Individual Taxpayer Organzier

Personal Information

Name of Taxpayer				SS#	
First	*M.I.*	*Last*	Email		
Occupation	Date of birth			Are you new to our firm? ◯Yes ◯No	
Address	City			State	Zip
County	Home phone			Cell phone	

Name of Spouse				SS#	
First	*M.I.*	*Last*	Email		
Occupation	Date of birth			Are you new to our firm? ◯Yes ◯No	
Address	City			State	Zip
County	Home phone			Cell phone	

If you moved during the tax year, enter your previous address.	Date of move

Filing status: ◯Single ◯Married Filing Jointly ◯Married Filing Separately ◯Widow(er) ◯Head of Household

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

Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return? ◯Yes ◯No

Names of dependent children *Child's full name*	*Social Security #*	*Date of birth*	*Months lived in home*	*Relationship to taxpayer*	*College Student?*

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 for the tax year? ◯Yes ◯No

If you are due a refund, would you like it directly deposited into your bank account? ◯Yes ◯No	
Name of bank	◯*Checking* ◯*Savings*
Routing transit number	*Account number*

Please bring a check or deposit slip with the above information to verify accuracy. If you do not have a check or deposit slip, ask your bank for a letter listing this information.

Questions - All Taxpayers

"You" refers to both taxpayer and spouse.

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	Would you like to allow 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 adopted this year?			
	Yes / No	Were any children in college?	*Paid by you: Tuition $*	*Student loan interest: $*	*Books: $*
			Paid by student: Tuition $	*Student loan interest: $*	*Books: $*
		Other expenses (add statement if needed):			
	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 for this year?
	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	Do you own your 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? If yes, 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

If you earned income in a state other than Texas, list states and amounts.

If you lived in a state other than Texas during the year, list the states, dates of residence, county and school district for each.

ADDITIONAL DETAILS

Income Worksheet

Provide to your preparer all Forms W-2's, 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)		3)
	2)		4)

Forms 1099-INT - ***Interest Income***

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

Forms 1099-DIV - ***Dividends and Distributions***

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

Forms 1099-R - ***Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.***

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

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

Payer	$	Payer	$

Other Income *(provide income statements when available)*

State tax refund	$	Unreported tips	$
Alimony	$	Jury Duty	$
Unemployment compensation	$	Prize or Gambling winnings	$
Social Security (taxpayer) - provide SSA-1099 or RRB-1099	$		$
Social Security (spouse) - provide SSA-1099 or RRB-1099	$		$
Business income *(see Sole Proprietorship organizer)*		Stock sales	See *"Sales and Exchanges Worksheet"*
Rental income *(see Rental Property organizer)*		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:

- When stock is sold, you will usually receive Form 1099-B, Proceeds From Broker and Exchange Transactions, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute the gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors and principals. Maximum of $250 each.	$
Health savings account deductions (HSA). Provide 1099-SA and 5498-SA statements.	$
Self-employed SEP, SIMPLE and qualified plans. Contributions made before tax return due date may be counted.	$
Self-employed health insurance deduction. Sole proprietors, partners and 2% S corporation shareholders if not eligible for employer coverage.	$
Penalty of early withdrawal of savings.	$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions made before tax return due date may be counted.	$
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 miles increase in commuting distance.	Ask preparer

Itemized Deductions Worksheet

Deductions must exceed the standard deduction for your filing status to be a tax benefit.

Medical Expenses. Must exceed 10% (7.5% for taxpayers age 65 or older) of income to be a benefit - include cost of dependents - do not include any expenses that were reimbursed by insurance.

Dentists	$	Hospitals	$
Doctors	$	Insurance	$
Equipment	$	Prescriptions	$
Eyeglasses	$	Other	$
Medical miles: ________________ @ $0.23			$

Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	*On W-2*
State estimated taxes	$
Real estate taxes - residence	$
Real estate taxes - other	$
Property tax refunds	$( )
Foreign tax paid	$
Balance paid from prior year returns (do not include interest or penalties)	$
Did you keep receipts for sales tax paid? ◯ Yes ◯ No	
Sales tax on major purchase (car, boat, home)	$
Date: *Purch Price:*	

Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098.

Main home	$	Equity loan	$

Charitable Contributions. If over $500 in non cash charitable contributions, provide details of contributions. New rules require that the taxpayer retain documentation for all cash contributions.

Cash	$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	$
Charitable miles: ________________ @ $0.14	$

Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property or a theft, provide details to your tax preparer.

Miscellaneous Itemized Deductions. The following must exceed 2% of income to be a benefit. For use of home, auto mileage or other job-related expenses, provide information on a separate sheet.

Dues	$	Supplies	$
Investment expenses	$	Tax prep fees	$
Job education	$	Tools	$
Job seeking	$	Uniforms	$
Legal fees	$	Union dues	$
Licenses	$	Subscriptions	$
Safety Equip	$	Other	$

Other Miscellaneous Deductions. The following deductions are not subject to the 2% of income limit.

Gambling losses	$	Impairment related exp	$

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.

Estimated Tax Payments

Installment	*Date paid*	*Federal*	*Date paid*	*State*
First		$		$
Second		$		$
Third		$		$
Fourth		$		$
Amount applied from prior refund?		$		$
Total		$		$

Tax Preparation Checklist

Please provide the following documentation:

- Social security cards for all persons listed on the return - including taxpayer, spouse and dependents claimed.
- 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 return.
- 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, 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 during the year.

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.