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Client Tax Organizer

Tax Year ______________

Please complete this Questionnaire before your appointment and bring the following:
- Last year's tax return (new clients only)
- Please provide all statements (W-2s, 1099s, etc.)

1. Personal Information

* Caution – If you have been a victim of identity theft, please contact this office immediately.

Name (First, Initial, Last)		Social Security Number	Date of Birth ✓ Box if Deceased:	Occupation	Driver's License Number
Taxpayer			☐		
Spouse			☐		
Street Address		City	State	Zip	Home Phone
Taxpayer E-mail Address				Cell Phone	
Spouse E-mail Address				Cell Phone	

	Taxpayer	Spouse	Marital Status	
Blind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Married	Will File Jointly ☐ Yes ☐ No
Disabled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Single	Date of Divorce: ______________
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No	☐ Widow(er)	Date of Spouse's Death: ______________

2. Dependents (Children & Others)

Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year.

Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number (Required)	Months Lived With You [1]	✓ If Disabled	✓ If Full Time Student	Dependent's Gross Income

Did you receive Advance Child Tax Credit? If so, how much? ______________

[1] Away at school, hospitalized, etc., counts as living with you. If determining which parent had custody the greater part of the year, the determination is generally based upon the number of nights the dependent spent in each parent's home.

3. Medical Insurance Information (ACA)

☐ ✓ If you had coverage through a Government Marketplace. If so, provide all 1095-As received from the Marketplace.	☐ ✓ If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the 1095-A for that policy.
☐ ✓ If a dependent filed a tax return (provide a copy).	☐ ✓ If you received 1095-Bs or 1095-Cs (provide copies).

4. General Information

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, farm, or other property? ☐ Yes* ☐ No
4. Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? ☐ Yes ☐ No
5. Were you involved in any manner with a foreign trust or financial institution? Did you own property in a foreign country? Did you make or receive gifts to/from a non-resident alien or foreign entity? ☐ Yes ☐ No
6. Did you refinance your main home or other property? ☐ Yes ☐ No
7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No

* Contact us for further instructions.

8. Did you receive any correspondence from the IRS or State tax agency? ☐ Yes ☐ No
9. Did you gift a total of more than $15,000 (cash or property) to any one person? ☐ Yes ☐ No
10. Did you have any debt forgiven or property foreclosed upon? ☐ Yes* ☐ No
11. (a) If you paid rent, how much did you pay for the year? ______________
    (b) Was heat included? ☐ Yes ☐ No
12. Did you pay interest on a student loan for yourself, spouse, or a dependent? ☐ Yes ☐ No
13. Did you receive distribution from a qualified state tuition program? ☐ Yes ☐ No
14. Did you have any cryptocurrency transactions during the year? ☐ Yes ☐ No
15. Did you invest in a Qualified Opportunity Fund during the year? ☐ Yes ☐ No
16. Did you receive the Economic Impact Payment #3 (Notice 1444-C)? ☐ Yes ☐ No
    If yes, how much? ______________

5. Wage, Salary, SS & RR Income

Attach W-2s

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
Social Security (SSA-1099)	☐	☐
Railroad Retirement (RRB-1099)	☐	☐

6. Interest Income

Attach 1099-INT & Broker Statements

Payer's Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
Tax Exempt (note if also state exempt)		
	☐	☐
	☐	☐
	☐	☐

7. Dividend Income

From Mutual Funds & Stocks — **Attach 1099-DIV**

Payer's Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Note: Some dividends include income from U.S. Savings Bonds and T-bills which is tax free for state purposes. Dividends can also include income from municipal bonds which could be non-taxable federal, state or both. Be sure to provide source documents in these situations.

8. Partnership, Trust, Estate Income

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

____

____

____

10. Property Sold

Attach 1099-S and Closing Statements

Property	Date Acquired	Cost plus Improvements
Primary Home*		
Vacation Home		
Land		
Other		

* If home sale, answer the following questions:

- ☐ ✓ If **previous** home was sold before May 7, 1997.
- ☐ ✓ If **previous** home was sold within 2 years.
- ☐ ✓ If office-in-the-home was claimed for this home.
- ☐ ✓ If the home was previously a rental or acquired via a tax deferred exchange.

11. IRA (Individual Retirement Account)

Contributions for tax year — Please provide Form 5498 if available.

	Contribution Amount	Date Contributed[2]	✓ If a Roth IRA
Taxpayer			
Spouse			

[2] IRA contributions can be made up to the April due date for the tax return, and there is no longer an age limit.

Amounts Withdrawn — **Attach 1099-R**

Plan Trustee	Reason for Withdrawal (If under age 59½)	Rolled Over Within 60 Days?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

If you made non-deductible IRA contributions in any past year, please provide Form 8606 from your prior year return.

Did you take a Coronavirus-Related Distribution in 2020? ☐ Yes ☐ No

Are you paying the tax over 3 years? ☐ Yes ☐ No

Did you redeposit any this year? ☐ Yes ☐ No

If yes, how much? ________________

12. Pension, Annuity Income

Attach 1099-R

Payer	Reason for Withdrawal (If under age 59½)	Rolled Over Within 60 Days?
		☐ Yes ☐ No
		☐ Yes ☐ No

Attach SSA-1099, RRB-1099

9. Investments Sold (Use Part 10 for sales of real estate.)

Stocks, Bonds, Mutual Funds, Gold, Silver, Bitcoin or similar cryptocurrencies, Partnership interest — **Attach 1099-B & list the transactions below or provide a broker's statement with the same information.**

Investment	✓ If Inherited	Date Acquired	Date Sold	Cost or Other Basis ✓ Box if broker reported basis to IRS on 1099-B	Sale Price
				☐	
				☐	
				☐	
				☐	

13. Other Income

List All Other Income (including non-taxable)

Alimony Received ____

Date of Alimony Agreement: ____

Child Support ____

Scholarships (grants) ____

Unemployment Compensation ____

Amount Repaid: ____

Prizes, Bonuses, Awards ____

Gross Gambling, Lottery Income ____

Gambling Losses: ____

Unreported Tips and Gratuities ____

Director/Executor's Fee ____

Commissions ____

Jury Duty and Election Worker Pay ____

Worker's Compensation ____

Disability and Veteran's Income ____

Hobby Income ____

Payments from Prior Installment Sale ____

State Income Tax Refund (1099-G) ____

Other: ____ ____

14. Medical/Dental Expenses

	Filer	Spouse
Long-term Care Premiums	____	____
Medicare Premiums (not payroll tax)	____	____

Med & Dental Insurance Premiums ____

Prescription Drugs, Insulin ____

Eye Exam, Glasses, Contacts ____

Hearing Aids, Batteries ____

Handicapped Home Modifications ____

Medical Equipment, Supplies ____

Medical Therapy ____

Hospital and Nursing Homes ____

Doctor, Dentist, Christian Science Practitioner, Nursing Care, etc. ____

Mileage ____ mi

15. Taxes Paid

Real Property Tax (attach bills; note date(s) paid) ____

Personal Property Tax ____

Other Taxes: ____ ____

16. Home Mortgage Interest Expense

Note: Home equity debt interest not deductible for federal.

1st & 2nd Home Mortgage Acquisition Debt Interest (attach 1098) ____

Home Interest Paid to an Individual ____

Paid to: ____ SSN: ____

Address: ____

Unconventional 2nd Home (motor home, boat) ____

17. Investment Interest

Investment Interest ____

Investment Expenses ____

18. Miscellaneous Deductions

Gambling Losses (limited to taxable winnings) ____

Impairment Related Business Expenses ____

Repayment of Previously Taxed Income (only if more than $3,000) ____

Note: Tax reform, for federal purposes, repealed all miscellaneous deductions that were subject to the 2% of AGI limitation – see list below. However, some states may still allow them. Only enter if allowed by your state.

Employee Business Expenses ____

Investment Expenses ____

Attorney Fees ____

Casualty Losses (losses in federally declared disaster areas are still allowed on federal return) ____

19. Charitable Contributions

Note: Non-itemizers can deduct up to $300 ($600 married joint) of 2021 cash contributions.

<u>All</u> cash charitable contributions must be documented with either a bank record or written verification from the charity.

House of Worship ____

United Way ____

Scouts, Heart, Cancer, etc. ____

Note: Household and clothing items must be in good or better condition. A written receipt is required for donations of $250 or more, and a detailed list should be included with your return if the total exceeds $500.

Non-Cash (clothing & household items) ____

Vehicle Donation (provide copy of 1098-C) ____

Out-of-Pocket Volunteer Expenses ____

Explain: ____

Volunteer Auto Travel ____ mi

20. Military Moving Expenses

Allowed only if pursuant to a military order.

Cost to Move Household Goods ____

Lodging En Route (do not include meals) ____

Auto Travel ____ mi Air Fare ____

21. Self-Employed Business Income

☐ ✓ If you obtained a PPP loan. Amount forgiven $____

☐ ✓ If you claimed employee retention credit &/or paid sick/family leave credit.

Income ____

Cost of Goods Sold ____

Dues: Union, Professional ____

Materials and Supplies ____

Licenses ____

Tools, Safety Equipment ____

Wages Paid ____

Business Meals at a restaurant ____

Gifts (max. $25/person per year), Sales Expenses ____

Work Related Education Expenses ____

Taxes and Permits ____

Office in Home. In Square Feet
a) Total Home: ____
b) Office: ____
c) Storage: ____

Insurance ____ Rent ____

Maintenance ____ Utilities ____

22. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Social Security Number or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

23. Self-Employed Business Mileage

- ☐ ✓ If you have evidence to support your vehicle deductions.
- ☐ ✓ If the evidence is written.
- ☐ ✓ If you sold or traded a vehicle used for business. If yes, please attach a copy of the new vehicle purchase agreement.

Total Miles for Year (personal & business) ________ mi
Business Miles (not to and from your business location) ________ mi
Round Trip Commuting Distance home to business location ________ mi
Gas, Oil, Lubrication ________
Repairs, Batteries, Tires, etc. ________
Wash, Wax ________
Insurance ________
Vehicle Loan Interest ________
Lease Payments ________
License, Personal Property Tax ________

24. Self-Employed Business Travel

Do not enter unreimbursed employee business expenses. They are no longer deductible.

Airfare, Train, etc. ________
Baggage Handling, Tips, etc. ________
Lodging (do not include meals) ________
Restaurant Meals (no. of days):________ ________
Other Meals (no. of days):________ ________
Taxi, Car Rental, Uber, etc. ________
Other: ________________ ________
Reimbursement Received ________

25. Estimated Tax Paid

Due Date	Date Paid	Federal	State

26. Other Deductions

Alimony Paid to: ________________
Date of Divorce Agreement: ________________
Social Security No.: ________________ $ ________
Student Loan Interest Paid $ ________
Educator Expenses $ ________
Health Savings Account $ ________
Penalty, Early Withdrawal of Savings $ ________

27. Education Expenses

In order to claim an education credit, you **MUST** provide the 1098-T issued by the educational institution.

Student's Name	Type of Expense	Amount

28. Refund Direct Deposit

Account Type:	Checking ☐ Savings ☐
Your Account Number:	
Bank Routing # (9 digits):	

29. Questions You May Have

____
____
____
____
____
____
____

Residence:

Town: ________________ County: ________________
Village: ________________ School District: ________________
City: ________________________________

To the best of my knowledge, the enclosed information 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.

________________________________ Date: ________

________________________________ Date: ________