



2018

TAX ORGANIZER

2018

New Client(s)

General Information

Returning Client(s)

Taxpayer

Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company/Base \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company/Base \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_

**\* None of your personal information is sold or shared.**

Filing Address

(For IRS residency purposes) Several factors must be considered in determining your state of residency, however, no single item (drivers' license, voter registration, mailing address for bank accounts, etc.) will make you a resident.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address if different from filing address (to send a copy of your tax return and receipt)

Dependents:

Full Name	SSN	DOB	Relationship	Full Time Student	Disabled
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Filing Status

Single     Married Filing Jointly     Married Filing Separately     Head of Household

Life Events

Marriage     Yes     No    Divorce/Separation     Yes     No  
 Purchased Home     Yes     No    Started/Operated Business     Yes     No  
 (Provide HUD/Closing Documents)  
 Received Foreign Income / Paid foreign taxes     Yes     No    Made Estimated Tax payments     Yes     No



**Wages and Compensation; Please enclose all W2's and/or 1099 Forms**

<b>Interest Income: Form 1099-INT</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Dividend Income: Form 1099-DIV</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sale of Stock/Bonds: Form 1099-B</b>	MUST include <u>complete</u> purchase and sale information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Retirement Plan Income: 1099-R</b>	If yes, please provide form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Unemployment: Form 1099-G</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Benefits:</b>			
<b>Form SSA-1099 or RRB-1099</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>State or Local Refund Received: Form 1099-G</b>	If yes, Please include form. Itemized last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Alimony Received?</b>	If yes, please state amount \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>K-1 from a Corporation, Estate, Trust, Partnership, Etc.</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Collection of Debt: Form 1099-C</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Gambling Winnings: Form W2-G</b>	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Business Income: Schedule C</b>	Please provide 1099-MISC and attach schedule "C" with preliminary notes for us to work with. We will contact you for further information and details of your business expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Royalty Income: Form 1099-Misc</b>	If yes, Please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Rental Property: Schedule E</b>	Please attach Schedule "E" with preliminary notes for us to work with. We will contact you for further information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IRA Contributions</b> (Other than payroll deducted)	Taxpayer <input type="checkbox"/> Traditional      Spouse <input type="checkbox"/> Traditional \$ _____ <input type="checkbox"/> Roth                      \$ _____ <input type="checkbox"/> Roth		
<b>Student Loan Interest Paid</b>	Taxpayer      \$ _____      Spouse      \$ _____ Please provide 1098-E if available      Please provide 1098-E if available		

**Tuition Fees - Please provide form 1098-T**

Name (Taxpayer/Dependent)	Amount Paid	Year of Degree Program (1st or 2nd) (it can be non-college, real estate, type rating)	Check if at least half time student
_____	\$ _____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/>

**Alimony Paid**      \$ \_\_\_\_\_      Recipient's Social Security Number \_\_\_\_\_

**Health Insurance.** The Affordable Care Act requires individuals to have qualified health insurance

Did you have qualified health insurance throughout all of the year?       Yes       No

If yes, did you obtain insurance through the "Marketplace"?       Yes       No

**Medical Expenses** (Must exceed 7.5% of Adjusted Gross Income)

Deductibles paid \$ \_\_\_\_\_ Doctor/Dentist/Hospital \$ \_\_\_\_\_ Prescription Medicine \$ \_\_\_\_\_  
Optometry/Eye Wear \$ \_\_\_\_\_ Medical Equipment/Other \$ \_\_\_\_\_

**Sales Tax** Include anything you paid sales tax on like cars, electronics, furniture, clothing, house wares, etc., Basically anything you paid tax on. We can also deduct a preset amount based on your income. However, the actual amount you paid may be higher, especially if you bought expensive items. For taxpayers in states with income tax, we will write off either your state income tax or the sales tax (whichever is higher)

**Sales Tax paid on all items purchased during 2018** \$ \_\_\_\_\_

**Sales Tax paid on a vehicle purchase** \$ \_\_\_\_\_ [This amount can be added to the preset amount].

**Other Taxes**

State/Local (not on W2) \$ \_\_\_\_\_ Yearly Automobile/RV/Boat \$ \_\_\_\_\_ Investment Interest \$ \_\_\_\_\_

**Home Ownership** Please provide 1098(s)

\* Do not include Rental Property information. 1098 and Property taxes along with anything pertaining to the rental should go on a Schedule E \*

Property Taxes \$ \_\_\_\_\_ Mortgage Interest \$ \_\_\_\_\_ Points Paid \$ \_\_\_\_\_ PMI Insurance \$ \_\_\_\_\_

**Charity**

Taxpayers must keep a record of cash contributions of any amount. Examples are canceled checks, a bank copy of a cancelled check, a bank statement containing the name of the charity with date and amount, or a receipt from the charity with date and amount of contribution.

**Cash Contribution** \$ \_\_\_\_\_

**Noncash Contribution** (Goodwill, Salvation Army, etc... Receipt needs to be provided for donations over \$500)

\$ \_\_\_\_\_ Detail if help is needed for value or submit a separate detailed page with descriptions along with the receipt.

\_\_\_\_\_. **Number of receipts submitted:** \_\_\_\_\_

**Gambling Losses** (only if claiming winnings) \_\_\_\_\_

**Daycare Costs**

Dependent Care Benefits by Employer?  Yes  No \*Child must be under 13 years of age to qualify/Exception applies for qualifying adult

Dependent's Name	Provider	Address	Tax ID #	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Direct Deposit/Payment Information:** Free! You can choose Direct Deposit even if not filing electronically.

Name of Bank \_\_\_\_\_  Checking  Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



If you file electronically we will complete IRS Form 8879 Electronic Filing Authorization.

***Tax preparation fees are due at time of filing. Payment methods are cash, check, credit cards, or ACH.***



**Referral Program** *Get \$15 off your fees per new referral!*

Referred by: \_\_\_\_\_

