

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"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er), Date of Spouse's Death _____
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
			Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	ID Protection PIN

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

1. Are you self-employed or do you receive hobby income? Yes* No
2. Did you receive income from raising animals or crops? Yes* No
3. Did you receive rent from real estate or other property? Yes* No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? Yes* No
5. Did you withdraw or write checks from a mutual fund? Yes No
6. Do you have a foreign bank account, trust, or business? Yes No
7. Do you provide a home for or help support anyone not listed in Section 2 above? Yes No
8. Did you receive any correspondence from the IRS or State Department of Taxation? Yes No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? Yes No
10. Did you give a gift of more than \$19,000 to one or more people? Yes No
11. Did you have any debts cancelled, forgiven, or refinanced? Yes No
12. Did you go through bankruptcy proceedings? Yes No
13. (a) If you paid rent, how much did you pay? _____
 (b) Was heat included? Yes No
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? Yes No
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? Yes No
16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? Yes No

17. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C.

Yes No

18. Did you or your spouse receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset (If so, include Form 1099-DA)?

Yes No

19. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,350?

Yes No

20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?

Yes No

21. Did you own \$50,000 or more in foreign financial assets?

Yes No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

____ Taxpayer _____ Spouse

23. Did you or your spouse pay interest on a new passenger vehicle purchased in 2025 that was assembled in the U.S.?

Yes No

If so, provide the vehicle identification number (VIN) of the vehicle. _____

24. Did you or your spouse receive income for overtime?

Yes No

25. Did you or your spouse receive income for tips?

Yes No

If Yes, was it reported on a W-2, 1099-K, 1099-NEC, or Form 4317?

Yes No

3. Wage, Salary Income

Attach W-2s:

Employer

Taxpayer Spouse

4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____
_____	_____

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*	_____	_____
Vacation Home	_____	_____
Land	_____	_____
Other	_____	_____

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	for Roth
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
_____	_____	<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"/> Yes <input type="checkbox"/> No

9. Pension, Annuity Income

Attach 1099-R
Payer*

Reason for
Withdrawal

Reinvested?

<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"/> Yes	<input type="checkbox"/> No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

Taxpayer

Spouse

Social Security Benefits

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Railroad Retirement

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Attach SSA 1099, RRB 1099

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 _____

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 _____

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): _____

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

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

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. _____

Date of move _____

Move Household Goods _____

Lodging During Move _____

Travel to New Home (no. of miles) _____

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

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

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 State use only

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) _____

From first to second job _____

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 _____

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

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
 Archer MSA Savings

Traditional IRA
 Coverdell Education Savings

Roth IRA
 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
 Archer MSA Savings

Traditional IRA
 Coverdell Education Savings

Roth IRA
 HSA Savings

SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

ACCOUNT 3

Owner of account

 Taxpayer Spouse JointType of account Checking Traditional Savings
 Archer MSA Savings Traditional IRA
Coverdell Education Savings Roth IRA
HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____

Date _____

Spouse _____

Date _____