

Client Organizer

Personal Information

Prior Year Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> MFJ	<input type="checkbox"/> MFS	<input type="checkbox"/> HOH	<input type="checkbox"/> QW
Your Name	SSN				
Spouse's Name	SSN				
Address	Apt.				
Address					
City	State	Zip			
County	School District				
Day Phone	Evening Phone				
Taxpayer Email					
Taxpayer Occupation	Spouse Occupation				
Taxpayer DOB	Spouse DOB				

Dependents

Dependent 1	
First Name	M. Last Name
SSN	Relationship
DOB	No. of months resided with you
Child care expenses paid	Amount paid by employer
Education Credit	Tuition and Fees Deduction

Dependent 2	
First Name	M. Last Name
SSN	Relationship
DOB	No. of months resided with you
Child care expenses paid	Amount paid by employer
Education Credit	Tuition and Fees Deduction

Dependent 3	
First Name	M. Last Name
SSN	Relationship
DOB	No. of months resided with you
Child care expenses paid	Amount paid by employer
Education Credit	Tuition and Fees Deduction

Taxes Paid

Federal			State		
	Amt Paid	Date Paid		Amt Paid	Date Paid
1st Qtr					
2nd Qtr					
3rd Qtr					
4th Qtr					

Please indicate if any of the following items apply to you or your spouse and mark the appropriate box.

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change over the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any child care expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you change jobs during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you move during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	Have you received all W-2's from all employers? How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn interest from a foreign bank?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an authorized signature holder on a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-1 from a partnership, S Corporation or trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any social security benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any prize or gambling winnings during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive Unemployment Compensation or Jury Duty pay?

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased any business assets or converted any assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of any business assets?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cease operating any business or rental property?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any tuition costs?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell your principal home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any federal or state estimated tax payments?

Yes	No	Itemized Deductions
<input type="checkbox"/>	<input type="checkbox"/>	Cash donations
<input type="checkbox"/>	<input type="checkbox"/>	Real estate and personal property taxes paid
<input type="checkbox"/>	<input type="checkbox"/>	Unreimbursed employee or work related expenses
<input type="checkbox"/>	<input type="checkbox"/>	Health/Dental/Other insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Long term insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medications
<input type="checkbox"/>	<input type="checkbox"/>	Medical mileage
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest statement
<input type="checkbox"/>	<input type="checkbox"/>	Gambling losses (up to amount of winnings)

Information to Bring:

<input type="checkbox"/>	Driver's License & Social Security Cards
<input type="checkbox"/>	Copy of prior year return
<input type="checkbox"/>	Original W-2's and other statements of income received from employers
<input type="checkbox"/>	1099's and other statements reporting interest/dividend/miscellaneous income
<input type="checkbox"/>	Other income received

Income

Primary Number of W-2's?	_____	Received?	_____
Spouse Number of W-2's?	_____	Received?	_____
Number of 1099's?	_____	Received?	_____
Income from Mutual Funds	_____		
Rental Income?	_____	Other?	_____

Business Income

Business Activity:	_____	Name:	_____
Product:	_____	Gain/Loss:	_____
Income from Sales:	_____	Other:	_____
Insurance Proceeds Paid:	_____	Casualty:	_____
Bad Debts for Prior Year:	_____	Theft:	_____
Home Office %:	_____	Mortgage:	_____
Depreciable Equipment:	_____	Rent:	_____
Records:	_____		_____
Taxes Paid:	_____	Records:	_____
Purchases:	_____	Records:	_____
Improvements:	_____	Records:	_____
Travel/Lodging:	_____	Records:	_____

Deductions

IRA Contributions Made:	_____	HAS/MSA:	_____
Student Loan Interest Paid:	_____	Tuition:	_____
Prior Year Itemized Deduction:	_____		
Medical Expenses:	_____	Major:	_____
Vision Expenses:	_____	Dental:	_____
Routine Medical:	_____	Perscriptions:	_____
Transportation:	_____	Other:	_____
Casualty Losses:	_____		
Charitable Contributions:	_____		
Donations:	_____		
Employee Expenses:			
Auto:	_____	Phone:	_____
Travel/Lodging:	_____	Supplies:	_____
Equipment:	_____	Uniforms:	_____
Gambling Losses:	_____		
Other:	_____		

Miscellaneous

Do you have a copy of your Prior year return?	_____
Any non-standard forms?	_____