

Individual Tax Organizer

The Individual Tax Organizer has been designed to help collect and organize the information that we will need to prepare your individual income tax returns in the most efficient and timely manner possible. Because this is the information we will be using to prepare your tax returns and sending to the IRS, please verify it is complete and accurate before submitting.

In addition to completing the organizer, there are additional documents we'll need to complete your taxes. Below is a list of items we will need before we can prepare your taxes:

- Completed Organizer** (see below)
- Prior Years Tax Returns** - If you are a first-time tax client, please provide a copy of tax returns for the past 2 years (Federal and State). If you are unable to locate 2 years, we will at least need the prior year return.
- Copies of Tax Forms** - Pages 3 and 4 of the organizer request information regarding income and deduction items. A number of these items include official IRS forms. Please send a copy of each of these forms along with your organizer. This would include forms such as W2's, 1099's, 1098's, etc. ****PLEASE DO NOT SEND ORIGINALS****
- Additional Items** - Although the organizer is fairly comprehensive, it is certainly possible that there are items pertinent to your taxes that are not addressed. Please include these documents with your organizer.

If there are questions or sections you are not sure about, please note them and we will discuss them before finalizing and filing your returns. When your organizer is complete and you have compiled the above information, please return via one of three methods included in the instruction email.

Basic Taxpayer Information

Taxpayer First Name _____ Middle Initial ____ Last Name _____
 Social Security # _____ Date of Birth _____ Occupation _____
 Filing Status _____

Do you wish to contribute to the Presidential Election Campaign Fund? Yes No
 Are you considered blind per IRS regulations? Yes No

Spouse First Name _____ Middle Initial ____ Last Name _____
 Social Security # _____ Date of Birth _____ Occupation _____

Do you wish to contribute to the Presidential Election Campaign Fund? Yes No
 Are you considered blind per IRS regulations? Yes No

Address _____ Apt # _____
 City _____ State _____ Zip _____
 County _____ School District _____

E-mail Address _____ Phone # _____

If you are due a refund, would you like to have the refund directly deposited? Yes No
 Account Type Checking Savings
 Name of Bank _____
 Routing # _____ Account # _____

If necessary, can we discuss your tax return with the IRS? Yes No
 Did you have income from a State other than your home State? Yes No
 If yes, which States? _____

Driver's License Information

As part of state's efforts to crack down on identity theft issues, most states have instituted a method to include your driver's license information when e-filing the return. Please provide your information below.

Taxpayer - Check here if you wish to not provide <input type="checkbox"/> State Issued _____ Driver's License Number _____ Issue Date _____ Expiration Date _____ Document Number (NY ONLY) _____	Spouse - Check here if you wish to not provide <input type="checkbox"/> State Issued _____ Driver's License Number _____ Issue Date _____ Expiration Date _____ Document Number (NY ONLY) _____
---	---

Dependent Information

First & Last Name (Exactly as shown on Social Security Card)	Relationship to you	Date of Birth	Social Security Number	Months Lived With You During Yr	Is Dependent Disabled?	Full Time Student?	Dependent's Gross Income

Estimated Tax Payments (Complete if you made estimated payments for the tax year)

	Refund applied to tax year from prior year	1st Quarter payment due April 15	2nd Quarter payment due June 15	3rd Quarter payment due Sept 15	4th Quarter payment due Jan 15	Total payments for the year
Federal						0.00
State						0.00

The following questions relate to sources of income you had for the year. Answer "Yes" or "No" to every question. Please provide us with copies of ALL income statements (W-2s, 1099's, etc.). Click on hyperlinks for examples of forms.	Example	Yes	No	DETAILS
				(Enter the number -not the amount- of statements you have for each income type)
Wage Income from an employer (<i>attach all W-2s</i>)	W-2	<input type="radio"/>	<input type="radio"/>	
Interest Income from bank, credit union, sale of property, etc. (<i>See page 3 for Interest Income Worksheet</i>)	1099-INT	<input type="radio"/>	<input type="radio"/>	
Dividend income (<i>See page 3 for Dividend Income Worksheet</i>)	1099-DIV	<input type="radio"/>	<input type="radio"/>	
Unemployment income (<i>attach 1099-G</i>)	1099-G	<input type="radio"/>	<input type="radio"/>	
State tax refund (<i>attach 1099-G</i>)	1099-G	<input type="radio"/>	<input type="radio"/>	
Pension/Annuity/IRA income (<i>attach 1099-R</i>)	1099-R	<input type="radio"/>	<input type="radio"/>	
Social Security or Railroad Retirement Income (<i>attach SSA-1099</i>)	SSA-1099	<input type="radio"/>	<input type="radio"/>	
Tip Income		<input type="radio"/>	<input type="radio"/>	
Self-employment or 1099 Misc Income (<i>Please complete our Self Employment Organizer</i>)	1099-MISC	<input type="radio"/>	<input type="radio"/>	
Childcare or daycare income (<i>Please complete our Self Employment Organizer</i>)		<input type="radio"/>	<input type="radio"/>	
Alimony or spousal support income		<input type="radio"/>	<input type="radio"/>	
Partnership, S-Corporation, Trust or Estate Income (<i>attach K-1</i>)	K-1	<input type="radio"/>	<input type="radio"/>	
Rental property income (<i>Please complete our Rental Property Organizer</i>)		<input type="radio"/>	<input type="radio"/>	
Lotto or gambling winnings (<i>attach W-2G - if given one</i>)	W-2G	<input type="radio"/>	<input type="radio"/>	
Sale of Stock (<i>attach 1099-B</i>)		<input type="radio"/>	<input type="radio"/>	
Sale of home or other property (<i>attach closing disclosure</i>)	Document	<input type="radio"/>	<input type="radio"/>	
Did you have any other form of income not listed above?		<input type="radio"/>	<input type="radio"/>	
Did you have cancelled debt or home foreclosure (<i>attach 1099-C</i>)	1099-C	<input type="radio"/>	<input type="radio"/>	
SSI, Disability, Child Support, Food Stamps, Welfare, Housing Assistance, or other nontaxable income		<input type="radio"/>	<input type="radio"/>	

Information relating to deduction and credits you may qualify for. Answer "Yes" or "No" and provide information as applicable. Where indicated, provide statements or receipts	Example	Yes	No	Amount
Are you a K-12 teacher or educator ? If yes, how much did you spend on school supplies?		<input type="radio"/>	<input type="radio"/>	
Did you make contributions to a Health Savings Account ? If so, how much did you contribute? Don't include contributions deducted from paycheck		<input type="radio"/>	<input type="radio"/>	
Are you a member of the Armed Forces on active duty and moved pursuant to a military order? If so, provide a description of Moving Expenses and expenses (<i>See Page 4 for Moving Expenses Worksheet</i>).		<input type="radio"/>	<input type="radio"/>	
Did you or will you make contributions to a SEP or SIMPLE IRA plan during the tax year? If so, how much?		<input type="radio"/>	<input type="radio"/>	
If you are self-employed , did you pay for health insurance premiums during the year? If so, how much did you pay?		<input type="radio"/>	<input type="radio"/>	
Did you pay a penalty for early withdrawal from a deposit at your bank or credit union? If so, how much?		<input type="radio"/>	<input type="radio"/>	
Did you pay alimony during the year? If yes, enter amount + info below Recipient's Name _____ Recipients SSN _____		<input type="radio"/>	<input type="radio"/>	
Did you pay student loan interest during the year? If yes, enter amount and attach Form 1098-E	1098-E	<input type="radio"/>	<input type="radio"/>	
Have you or will you contribute money to a Traditional IRA by April 15? If yes, enter the amount contributed.		<input type="radio"/>	<input type="radio"/>	

Deductions or Credits You May Qualify For	Example	Yes	No	Details/Amounts
Did you, your spouse or dependents attend higher education programs during the year? If yes, enter tuition, fees, books & supply expenses paid by cash, student loan or other means for the year. <i>(Please provide a copy of Form 1098-T for each student and expense).</i>	1098-T	<input type="radio"/>	<input type="radio"/>	
Did you adopt a child or incur adoption expenses during the year?		<input type="radio"/>	<input type="radio"/>	
Was every member of your household covered by minimum health essential coverage during all of the tax year? If yes or partial, please attach Form 1095-A, 1095-B, or 1095-C (See Page 5 for Health Insurance Worksheet)	1095-A 1095-B 1095-C	<input type="radio"/>	<input type="radio"/>	
Did you pay a childcare provider to watch your dependent child(ren) while working? If yes, please attach year end statement from provider. <i>(See Page 6 for Childcare Provider worksheet)</i>		<input type="radio"/>	<input type="radio"/>	
Did you owe taxes to your state from your previous year return? If yes, did you pay the liability? <i>(If yes, list amount paid)</i>		<input type="radio"/>	<input type="radio"/>	
Did you pay for unreimbursed medical expenses during the year? <i>(See Page 4 for Medical Expense Worksheet)</i>		<input type="radio"/>	<input type="radio"/>	
Did you pay property taxes on your home residence during the year? If so, enter amount paid <i>(attach statement)</i>		<input type="radio"/>	<input type="radio"/>	
Did you pay property taxes on a second home or vacant land? If so, enter amounts paid <i>(attach statement)</i>		<input type="radio"/>	<input type="radio"/>	
Did you pay property taxes on personal property (such as a vehicle)? If so, enter amounts paid <i>(attach statement)</i>		<input type="radio"/>	<input type="radio"/>	
Did you purchase a new car, RV or other high-cost item during the year? If yes, enter sales taxes paid on applicable items <i>(attach invoice)</i>		<input type="radio"/>	<input type="radio"/>	
Did you buy or sell a home during the year? <i>(attach closing disclosure)</i>	Document	<input type="radio"/>	<input type="radio"/>	
Did you pay mortgage interest on your first or second home? <i>(If yes, please provide us with Form 1098 for ALL loans secured by your home).</i>	1098	<input type="radio"/>	<input type="radio"/>	
Did you pay any interest on a boat or RV loan ? <i>(If yes, provide us with Form 1098 or another interest statement from lender).</i>		<input type="radio"/>	<input type="radio"/>	
Did you donate money or personal belongings or property to charity ? <i>If so, please provide copies of charitable receipts (See Page 4 for Charitable Contributions Worksheet).</i>		<input type="radio"/>	<input type="radio"/>	
Did you incur any unreimbursed job-related expenses such as: Union or Professional Dues, Safety Equipment, Supplies, Continuing Education, Travel, Meals and Entertainment? <i>(If yes, please complete Unreimbursed Employee Expenses on page 5 or 6 for each individual)</i>		<input type="radio"/>	<input type="radio"/>	
Did you incur any miscellaneous expenses such as safety deposit box, brokerage fees, tax prep fees, etc.? <i>(If yes, please complete the Miscellaneous Itemized Deductions worksheet on page 5)</i>		<input type="radio"/>	<input type="radio"/>	
Did you have any gambling losses during the year? <i>(If yes, what is the amount of the gambling loss?)</i>		<input type="radio"/>	<input type="radio"/>	

Interest and Dividend Income Worksheet

- Please attach copies of all 1099-INT and 1099-DIV statements you received for the year.
- If you are receiving interest payments under a seller financed mortgage, we will need the name, address and SSN of the person making payments to you.
- For each payer of interest or dividends, enter the total payment received.

Do you have money in or ownership over a bank account in a foreign country? Yes No If yes, what country?

Did you have \$10,000 or more in a foreign financial accounts at any time in the tax year? Yes No

Do you wish to nominee any interest to a secondary account holder? Yes No

Moving Expense Worksheet

You may deduct unreimbursed costs of moving to a new work location if you are a member of the Armed Forces of the United States on active duty who moves due to a military order.

Cost of packing and transporting household property	
Cost of travel and lodging (do not include meals)	
Truck or trailer rental	
Other expenses (describe)	
Employer reimbursements	

Medical Expense Worksheet

- You may deduct unreimbursed medical expenses to the extent they exceed 7.5% of your income.
- If you withdrew money from your health savings account, you must use the money to pay qualified medical expenses. **DO NOT REPORT ANY EXPENSES THAT WERE PAID WITH HEALTH SAVING ACCOUNT FUNDS.**
- The range of medical expenses deductible under the law is quite broad. It is worthwhile to keep track of all medical expenses and to tax plan by paying large medical bills in a single year rather than paying them over time.
- You may deduct medical costs paid by credit card or other loan

Doctors		Stop smoking & weight loss programs	
Dentists		LT Care Insurance Prem.	Taxpayer Spouse
Medical Insurance Premiums (<i>No Medicare or premiums deducted from paycheck</i>)		Optometrists, contacts, glasses	
Hospitals		Medical equipment	
Naturopaths, chiropractors, massage therapists		Medical improvements to home	
Prescription drugs		Other costs	
Mental health and other counseling programs		Medical miles driven	

Charitable Contributions Worksheet

- You must keep proof of your cash/check donations to charity in the form of a cancelled check or receipt from the charitable organization. You may not claim a deduction for cash contributions you made to charity without a receipt or other proof of payment
- To be deductible you must make your contribution to a church, government organization or a registered non-profit organization
- If you donated more than \$500 of noncash items to charity, you must provide information describing the items donated, their original cost to you, the name of the organization you donated to and the value of the property donated.

Cash Donations		Non-Cash Donations			
Organization	Amount	Date	Organization	Description of Prop	Amount
Total	0.00		Total		0.00
Taxpayer			Spouse		
Charitable Miles Driven			Charitable Miles Driven		

Health Insurance Worksheet

Since 2014, individuals must have health care coverage, qualify for a health coverage exemption, or make a shared responsibility payment with their tax return. Minimum essential coverage is defined as:

- Health care coverage provided by employer
- Health insurance coverage purchased through the Health Insurance Marketplace
- Medicare Part A and Medicaid coverage (other Medicare plans require supplemental insurance to meet requirements)

Guidance For The Tax Form You Will Receive - PLEASE ATTACH COPY(IES) OF FORMS

1095-A - Purchased plan from the marketplace

1095-B - Purchaed directly from insurance company, signed up with company/sponsored provider, or from self-insured employer

1095-C - This is issued by employers, including government employers, with 50 or more employees

Were you, your spouse, and all dependents covered by minimum essential coverage for every month of the tax year? If Yes, stop here. If no, continue. Yes No Partial (*list months you were covered in the note/comment section*)

Did you or a member of your tax household have an exemption granted by the marketplace? If so, complete the information below

Individual Name	Exemption Cert #	Type of Exemption	Months Exemption Applied

Miscellaneous Itemized Deductions Worksheet

- While this deduction is eliminated at the federal level, the deduction may still be available in your state

Union and professional dues		Uniform & protective clothing	
Tax preparation fee		Work tools	
Professional subscriptions		Gambling losses (extent of winnings)	
Hobby expense (to extent of income)		Estate taxes (not property taxes on home)	
Safe deposit box		Investment (advisory, management fees)	
Other (describe)		Other (describe)	

Unreimbursed Employee Business Expenses Worksheet

- While this deduction is eliminated at the federal level, the deduction may still be available in your state
- You may deduct expenses that were for your job that were not reimbursed by your employer
- Please only include amounts that were not reimbursed by your employer

Which employee is this for (should be you or spouse)?

Parking fees and tolls		Travel expenses (complete worksheet below)	
Local transportation		Meals and Entertainment	

Travel Expense Worksheet (Unreimbursed Employee Business Expense) - NOT PERSONAL

Airfare		Lodging	
Bus, train, taxi		Parking & tolls	
Entertainment		Other travel (describe below)	
Meals			

City Visited (for per diem)	# of days in city	City visited (for per diem)	# of days in city

Childcare Provider Information

- You may be eligible to claim childcare credits on your taxes.
- You may claim costs paid for the care of your child under age 13 or a disabled dependent of any age.
- You may claim costs for sending your child to after school programs and summer camps if these camps serve as child care to

Provider Name	SSN/EIN	Provider Address	\$ Paid	Child

Refundable Tax Credit Questionnaire

As a paid preparer, we are required to ask you the following questions on an annual basis if you are claiming any of the following credits: child tax credit, earned income tax credit, American opportunity tax credit, and the affordable care tax credit. Please answer questions even if you are not sure if you qualify

- Were you (or your spouse) a nonresident alien for any part of the year (not a citizen)? Yes No
- Could you (or your spouse) qualify to be the dependent of another individual? Yes No
- Was your main home (and your spouse's home) in the US for more than half the year? Yes No

If you have dependent children, please answer the questions below

- Were any of your dependent children married at the end of the tax year? Yes No
- Could another person qualify to claim your children? Yes No
- Did your dependent children live with you in the US for more than half of the year? Yes No

Notes/Comments

This is not an all inclusive organizer. If there are additional items that you believe to be pertinent to your specific tax situation or if you have additional comments about any figures in the organizer, please make note below.