

Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind . . . . .  Yes  No      Spouse Legally Blind . . . . .  Yes  No  
 Taxpayer Disabled . . . . .  Yes  No      Spouse Disabled . . . . .  Yes  No  
 Pres. Campaign Fund (Taxpayer) . . . . .  Yes  No      Pres. Campaign Fund (Spouse) . . . . .  Yes  No  
**Filing status:** Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

2. Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

**Please answer the following questions to determine maximum deductions:**

- |   |  |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|



### 13. Medical/Dental Expenses

Medical insurance premiums (paid by you) . . . \_\_\_\_\_  
Long Term Care insurance . . . . . \_\_\_\_\_  
Prescription drugs . . . . . \_\_\_\_\_  
Glasses, contacts . . . . . \_\_\_\_\_  
Hearing aids, batteries . . . . . \_\_\_\_\_  
Braces . . . . . \_\_\_\_\_  
Medical equipment, supplies . . . . . \_\_\_\_\_  
Nursing care . . . . . \_\_\_\_\_  
Medical therapy . . . . . \_\_\_\_\_  
Hospital . . . . . \_\_\_\_\_  
Doctor/Dental/Orthodontist . . . . . \_\_\_\_\_  
Mileage \_\_\_\_\_

### 14. Taxes Paid

Real property tax (attach bills) . . . . . \_\_\_\_\_  
Personal property tax . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_

### 15. Interest Expense

Mortgage interest paid (attach 1098's) . . . . . \_\_\_\_\_  
Interest paid to individual for your home  
(attach amortization schedule) . . . . . \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment interest . . . . . \_\_\_\_\_

### 16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.  
  
Location of property \_\_\_\_\_  
\_\_\_\_\_  
Description of property \_\_\_\_\_  
\_\_\_\_\_  
Amount of damage . . . . . \_\_\_\_\_  
Insurance reimbursement . . . . . \_\_\_\_\_  
Repair costs . . . . . \_\_\_\_\_  
Federal grants received . . . . . \_\_\_\_\_

### 17. Estimated Tax Payments

	Federal Amount		State Amount
LY - Jan 15	_____	LY - Jan 15	_____
Q1 - Apr 15	_____	Q1 - Apr 15	_____
Q2 - Jun 15	_____	Q2 - Jun 15	_____
Q3 - Sep 15	_____	Q3 - Sep 15	_____
Q4 - Jan 15	_____	Q4 - Jan 15	_____

### 18. Charitable Contributions (receipts required)

Church . . . . . \_\_\_\_\_  
United Way . . . . . \_\_\_\_\_  
Scouts . . . . . \_\_\_\_\_  
Telethons . . . . . \_\_\_\_\_  
University, Public TV/Radio . . . . . \_\_\_\_\_  
Heart, Lung, Cancer, etc. . . . . \_\_\_\_\_  
Wildlife Fund., Humane society . . . . . \_\_\_\_\_  
Salvation Army, Goodwill . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Value of goods (attach list if more than one) \_\_\_\_\_  
Volunteer mileage . . . . . \_\_\_\_\_

### 19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional . . . . . \_\_\_\_\_  
Books, subscriptions, supplies . . . . . \_\_\_\_\_  
Licenses . . . . . \_\_\_\_\_  
Tools, equipment, safety equipment . . . . . \_\_\_\_\_  
Uniforms (including cleaning) . . . . . \_\_\_\_\_  
Sales expense, gifts . . . . . \_\_\_\_\_  
Tuition, Books (work related) . . . . . \_\_\_\_\_  
Entertainment . . . . . \_\_\_\_\_  
Tax preparation fee . . . . . \_\_\_\_\_  
Safe deposit box . . . . . \_\_\_\_\_  
IRA custodial fees . . . . . \_\_\_\_\_  
Investment periodicals, advisory fees . . . . . \_\_\_\_\_  
Job search expense . . . . . \_\_\_\_\_  
Moving of household goods (job related) . . . . . \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### 20. Day Care Expense (Form 2441)

Provider #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Provider #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Children cared for \_\_\_\_\_  
\_\_\_\_\_