

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				

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				

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				

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.

		General Information
Yes	No	
<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?

		Income Information
Yes	No	
<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?

		Business Information
Yes	No	
<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?

		Other Information
Yes	No	
<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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or any member of your tax household have insurance through the Health Insurance Marketplace?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you or any member of your tax household receive a Form 1095-A?

		Itemized Deductions
Yes	No	
<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"/>	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 Have:

<input type="checkbox"/>	Driver's License & Social Security Cards
<input type="checkbox"/>	Copy of past two year returns (if new client)
<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:	_____		
Prior Year Itemized Deduction:	_____		
Medical Expenses:	_____	Major:	_____
Vision Expenses:	_____	Dental:	_____
Routine Medical:	_____	Prescriptions:	_____
Transportation:	_____	Other:	_____
Casualty Losses:	_____		
Charitable Contributions:	_____		
Donations:	_____		
Gambling Losses:	_____		
Other:	_____		

Miscellaneous

Do you have a copy of your Prior year return? _____

Any non-standard forms? _____

