

Individual Taxpayer Organizer



Accounting & Income Tax Solutions

Name of Taxpayer					SS#
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		
Occupation	Date of birth		Are you new to our firm? Yes No		
Address	City		State	Zip	
Cell Phone	Home phone		Work phone		
Name of Spouse					SS#
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		
Occupation	Date of birth		Are you new to our firm? Yes No		
<i>(Enter information below only if different from Taxpayer)</i>					
Address	City		State	Zip	
Cell Phone	Home phone		Work phone		
If you moved, enter your previous address.					Date of move
Filing status: Single Married Filing Jointly Married Filing Separately Widow(er) Head of Household Unsure Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No Have you received any notice from the IRS or state revenue department within the past year? Yes No Taxpayer Drivers License # Issuing state Issue date Expiration date Spouse Drivers License # Issuing state Issue date Expiration date					
Names of dependent children					
<i>Child's full name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Months lived in home</i>	<i>Relationship to taxpayer</i>	<i>College student?</i>
Did any of the children have income above \$1,050 for the year? Yes No Do any of the children have a disability? Yes No Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent? Yes No					
Other dependents or people who lived with you					
<i>Name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Relationship</i>	<i>Income</i>	
If you are due a refund, would you like it directly deposited into your bank account? <i>Name of bank</i>					
<i>Checking</i>	<i>Savings</i>	<i>Routing transit number</i>		<i>Account number</i>	

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

Forms W-2—Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)

Forms 1099-INT—Interest Income

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-DIV—Dividends and Distributions

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-R—Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds—include statement)

Payer	\$	Payer	\$

Other Income

State tax refund	\$	Unreported tips	\$
Alimony	\$	Other	\$
Unemployment compensation	\$		\$
Social Security (taxpayer)—provide SSA-1099 or RRB-1099	\$		\$
Social Security (spouse)—provide SSA-1099 or RRB-1099	\$		\$
Business income (see <i>Sole Proprietorship Tax Organizer</i>)		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see <i>Rental Property Tax Organizer</i>)		Sale of other property	

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sell date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

Itemized Deductions Worksheet

Medical Expenses.				Charitable Contributions.			
Dentists	\$	Hospitals	\$	Cash	\$		
Doctors	\$	Insurance	\$	Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$		
Equipment	\$	Prescriptions	\$	Did you transfer funds from an IRA directly to a charity? Yes No	\$		
Eyeglasses	\$	Other	\$	Charitable mileage			
Medical miles: _____ @ 19¢				Casualty and Theft Losses			
Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.				If you suffered any sudden, unexpected damage or loss of property, or a theft, provide details to your tax preparer. Yes No			
State withholding			Reported on W-2	Miscellaneous Itemized Deductions.			
State estimated taxes — paid			\$	Were any expenses reimbursed by your employer? Yes No			
Real estate tax — residence			\$	Dues	\$	Supplies	\$
Real estate tax — other			\$	Investment expenses	\$	Tax prep fees	\$
Personal property taxes			\$	Job education	\$	Tools	\$
Property tax refund — received			\$ ()	Job seeking	\$	Uniforms	\$
Foreign tax paid			\$	Legal fees	\$	Union dues	\$
Other			\$	Licenses	\$	Other	\$
Other			\$	Safety equipment	\$	Other	\$
Balance paid (if you owed) for prior year returns			\$	Subscriptions	\$	Other	\$
Did you keep receipts for sales tax paid			Yes No	Other Miscellaneous Deductions.			
Did you purchase a car, plane, boat, or home			Yes No	Gambling losses	\$	Federal estate tax on IRD	\$
Sales tax paid \$	Purchase paid \$	Date		Impairment-related expenses	\$	Loss from box 2, K-1, Form 1065B	\$
Interest Paid.							
Main home	\$	Equity loan	\$				
Second home	\$	Equity loan	\$				
Points	\$	Investment interest	\$				
Did you pay a mortgage insurance premium when you purchased your home? Amount \$ Date							

Other Deductions or Questions

- Notes:**
- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
 - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
 - Legal expenses are deductible only if related to producing or collecting taxable income.
 - Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA).	\$
Self-employed SEP, SIMPLE, and qualified plans.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

Questions — All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse — enter "?" if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?				
	Yes	No	Did you pay or receive alimony?	Paid/Received \$	Recipient's SS#		
	Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year?				
	Yes	No	Did you purchase health insurance through a public exchange?				
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?				
	Yes	No	Have you paid alternative minimum tax (AMT) in previous years?				
	Yes	No	Did you pay anyone for domestic services in your home?				
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?				
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?				
	Yes	No	Are you a member of the military?				
	Yes	No	Were you a citizen of or lived in a foreign country?				
	Yes	No	Do you own or have financial interest in a foreign bank or financial account?				
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS?	Designee's name	Phone number	PIN (any five digits)	
	CHILDREN & EDUCATION	Yes	No	Were any children born or adopted? (Provide statement for other expenses.)			
Yes		No	Were any children attending college?	Year in college	Paid by you: Tuition \$	Student loan interest \$	Books \$
					Paid by student: Tuition \$	Student loan interest \$	Books \$
Yes		No	Did you pay any tuition for a private school for a dependent or take classes yourself?				
			Student		Amount paid \$		
			Name and address of school				
Yes		No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)				
			Name of provider		EIN or SS #		
			Address		Amount paid \$		
Yes		No	Do you have any children who earned more than \$2,100 of investment income?				
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA?				
	Yes	No	Did you roll over any amounts from a retirement account?				
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?				
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft?				
	Yes	No	Were you granted, or did you exercise, any employee stock options?				
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.				
	Yes	No	Did you pay sales taxes on a major purchase, such as a vehicle, boat, or home?				
	Yes	No	Did you have any uninsured loss to your property?				
BUSINESS	Yes	No	Did you work from a home office or use your car for business?				
	Yes	No	Did you receive any income from an installment sale?				
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?				
HOME	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.				
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.				
	Yes	No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)				
	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?				
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.				

State information Full-year resident Part-year resident Nonresident

States of residence and dates

School district (if out of state)

Do you rent or own your home? Rent Own

Estimated Tax Payments

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied (<i>from previous year</i>) refund?		\$		\$
Total		\$		\$

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

Copy of all acknowledgement letters received from charitable organizations for contributions made.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer

Spouse

Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

OFFICE USE ONLY

NOTES:

Q:

R:

Q:

R:

Q:

R:

Q:

R:

Q:

R:

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

OFFICE INITIALS: _____

Self Employed Tax Organizer

Use a separate organizer for each business

Sole Proprietor General Information

Name of sole proprietor	
Business name (if different)	EIN (if applicable)
Business address (if different from home address)	
Principal business activity	Date business started
Principal product or service	
Yes No	Was the primary purpose of the business activity to realize a profit?
Yes No	Did you materially participate in the operation of this business?
Yes No	Has the business reported any losses in prior years?
Accounting method: Cash Accrual Other (specify)	
Yes No	Does the business file under a calendar year? (If no, what is the fiscal year?)

Sole Proprietor Specific Questions

Yes No	Did you pay any family members for services?
Yes No	Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.?
Yes No	If Yes, did you issue Form 1099-MISC? List name and social security number (SSN) for each person to whom you paid \$600 or more.
	Name SSN
	Name SSN
Yes No	Did you make, or do you plan to make, any contributions to a self-employed retirement plan?
	Type of plan Amount contributed \$
Yes No	Did you pay for your own health/dental insurance? If Yes, provide amount of premiums paid during the year. \$
Yes No	Did you have any employees?
Yes No	Did you have any bartering transactions?

Sole Proprietor Business Income

Gross receipts or sales (if you received Forms 1099-MISC, list name of payer and amount separately from gross receipts or sales)		\$
Form 1099-MISC	\$	Form 1099-K \$
Form 1099-MISC	\$	Form 1099-K \$
Total of all Forms 1099-MISC and 1099-K received		\$
Returns and allowances		\$()
Other income (not included in gross receipts above)		\$

Form 1099-MISC. You may receive Form 1099-MISC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-MISC, you are generally required to file Schedule C, Profit or Loss From Business, claim any expenses associated with the income received, and must pay self-employment (SE) tax on the income.

Sole Proprietor Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

Inventory at the beginning of the year	\$
Purchases	\$
Cost of labor	\$
Materials and supplies	\$
Inventory at the end of the year	\$

Sole Proprietor Business Expenses

Advertising	\$	Office supplies	\$
Bad debts	\$	Start-up costs (first year of business)	\$
Bank charges	\$	Pension and profit sharing plans	\$
Business licenses	\$	Rent or lease – car, machinery, equipment	\$
Commissions and fees	\$	Rent or lease – other business property	\$
Contract labor*	\$	Repairs and maintenance	\$
Employee benefit programs	\$	Supplies (not included in inventory cost)	\$
Employee health care plans	\$	Taxes – payroll*	\$
Entertainment and business (in town) meals	\$	Taxes – property	\$
Gifts	\$	Taxes – sales	\$
Insurance (other than health insurance)	\$	Taxes – state	\$
Interest – mortgage	\$	Telephone	\$
Interest – other	\$	Utilities	\$
Internet service	\$	Wages*	\$
Legal and professional services	\$	Other	\$
Management fees	\$	Other	\$

*Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC, and any state tax forms filed.

Other Business Expenses – List out type and expense amount

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Car Expenses (use a separate form for each vehicle)

Make/Model			Date car placed in service	
Yes	No	Car available for personal use during off-duty hours?		
Yes	No	Do you (or your spouse) have any other cars for personal use?	Did you trade in your car this year? Yes No	
Yes	No	Do you have evidence?	Cost of trade-in	Trade-in value
Yes	No	Is your evidence written?	\$	\$
<i>Mileage</i>			<i>Actual Expenses</i>	
Beginning of year odometer			Gas/oil	\$
End of year odometer			Insurance	\$
Business mileage			Parking fees/tolls	\$
Commuting mileage			Registration/fees	\$
Other mileage			Repairs	\$

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Travel Expenses

- **Meals.** You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location.
- **Travel/Lodging.** You can deduct the ordinary and necessary expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc.

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

Travel expenses

Airfare	\$	Other travel expenses (describe below)	
Bus, train, taxi	\$		\$
Entertainment	\$		\$
Lodging	\$		\$
Parking and tolls	\$		\$
Meals (actual receipts)	\$		\$

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year

Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Depreciation. If property you acquire to use in your business is expected to last more than one year, you generally cannot deduct the entire cost as a business expense. Depreciation spreads out the cost of a business asset allowing you to recover the cost or other basis of property over a period of years. It is an annual allowance for the wear and tear, deterioration, or uselessness of property. The IRS has outlined a useful life (a set number of years) for most assets.

Signature _____

Date _____

Equipment Sold or Disposed of During Year

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. **Note:** Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Day Care Only
A) Business use area (square footage)	1) Hours used for day care
B) Total area of home (square footage)	2) Total hours in year
	8,784 hrs.

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$

Depreciation of the Home

Lower of cost or fair market value of home	\$	Improvements?	Yes	No
Value of land	\$	Casualty losses?	Yes	No
Depreciable basis of home	\$	Use as an employee?	Yes	No

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if the taxpayer uses the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. A taxpayer using part of a home for business to store inventory or product samples is not required to meet the exclusive use test. However, the taxpayer must meet all the following tests.

- The taxpayer is in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- The taxpayer's home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means a taxpayer must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

• SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.

• You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.