



INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

PERSONAL DATA

TAXPAYER AND SPOUSE

TAXPAYER (OR SINGLE)		SPOUSE	
Last Name		Last Name	
First Name & Initial		First Name & Initial	
Occupation		Occupation	
Phone (Home)	(Work)	Phone (Home)	(Work)
Soc. Sec. # (Last 4 digits)	Date of Birth	Soc. Sec. # (Last 4 digits)	Date of Birth
Mailing Address <input type="checkbox"/> Check if address is new		County	
City, State, & Zip		Email Address	

DEPENDENTS

Last Name (First, Initial & Last)	D.O.B.	X if post-secondary student ↓ Social Security no.	# of mos. lived in your home ↓ Relationship	↓

Social Security numbers are required for all dependents.

If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____

If filing Head of Household and qualifying person is your child but not your dependent above,

1. Did your name, address, or marital status change during the year? ☐ Yes ☐ No
2. Are you being claimed as a dependent on another tax return? ☐ Yes ☐ No
3. Are you (or your spouse) blind or permanently disabled? ☐ Yes ☐ No
4. Did you claim children above that don't live with you? ☐ Yes ☐ No
5. Did you carry forward or incur any adoption expenses during the year? ☐ Yes ☐ No

GENERAL QUESTIONNAIRE

1. Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes <input type="checkbox"/> No <input type="checkbox"/>	18. Did you receive any source of income that is not listed in this booklet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)?	You Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you make any gifts of over \$15,000 to any individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	20. Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have any foreign income or foreign bank accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Are you a same-sex couple considered legally married?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you have living expenses in a foreign country as a result of income earned abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	23. Did you receive employer provided educational assistance or transportation benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you become disabled during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	24. Did you pay long term healthcare insurance premiums or receive benefits during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you a handicapped employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	26. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you used bartering to exchange any goods or services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	28. Did you or your spouse have qualified military combat pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Did you start a new business during the year or do you expect to start one this coming year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Did you purchase a new home this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Did you pay anyone (over 18) \$2,100 or more to work at your home during the calendar year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	31. If over age 70½, did you make a direct contribution to a charity from an IRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Did you donate a partial interest in any goods to charitable organizations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Do you have children under age 19 with investment income (age 24 if dependent student)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	33. Did you revise a prior year divorce decree that includes alimony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	34. Did you receive any premium health insurance credits during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.

Description of Medical Expenses	Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	
Prescriptions & Drugs (doctor prescribed only)	
Insulin (general drugs not allowed)	
Eye Glasses / Contact Lenses	
Hearing Aids, Supplies, & Other Medical Aids	
X-Ray / Lab Fees	
Ambulance, Paramedic	
Nurses (board & room)	
Equipment (prescribed & rented)	
Nursing Home Medical Care	
Medicare Part B Service Payments	
Smoking Cessation Program	
Other:	
Other:	
Other:	
Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U	
Important: Provide proof of health insurance (Form 1095 or equiv.)	
Insurance — paid by you	
Group Health Plans (deduct from salary)	
Medicare Premiums	
Other Insurance (long term healthcare, MSA, other)	
Summary Total (Optional)	
Lodging (while away from home)	
Transportation (total miles driven for medical reasons or actual cost)	

TAXES

Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on Rental Schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Auto Licenses (not a deduction in all states)		
State of Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other		
If you paid any special assessments or substantial sales tax, please attach supporting documents.		

CASUALTY/THEFT LOSSES

☐ loss must be in a Federally declared disaster area.

Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is allowed.

Fire, Storm, Theft, and Auto Damage — If more than one, provide similar detail for each.

Date Acquired	Date Acquired	Cost or Basis
		Insurance Paid
Describe How or What Happened	Date of Loss	Mkt. Value Before
		Mkt. Value After

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations.

Cash Contributions (must have receipts of back records for all donations)	Amount
Church/Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Org. (name)	
Schools (name and describe)	
Other:	
Summary Total Optional — A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
Non-Cash Contributions — Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (Items over \$5,000 require an appraisal). If you donated a vehicle, please attach your charity's form 1098-C.	
Volunteer Work — Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

INTEREST

Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	Paid to Individual (List name, address, Soc. Sec. no. below)
	Name	Address Soc. Sec. No.
Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	Paid to Individual (List name, address, Soc. Sec. no. below)
	Name	Address Soc. Sec. No.

Did you acquire a new mortgage or borrow on an existing mortgage during the year?

Yes ☐ No ☐ If yes, what is your combined mortgage debt? \$

Points paid to acquire new mortgage (if not included above)

Home Equity Loan Interest

(used to buy, build, or substantially improve a qualified resident)

Student Loan Interest (attach Form 1098-E + details: who for, loan date, loan purpose)

Other:

Other:

Deductible Investment Interest

Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

CHILD AND DEPENDENT CARE

☐ if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full-time student) ☒ if service performed in your home (Nanny)

Name/Address of Provider	Soc. Sec. or ID Number	Paid
Federal ID No. if required to file IRS wages reports	Total Paid During the Year \$	No. Children Under Age 13 #

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31
Single or Taxpayer	/ /					Single or Taxpayer
Spouse	/ /					Spouse

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student and include all Form 1099-Q.

Note: <input checked="" type="checkbox"/> If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)			
	Amount	Amount	Amount
Tuition			
Fees, Books Supplies			
Other:			
Other:			

Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			
JOB RELATED EDUCATION (May only be available at the state level.)			
Miles Driven		Taxpayer	Spouse
Room and Board			
Books and Supplies			
Seminar Fees			

Address Service Requested

IMPORTANT

Tax Questionnaire Enclosed

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available.

Business Owner: Taxpayer ☐ Spouse ☐ Both ☐

Type of Business					Total Revenue		
Business Expense (if more lines needed, continue on separate page)							
Advertising		EE Benefits		Repair & Maint.		Other:	
Car/Truck Expenses		Insurance		Supplies		Other:	
Commission Fees		Legal/Prof. Services		Taxes/License		Other	
Contract Labor		Office		Meals		Did you purchase any business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach details)	
Depletion		Pension/Profit Shar.		Utilities			
Depreciation		Rent or Lease		Wages		Total Business Expense \$	

Vehicle Expense (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)									
	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	
Gas & Oil			Licenses			Washing/Lube			
Insurance			Repair/Maint.			Other			
Lease Payments			Tires/Accessories			Other			
		Date Placed in Service	Make	Year	Model	Cost of Basis	▼	X if New This Year	
Vehicle 1		/ /							Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2		/ /							

Travel Expenses — Away from home (days gone overnight _____) Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>			
Transportation			Auto Rental
Lodging			Cabs, Bus, etc.

Vehicle Mileage Detail		Vehicle 1		Vehicle 2	
<input type="checkbox"/> X if another vehicle is available for personal use.		A. End of Year +			
Subtract B from A for (1), Total Miles Driven.		B. Beginning of Year -			
List Business Mile (2), from driving log.		1. Total Miles Driven =			
Subtract 2 from 1 to get personal miles (3).		2. Business Miles			
Divide line 2 by line 1 for percent of business use.		3. Personal Miles			
No. round-trip miles from home to work _____		% Business Use (Line 2 ÷ Line 1) =		%	
Number of days worked last year _____					

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.

(Please Sign) _____

HOME OFFICE

Type of Business				
Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>				
Date Acquired Home		Cost of Land		Taxes
Sq. Footage of Living Area ⁽¹⁾		Cost of Home		Insurance
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)		Cost of Improvements		Rubbish & Maintenance
% Office Area ((2) ÷ (1))		Utilities		Daycare Provider # of Hours
		Interest (mortgage, home equity loan)		Other