



## Tax Organizer

Client(s) Name: \_\_\_\_\_

What is your phone number? \_\_\_\_\_ Can we text you? \_\_\_\_\_

What is your email address? \_\_\_\_\_

What is your mailing address? (If you are a returning client you we do not need address)

\_\_\_\_\_

Did your address change during the year?

- Yes – list new address: \_\_\_\_\_ Date moved \_\_\_\_\_
- No

What is your filing status this year?

- Married
- Married filing Separate
- Single
- Head of Household (You must have qualifying dependents)
- Not Sure (We will contact you and help decide)

Has your filing status changed this year?

- Yes
- No
- Need Advice

What is your occupation?

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

Are you or your spouse blind?

- Yes – indicate tax payer or spouse: \_\_\_\_\_
- No

If you receive a **refund**, do you want the money directly deposited to your bank account? (Provide a copy of your check or complete the following banking info)

- Yes - Routing # \_\_\_\_\_  
Account # \_\_\_\_\_  
Is this a checking account or a savings account? \_\_\_\_\_
- No
- Apply refund to estimated 2019 tax liability

If you **OWE** taxes, would you like to have the payment paid electronically?

- Yes— Routing # \_\_\_\_\_  
Account # \_\_\_\_\_  
Is this a checking account or a savings account? \_\_\_\_\_
- No

If you owe estimated tax payments for the upcoming year, would you like the payments to be automatically withdrawn from your bank account? Drafts occur in April, June, September, and January.

- Yes
- No

Please fill out each column for all dependents. If you are a **returning** client you do not need to give date of birth or Social Security Number for Dependents you had last year.

Dependent's Name	Relationship	Date of Birth	Social Security Number	Annual Income Amount	Full time Student?	Months in Home

NOTE: Any taxpayer that qualified for Earned Income Tax Credit will be required to provide a birth certificate for each dependent (first year of filing) **and** school or medical records (annually)

Did you, your spouse, and all your dependents have health insurance coverage for the entire year in 2018?

- Yes---Upload or drop off form 1095-A, 1095-B or 1095-C
- No—list name of person(s) not covered and month(s) not covered:

If you or your dependent(s) did **NOT** have health care coverage every month in 2018, please explain:

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Did you pay for day care expenses (including preschool) to allow you to work or attend school full time?

- Yes
- No

If yes, please complete for **each** child:

Child's Name	Name of Daycare Provider	Address	Phone Number	SSN or EIN of Provider	YTD Amount Paid

**THE FOLLOWING QUESTIONS APPLY TO YOU, YOUR SPOUSE & DEPENDANTS, IF ANY:**

Did you receive W-2 income this year?

- Yes—Upload or drop off W-2(s) and indicate number of W-2s: \_\_\_\_\_
- No

Did you receive bank interest income this year?

- Yes—Upload or drop off 1099-INT(s)  
Indicate number of 1099-INT(s): \_\_\_\_\_
- No

Did you receive dividend income this year?

- Yes—Upload or drop off 1099-DIV(s) and  
Indicate number of 1099-DIV(s): \_\_\_\_\_
- No

Did you receive non-employee income (independent contractor) this year?

- Yes—Upload or drop off 1099-MISC(s) and  
Indicate number of 1099-MISC(s): \_\_\_\_\_
- No

Did you sell stocks or have any stock options?

- Yes—Upload or drop off 1099-B(s) and  
Indicate number of 1099-B(s): \_\_\_\_\_
- No

Did you receive a distribution from a retirement plan?

- Yes—Upload or drop off 1099-R(s) and  
Indicate number of 1099-R(s): \_\_\_\_\_
- No

Did you transfer or rollover any amounts from one retirement plan to another?

- Yes—Upload or drop off 1099-R(s)
- No

Have you already made a contribution to a retirement account this tax year?

- Yes—Indicate how much per taxpayer/spouse, and what type of  
retirement account:  
\_\_\_\_\_
- No

If you haven't made a contribution to a retirement account yet, do you want to?

- Yes—Indicate type of **account** and **amount**:  
\_\_\_\_\_ and \_\_\_\_\_
- No

If you were 70 ½ years of age or older, did you withdraw the required minimum  
distribution amount from your retirement plan?

- Yes
- No
- NA

Are you a shareholder or a beneficiary from an S-Corp, Partnership, or Trust?

- Yes—Upload or drop off K-1(s) and  
Indicate number of K-1(s): \_\_\_\_\_
- No

Did you receive Social Security Benefits?

- Yes—Upload or drop off 1099-SSA(s) and  
Indicate number of forms: \_\_\_\_\_
- No

Did you receive Unemployment Compensation or Disability Income?

- Yes—Upload or drop off 1099-G(s)
- No

Did you receive a state tax refund?

- Yes—Upload or drop off 1099-G
- No

Did you receive alimony?

- Yes—Date of court order: \_\_\_\_\_  
Amount received: \$ \_\_\_\_\_
- No

Did you have any gambling winnings?

- Yes—Upload or drop off 1099-G(s)  
Indicate number of 1099-G(s): \_\_\_\_\_  
What were your gambling losses? \_\_\_\_\_
- No

Did you have any debt forgiven?

- Yes—Upload or drop off 1099-C(s) and  
Indicate number of 1099-C(s): \_\_\_\_\_
- No

Did you have a withdrawal from an Education Savings or 529 Plan?

- Yes—Upload or drop off 1099-Q and  
Indicate number of 1099-Q(s): \_\_\_\_\_
- No

Were you a teacher/teacher's aide for grades K-12 and used personal money for school supplies?

- Yes—Amount: \$ \_\_\_\_\_
- No

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

- Yes—Upload 1098-T(s) \*These forms are required to receive deduction\*  
If yes, how much did you spend on books and supplies? \$ \_\_\_\_\_  
How many years in college? \_\_\_\_\_
- No

Did you pay interest on a student loan?

- Yes—Upload or drop off 1098-E(s) and  
Indicate number of 1098-E(s): \_\_\_\_\_
- No

Did you PAY alimony?

- Yes—Please answer the following:  
Recipient's Name: \_\_\_\_\_  
Recipient's SSN: \_\_\_\_\_  
Date of Court Order: \_\_\_\_\_  
Amount Paid to Recipient: \$ \_\_\_\_\_
- No

Did you make a contribution to an HSA (not FSA) account?

- Yes—Upload or drop off 1099-SA  
If yes, is the contribution reflected on your W-2 OR did you make it yourself? \_\_\_\_\_
- No

Did you make a withdrawal from an HSA (not FSA) account?

- Yes—upload or drop off 1099-SA  
If yes, was the entire amount used for qualified medical purposes? \_\_\_\_\_
- No

Did you make estimated tax payments during 2018 (that were not included in your W-2)?

- Yes—Please fill in chart below
- No

Federal (IRS)		State	
Date	Amount	Date	Amount

Did you have any medical expenses that you incurred?

**Note: Deductible medical expenses must exceed 7.5% of your adjusted gross income.**

Example: If your income is \$100,000 and you paid \$7,501 of medical expenses out of your pocket, you will only be able to deduct \$1.

- Yes—please fill in chart below
- No

Doctor Costs		Hospital Costs	
Health Insurance Premiums (no pretax)		Long Term Care Costs	
Medical Miles Driven		Prescriptions (not over the counter medications)	
Acupuncture		Chiropractor	
Glasses/Contacts		Dental	
Lab & X-Ray Fees		Hearing Aids	
Nursing Home		Other	

Did you pay real estate taxes on your personal residence?

- Yes
- No

Did you pay mortgage interest on your personal residence?

- Yes—upload or drop off 1098(s) and indicate number of 1098(s): \_\_\_\_\_
- No

Did you purchase, sell, or refinance your mortgage on your personal residence (NOT rental) last year?

- Yes—Upload closing escrow statement and/or 1099-S
- No

Did you have a foreclosure or short sale on your personal residence?

- Yes—Upload 1099-S or 1099-A
- No

Did you contribute cash or check to charity?

- Yes—List charity name(s) and amount(s):

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- No

Did you drive your vehicle for charity purposes?

- Yes—list number of miles: \_\_\_\_\_
- No

Did you contribute tangible (non-cash) items to charity? **If over \$500, fill in chart below**

- Yes—amount: \$ \_\_\_\_\_
- No

Organization		Address	
Date(s) of donation		Value	
Type of goods donated			

Organization		Address	
Date(s) of donation		Value	
Type of goods donated:			



Did you purchase any qualified residential energy efficient items, such as solar, wind, central air conditioning, furnace, or water heater?

Yes

List item(s): \_\_\_\_\_ \$\_\_\_\_\_

No

Did you purchase anything out of state or over the internet for which sales tax should have been paid but was not?

Yes—amount \$\_\_\_\_\_

No

Do you have an interest in or signing authority over a **financial bank account in a foreign country**, such as a bank account, brokerage account, or investments?

**\*\*This includes online gambling accounts\*\***

Yes---list highest balance for the year \$\_\_\_\_\_

No

Did you have any foreign income or pay any foreign taxes?

Yes

No

Do you have any assets in a foreign county? **\*\*Note: All foreign questions have a high penalty (\$10,000) if not disclosed to the IRS**

Yes—list each asset and value: \_\_\_\_\_

No

Do you have any rental income?

Yes

No

Do you have any business income?

Yes

No

Do you have any questions/situations that need to be addressed?

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