



2019

TAX ORGANIZER

2019

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

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

Medical Expenses (Must exceed 10% 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 2019 \$ _____

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 _____

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: _____

