## Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided. 1. Personal Information Name Soc. Sec. No. Date of Birth Occupation Work Phone Taxpayer Spouse Home Phone Street Address City ZIP State **Taxpayer Spouse** Marital Status Will file jointly ☐ Yes ☐ No Blind Yes No Yes No Married Yes Single Disabled No Yes No Pres. Campaign Fund L J Yes No Widow(er), Date of Spouse's Death\_ Yes No 2. Dependents (Children & Others) Full Dependent's Months Name Date of Social Security Relationship Disabled Lived Time Gross (First, Last) Birth Number With You Income Studen Please provide for your appointment: -Last year's tax return (new clients only) -Name and address label (from government booklet or card) -All statements (W-2s, 1099s, K-1s, etc) Note any other items of importance here:

## Tax Organizer Questions

	At any time during the year did you have the following?	YES	NO
1	Wages, tips or other compensation?		
2	Interest income?		
3	Dividend income?		
4	Self employment income?		
5	Rental income? (If yes, Attach detail)		
6	Income from S corp., LLC, Partnerships, Estates or Trust?		
7	Social security income?		
8	Distribution from pension/IRA?		
9	Unemployment compensation?		
10	Alimony?		
11	Farm operations?		
12	Gambling winnings/losses?		
13	Miscellaneous income (prizes, awards, jury duty etc)		
14	Sale of real estate? (Attach closing statements)		
15	Sales of stocks, bonds and other capital gain income?		
16	Are you receiving installment payments on sale of property?		
17	Do you have any household employees?		
18	Do you provide a home for or help support anyone not listed		
19	in the dependent section (2)? Did you pay interest on student loans?		
20	Did you pay tuition expenses for higher education?		
21	Did you make a gift of more than \$11000 to one or more people?		
22	Did you go through bankruptcy proceedings?		
23	Did you receive any notices from the IRS of State Department?		
	If yes, please attach notice(s).		
24	Do you have a home mortgage?		
	If, yes did you refinance your home this year?		
25	Do you use a portion of your home exclusively for a business?		
	If yes, Total sq ft Office sq ft		
26	Did you itemize deductions last year and receive a state refund?		
27	Did you give over \$500 in non cash contribtions to charity?		
28	Did you have out of pocket expense or use personal auto on the job?		
29	Did you make estimated tax payments for the current year?		
30	Did you contribute to an IRA, SEP, Keogh, Simple retirement plan?		
31	Did you pay child or dependent care expenses? (attach detail)		
32	Can you be claimed as a dependent by someone else?		
33	Did you pay for private or employer sponsed health insurance on you		
34	or you dependent children? Did you pay long-term care insurance premiums?		
34	Did you pay long-term care insurance premiums?		
35	If you qualify, do you want to file your returns electronically at no charge?		
36	Please provide me with a 5 digit pin for the electronic signature>		_
-	Taxpayer Spouse		
37	Do you want your refund directly deposited to your bank account?		_
38	Do you want the federal balance due if any, drafted from your account?		
-	If yes to <b>37</b> or <b>38</b> , attach copy of voided check.		
39	May the IRS discuss this return with the preparer (Deborah A. Groce)?		

3. Wage, Salary Income	8. Property Sold					
Attach W-2s:	Attach 1099-S and closing statements					
Employer Taxpayer Spouse	Property Date Acquired Cost & Imp.  Personal Residence*  Vacation Home  Land  Other  * Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).					
4. Interest Income	9. I.R.A. (Individual Retirement Acct.)					
Attach 1099-INT & broker statements Payer Amount  Tax Exempt	Contributions for tax year income  Amount  Date  Roth  Taxpayer  Spouse					
5. Dividend Income	Amounts withdrawn, Attach 1099-R & 5498  Plan Reason for Reinvested?  Trustee Withdrawal Yes No					
From Mutual Funds & Stocks - Attach 1099 - DIV  Capital Non- Payer Ordinary Gains Taxable	Yes No No Yes No					
	10. Pension, Annuity Income					
	Attach 1099-R Reason for Withdrawal Payer* Withdrawal Pes No Yes No Yes No Yes No Yes No Yes No					
6. Partnership, Trust, Estate Income  List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1	* Provide statements from employer or insurance company with information on cost of or					
	Social Security Benefits Yes No Railroad Retirement Yes No No Yes No Attach SSA 1099, RRB 1099					
7. Investments Sold						
Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interes	t - Attach 1099-B & confirmation slips  Date Acquired/Sold Cost Sale Price					

11. Other Income	15. Casualty/Theft Loss					
List All Other Income (including non-taxable)	For property damaged by storm, water, fire, accident, or stolen.					
Alimony Received  Child Support	Location of Property  Description of Property					
Scholarship (Grants) Unemployment Compensation (repaid) Prizes, Bonuses, Awards						
Gambling, Lottery: expenses Unreported Tips	Amount of Damage  Insurance Reimbursement					
Director / Executor's Fee Commissions	Repair Costs Federal Grants Received					
Jury Duty Worker's Compensation Disability Income	16. Charitable Contributions					
Veteran's Pension Payments from Prior Installment Sale State Income Tax Refund	Church United Way					
Other Other	Scouts Telethons					
12. Medical/Dental Expenses	University, Public TV/Radio Heart, Lung, Cancer, etc. Wildlife Fund					
Medical Insurance Premiums	Salvation Army, Goodwill Other					
(paid by you)  Prescription Drugs Insulin	Non-Cash Volunteer (no. of miles)					
Glasses, Contacts  Hearing Aids, Batteries	17. Job-Related Moving Expenses					
Braces  Medical Equipment, Supplies  Nursing Care	Date of move  Move Household Goods					
	Travel to New Home (no. of miles)  Lodging During Move					
Doctor/Dental/Orthodontist  Mileage (no. of miles)	18. Employment Related Expenses That You Paid (Not self-employed)					
13. Taxes Paid	Tou i dia (Not son employed)					
Real Property Tax (attach bills)	Dues - Union, Professional Books, Subscriptions, Supplies					
Personal Property Tax Other						
14. Interest Expense	Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related)					
Mortgage interest paid (attach 1000)	Entertainment					
Mortgage interest paid (attach 1098)  Interest paid to individual for your home (include amortization schedule) Paid to:	Office in home: In Square a) Total home Feet b) Office					
NameAddressSocial Security No	Rent					
Investment Interest	Utilities Maintenance					

19. Child & Other Dependent Care Expenses										
Name of Care Provider		Address			Soc. Sec. No. or Employer ID		Amount Paid			
Also complete this section if you receive	depender	nt care ben	efits from your emplo	oyer.		•				
20. Business Mileage			23. Estimated Tax Paid							
Do you have written records?	□Ye	s 🗌 No	Due Date	Date I	Paid	Federal	State			
Did you sell or trade in a car used for business? If yes, attach a copy of purchase agreeme		s 🗌 No								
Make/Year Vehicle			04 Othor Do	dustion						
Date purchased Total miles (personal & business) Business miles (not to and from work) From first to second job Education (one way, work to school)			24. Other De Alimony Paid to . Social Security N Student Interest	lo						
Job Seeking Other Business			25. Education Expenses							
Round Trip commuting distance Gas, Oil, Lubrication Batteries, Tires, etc. Repairs			Student's Nam			Expense	Amount			
Wash Insurance Interest Lease payments Garage Rent										
21. Business Travel										
If you are not reimbursed for exact amoun expenses.	ıt, give tot	al								
Airfare, Train, etc. Lodging Meals (no. of days) Taxi, Car Rental			Residence:							
Other Reimbursement Received		Town County  Village School District  City								
22. Investment-Related Expenses	S		-							
Tax Preparation Fee Safe Deposit Box Rental Mutual Fund Fee	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.									
Investment Counselor Other						Date				
<del></del>			Date							