Client Tax Organizer

For the year January 1 – December 31, 20_____.

Taxpayer Last Name	First Name	M.I.	Social Security #

Spouse Last Name	First Name	M.I.	Social Security #

Verification and Signature:

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 return for which I have adequate records.

Sign here ▶ _____ Date _____

_____ Date _____

Appointment

Date and time of appointment: _____

Please bring:

- Copies of two preceding years' tax returns (new clients only)
- All tax documents (W-2s, 1099s, 1099-Rs, K-1s, etc.)

Bring original documents which we will copy and return to you, or legible copies that you can leave with us.

Credit Card Authorization

Credit Card #: _____-_____-_____-_____ Expiration Date _____/_____

3 digit code located on the back of credit card:_____

Type of Credit Card: Visa MasterCard (Circle One)

I, _____ (full name as appears on the credit card) authorize Professional Tax Service to charge my credit card for monies I owe Professional Tax Service for services rendered in preparation of my tax return.

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Telephone: (_____)_____

_____ _____

Cardholder's Signature Date

Tax returns will not be filed until payment is received in full.
Thank you

Client Tax Organizer

Please complete this Organizer before your appointment. Please enter whole numbers only (no cents.)

1. Personal Information

	Last Name	First Name, M.I.	Social Security #	Birth Date	Occupation
Taxpayer					
Spouse					

Street Address	City	State	Zip

Home Phone	Work Phone	Cell Phone	Email

	Taxpayer		Spouse		Marital Status
Blind	____Yes	____No	____Yes	____No	____Married Will file jointly ____Yes ____No
Disabled	____Yes	____No	____Yes	____No	____Single
					____Widow(er), Date of Spouse's Death_____

2. Dependents (Children & Others)

Name (As Appears on Social Security card)	Relationship	Date of Birth	Social Security #	Months Lived With You	Disabled	Full Time Student

3. Estimated Taxes Paid

	Date Paid	Federal	State
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

4. Refund Direct Deposit

Bank Name	
Banking Routing Number (9-Digit Number)	___ ___ ___ ___ ___ ___ ___ ___ ___
Account Number	
Account Type	☐ Checking ☐ Savings

5. Interest Income

Please attach 1099-INTs & brokerage statements.

Payer	T/S/J	Bank or Credit Union	U.S. Bonds/ T-Bills	Federal Tax Withheld	Municipal or Tax-Exempt

6. Dividend Income from Mutual Funds and Stocks

Please attach 1099-DIVs for each item listed below.

Payer	T/S/J	Total ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Capital Gain Distribution (Box 2a)	Federal Tax Withheld

7. Other Income

Please list all other income.

Payer/Source	Taxpayer	Spouse	Federal Tax Withheld
Alimony Received			
Prizes, Bonuses, Awards			
Jury Duty			
Worker's Compensation			
Social Security Benefits (Taxable Income)			
Medicare Premiums Withheld			
Unemployment Compensation Received			
Unemployment Compensation Repaid			
Gambling, Lottery			
Other Income			

8. Medical/Dental Expenses

To be deducted, medical expenses must exceed 7.5% of your adjusted gross income, and then only the amount that exceeds a 7.5% floor is deductible. Example: Your income is $40,000 for the year; your medical expenses must exceed $3,000.

	Amount		Amount
Acupuncture, Chiropractic		Lodging for Away-From-Home Medical Purposes	
Ambulance, Paramedics		Long-Term Care Insurance – Taxpayer	
Auto Travel for Medical Purposes	_____miles	Long-Term Care Insurance – Spouse	
Braces		Medical Equipment, Supplies	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Medical Insurance Premiums (paid by you)	
Glasses, Contact Lenses		Nursing Homes, Nursing Care	
Handicapped Modification to Home		Parking Fees for Medical Purposes	
Handicapped Placard		Prescription Drugs	
Hearing Aid, Batteries		Psychotherapy, Psychological Counseling	
Hospital		Other:	
Insulin			
Lab Fees & X-Rays		Insurance Reimbursement	( )

9. Home Mortgage Interest

IF YOU HAVE PURCHASED, SOLD OR REFINANCED YOUR HOME THIS YEAR, PLEASE BRING YOUR ESCROW PAPERS WITH YOU.

Paid to Banks	Amount Paid
Mortgage Company: _____	
Mortgage Company: _____	
Mortgage Company: _____	
Home Equity Loan: _____	
Paid to Individuals	
Name:	Social Security #
Address:	Amount Paid: $_____
Name:	Social Security #
Address:	Amount Paid: $_____

10. Taxes Paid

Real Estate Taxes	
Auto License Fees (vehicle license fee portion only)	
Property taxes on investment property	
Personal property tax – boat, etc.	
State Income Tax (We calculate)	
Other Taxes:	

11. Alimony Paid

Do not include amount paid for child support. Child support is not deductible.

Name	Social Security Number	Amount Paid

12. Charitable Contributions

Cash Contributions	
Church	
Payroll Deduction	
United Way	
Cancer Society	
Red Cross	
Scouts	
Other (please list):	
Volunteer (no. of miles)	

Non-Cash Charitable Contributions

Description of Property Donated	Donee Name	Fair Market Value

13. Child & Dependent Care Expenses

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under age 13 or a dependent who is physically or mentally incapable of self care.

Care Provider Name	Address City, State, Zip	Phone #	Identifying # SSN or EIN	Amount Paid	Name of child cared for

*If child care is for more than one child or dependent, please indicate how much was paid for **each** child or dependent.

14. Miscellaneous Itemized Deductions

	Taxpayer	Spouse
Business Telephone		
Cell Phone		
Credential Renewal & Transcripts		
Education Expense (Course Work)		
Internet/DSL		
Job Seeking Expense		
Professional Dues (CTA, NEA, etc)		
Professional Subscriptions		
Safety Deposit Box		
Safety Equipment		
Tax Return Preparation Fee		
Teaching Aids & Supplies		
Uniforms & Laundry		
Union Dues		
Work Tools		
Other (please list):		

15. Education Expenses – College or Other Continuing Education Expenses

Student's Name	Type of Expense	Year of School	Amount

Student Loan Interest Paid

Taxpayer: $_____ Spouse: $_____ Dependent(s): $_____