#### Tel: (609) 489-4165

# **Client Tax Organizer**

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

1. Personal Information									
Name Taxpayer		Soc. Se	c. No.	Date o	of Birth	Occupation	n	Work Pho	one
Spouse Street Address			City		State	ZIP		Home Ph	one
Email Address		1				'			
Blind Yes No Disabled Yes No Pres. Campaign Fund Yes No  2. Dependents (Children & Other	Yes Yes	No No No	Marital Si	ied le	Date of Sp	Will file jo		Yes _	No
2. Dependents (Officient & Othe									
Name (First, Last)	Relationship	Date of Birth	Social S Num		Month Lived With Y	Disabled	Full Time Student	Depend Gro Inco	ss
Please provide for your appointment  - Last year's tax return (new clients or  - Name and address label (from gover	nment booklet or car	·d)	l statemen	its (W-2	es, 1098s,	1099s, etc)			
Please answer the following questions to  1. Are you self-employed or do you	determine maximum		Were the	re any h	virthe dea	the			
receive hobby income?  2. Did you receive income from	Yes* N	lo		s, divor	ces or ado	-	[	Yes	☐ No
raising animals or crops?  3. Did you receive rent from real estate or other property?		ln.	to one or r	nore pe	eople?	than \$13,000 ncelled, forgiv	L	Yes	No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	Yes* N	12.	or refinance Did you go proceeding	ed? throug			[	Yes Yes	☐ No
5. Did you withdraw or write checks from a mutual fund?	Yes N	40	-	_	nt, how mu	uch did you p	ay?		
6. Do you have a foreign bank account, trust, or business?	Yes N	lo	(b) Was h			udent loan fo	[	Yes	☐ No
7. Do you provide a home for or help support anyone not listed in Section 2 above?	Yes N	lo	yourself, y during the	our spo year?	ouse, or yo	our dependen		Yes	☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation?	Yes N		spouse, or classes be	your d	ependent	to attend		Yes	☐ No

<sup>\*</sup> Contact us for further instructions

unearned inc	3 year old students wi ome of more than \$95 hase a new alternative ehicle or electric vehi	50? _ e _	Yes No	central air cond	el cells or uch as ext tion, heat p tioners or	energy efficient erior doors or oumps, furnaces, water heaters?	Yes	No
3. Wage, S	alary Income			19. Did you own \$50 financial assets		ore in foreign	Yes	☐ No
Attach W-2s:		_	_	7. Property	Sold			
Employer		Тахра	ayer Spouse	Attach 1099-S and	d closing s	tatements		
				Property	/	Date Acquired	Cost &	Imp.
				Personal Resider	nce*			
				Vacation Home				
				Land				
				Other				
				* Provide informa and cost of a ne (Job-Related Mo	w residend	provements, prior ce. Also see Section		е,
4. Interest	Income			8. I.R.A. (Inc	dividual F	Retirement Acc	rt.)	
Attach 1099-INT, Payer	Form 1097-BTC & br	oker statemen	ts Amount	Contributions for	tax year in	come		✓ for
					ıΑ	mount	Date	Roth
				Taxpayer				
				Spouse				
Tax Exempt				Amounts withdrav	vn. Attach	1099-R & 5498 Reason for		
				Trustee		Withdrawal	Reinve	sted?
5. Dividend	d Income						Yes	No
							Yes	No
From Mutual Fun	ids & Stocks - Attach	1099-DIV					Yes	No
_	<b>.</b> "	Capital	Non-				Yes	No
Payer	Ordinary	Gains	Taxable	9. Pension,	Annuity	Income		
				Attach 1099-R	<b>,</b>	Reason for		
				Payer*		Withdrawal	Reinve	sted?
							Yes	
							Yes	
							Yes	
0. Davids	tio Tours Fatata	•		* Provide stateme	nto from o		Yes	No
	ship, Trust, Estate rtnership, limited part - Attach K-1		poration, trust,	company with ir contributions to	formation		nice	
				Did you receive:		Taxpayer	Spor	use
				Social Security	y Benefits	Yes No	Yes	No
				Railroad Retire		Yes No	Yes	No
				Attach SSA 1099,	RRB 1099			

18. Did you install any energy property to your

16. Did you have any children under the age of

#### 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	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attach	1098)	
All: 5	Interest paid to individual for yo	our	
Alimony Received	home (include amortization so	chedule)	
Child Support	Paid to:		
Scholarship (Grants)	Name		
Unemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No.		
Gambling, Lottery (expenses )	Investment Interest		
Unreported Tips	Premiums paid or accrued for o	qualified	
Director / Executor's Fee	mortgage insurance		
Commissions			
Jury Duty	15. Casualty/Theft Los	SS	
Worker's Compensation			
Disability Income	For property damaged by storn	n, water, fire, acci	dent, or stolen.
Veteran's Pension	Location of Property		
Payments from Prior Installment Sale  State Income Tax Refund			
	Description of Property		
Other			
Other			Federally Declared
12. Medical/Dental Expenses  Medical Insurance Premiums	Amount of Damage Insurance Reimbursement Repair Costs	Other	Disaster Losses
	Federal Grants Received		
(paid by you) Prescription Drugs	rederal Grants Necelved		
Insulin			
Glasses, Contacts	16. Charitable Contrib	utions	
Hearing Aids, Batteries			
Braces		Other	
Medical Equipment, Supplies			
Nursing Care	Church		
Medical Therapy	United Way		
Hospital	Scouts		
Doctor/Dental/Orthodontist	Telethons		
Mileage (no. of miles)	University, Public TV/Radio		
Miles after June 30	Heart, Lung, Cancer, etc.		
Miles after durie do	Wildlife Fund		
13. Taxes Paid	Salvation Army, Goodwill Other		
Real Property Tax (attach bills)	Non-Cash		
Personal Property Tax	Volunteer (no. of miles)	@ .14	

## 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	21. Business Mileage	
Date of move	Do you have written records?	No
Move Household Goods  Lodging During Move	Did you sell or trade in a car used for business?	No
Travel to New Home (no. of miles)  Miles after June 30	If yes, attach a copy of purchase agreement	
	Make/Year Vehicle	
19. Employment Related Expenses That You Paid	Date purchased	
(Not self-employed)	Total miles (personal & business)	
(Not don employed)	Business miles (not to and from work)	
Dues - Union, Professional	Miles after June 30	
Books, Subscriptions, Supplies	From first to second job	
Licenses	Miles after June 30	
Tools, Equipment, Safety Equipment	Education (one way, work to school)	
Uniforms (include cleaning)	Job Seeking	
Sales Expense, Gifts	Other Business	
Tuition, Books (work related)	Round Trip commuting distance	
Entertainment	Gas, Oil, Lubrication	
Office in home:	Batteries, Tires, etc.	
In Square a) Total home	Repairs	
	Wash	
	Insurance	
c) Storage	Interest	
Insurance		
Utilities	Lease payments Garage Rent	
Maintenance	Garage nem	
waintenance		
20. Investment-Related Expenses	22. Business Travel	
20. Investment-melated Expenses	If you are not reimbursed for exact amount, give total expense	es.
Tax Preparation Fee	Airfare, Train, etc.	
Safe Deposit Box Rental	Lodging	
Mutual Fund Fee	Meals (no. of days )	
Investment Counselor	Taxi, Car Rental	
Other	Other	
	Reimbursement Received	

23. Estimate	d Tax Paid			24. Other Deduct	tions	
Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Account Archer Medical Savings	\$ Contributions	
25. Educatio	n Expenses			26. Questions, Co	omments, & Other I	Information
Student's Name		Expense	Amount			
				Residence: Town Village City	School Distric	t
27. Direct De	eposit of Refun	d / or Savings	Bond Purc	hases		
different account	ave your refund(s) w you to deposit yo ts. If so, please pro	our federal tax refun	d into up to th		] <b>-</b> □ <b>-</b>	Yes No
Owner of account  Type of account		Checking Archer MSA Sav		Traditional Savings Coverdell Education Savings	Taxpayer Sp Traditional IRA HSA Savings	ouse Joint  Roth IRA  SEP IRA
Name of financial in	nstitution					
Financial Institution	n Routing Transit N	Number (if known)				
Your account numb	per					
ACCOUNT 2						
Owner of account					Taxpayer Sp	ouse Joint
Type of account		Checking Archer MSA Sav		Traditional Savings Coverdell Education Savings	Traditional IRA HSA Savings	Roth IRA SEP IRA
Name of financial in	nstitution					
Financial Institution	n Routing Transit N	Number (if known)				
Your account number	per					

### **ACCOUNT 3** Taxpayer Spouse **Joint** Owner of account **Traditional Savings** Traditional IRA Roth IRA Type of account Checking **Coverdell Education Savings Archer MSA Savings 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). Co-owner or Beneficiary's name if applicable X if name is for **Bond purchase Amount** Owner's name a beneficiary

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