knowle income, deductions, and which I have adequate re-	other information ı	n enclosed in necessary fo	r the preparation of	this year's inc	come tax returns for
Taxpayer		Date	Spouse		Date