Client Tax Organizer

Please complete this Organizer before your appointment.

aveaus	Name		Soc. Se	ec. No.	Date of	Birth (Occupation	n	Work Phor	ne
axpaye	1									
Spouse treet A	drace			A11.		01-1-	710			12
				City		State	ZIP		Home Pho	ne
mail Ad	dress									
	Taxpayer	Spouse		Marital St	atus					
lind	Yes No	Yes	No	Marr	led		Will file jo	ointly	Yes	No
isabled		Yes	No	Singl						
res. Ca	mpaign Fund Yes No	Yes	No	Wido	w(er), De	ate of Spou	se's Death			_
2. De	pendents (Children & Othe	ers)								
	Name	Relationship	Date of	Social S	ecurity	Months	Disabled	Full	Depende	
	(First, Last)	neiationship	Birth	Num	ber	Lived With You	Disabled	Time Student	Incom	
									4	
ease pro	ovide for your appointment									
- Last	ovide for your appointment year's tax return (new clients on	**		II statemen	ts (W-2s,	, 1099s, etc)			
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* Contact us for further instructions

CTORG01 12-01-10

19 or 19 to 2 unearned inc 17. Did you pure	e any children under the age of 23 year old students with come of more than \$950? chase a new "hybrid", alternative vehicle or electric vehicle?	Yes	□ No	18. Did you install any energy residence such as solar v generators or fuel cells of improvements such as ex windows, insulation, heat central air conditioners or	vater heaters, r energy efficient terior doors or pumps, furnaces,	Yes	☐ No
3. Wage, S	Salary Income			19. N/A			
Attach W-2s:							
Employer	Te	axpayer	Spouse	7. Property Sold			
				Attach 1099-S and closing	statements		
3		H	H	Property	Date Acquired	Cost &	Imp.
				Personal Residence*			
				Vacation Home			
				Land			
				Other			
				 Provide information on im and cost of a new residen (Job-Related Moving). 			θ,
4. Interest	Income			8. I.R.A. (Individual	Retirement Acc	t.)	
Attach 1099-INT Payer	, Form 1097-BTC & broker staten	nents Amou	-4	Contributions for tax year in			
		Amou	111				for posts
					mount	Date	Roth
				Taxpayer Spouse			-
				Spouse			
Tax Exempt				Amounts withdrawn. Attach	1099-R & 5498		
				Plan	Reason for		
E District		Variety		Trustee	Withdrawal	Reinve	sted?
5. Dividend	Income					Yes	No
From Mutual Fun	nds & Stocks - Attach 1099-DIV					Yes	No
	Capital	Ma				Yes	No
Payer	Ordinary Gains		on- able			Yes	No
				9. Pension, Annuity	Income		
				Attach 1099-R			
				Payer*	Reason for Withdrawal	Reinve	sted?
						Yes	No
						Yes	No
						Yes	No
						Yes	No
6. Partners	hip, Trust, Estate Income			* Provide statements from e		e	0.797.0
List payers of par or estate income	rtnership, limited partnership, S-c - Attach K-1	orporation	, trust,	company with information contributions to plan.	on cost of or		
				Did you receive:	Taxpayer	Spou	189
		1171-71-1		Social Security Benefits	Yes No	Yes	No
			2556	Railroad Retirement	Yes No	Yes	No
			12002			100	
				Attach SSA 1099, RRB 1099			

10. Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips Investment Date Acquired/Sold Cost Sale Price 1 11. Other Income 14. Interest Expense Mortgage interest paid (attach 1098) List All Other Income (Including non-taxable) Interest paid to individual for your Alimony Received home (include amortization schedule) Child Support Paid to: Scholarship (Grants) Name Unemployment Compensation (repaid) Address Prizes, Bonuses, Awards Social Security No. Gambling, Lottery (expenses Investment Interest Unreported Tips Premiums paid or accrued for qualified Director / Executor's Fee mortgage insurance Commissions Jury Duty 15. Casualty/Theft Loss Worker's Compensation Disability Income For property damaged by storm, water, fire, accident, or stolen. Veteran's Pension Location of Property Payments from Prior Installment Sale State Income Tax Refund Description of Property Other Other Federally Declared Other Disaster Losses 12. Medical/Dental Expenses Amount of Damage Insurance Reimbursement Medical Insurance Premiums Repair Costs (paid by you) Federal Grants Received Prescription Drugs Insulin 16. Charitable Contributions Glasses, Contacts **Hearing Aids, Batteries** Federally Declared Braces Other Disaster Losses Medical Equipment, Supplies Church **Nursing Care** United Way Medical Therapy Scouts Hospital Telethons Doctor/Dental/Orthodontist University, Public TV/Radio Mileage (no. of miles) Heart, Lung, Cancer, etc. Wildlife Fund 13. Taxes Paid Salvation Army, Goodwill Other Real Property Tax (attach bills)

Non-Cash

Volunteer (no. of miles)

@.14

\$0.00

Other

Personal Property Tax

motorcycle or mobile home

Purchase price of new venicle

Sales or excise tax paid in 2013 on a new vehicle,

17. Child & Other Dependent Care Expenses Soc. Sec. No. or Amount Name of Care Provider Address Employer ID Paid Also complete this section if you receive dependent care benefits from your employer. 18. Job-Related Moving Expenses 21. Business Mileage Date of move Do you have written records? Move Household Goods Did you sell or trade in a car used **Lodging During Move** Yes No for business? Travel to New Home If yes, attach a copy of purchase agreement (no. of miles) Make/Year Vehicle Date purchased 19. Employment Related Expenses That You Paid Total miles (personal & business) (Not self-employed) Business miles (not to and from work) Dues - Union, Professional From first to second job Books, Subscriptions, Supplies Education (one way, Licenses work to school) Tools, Equipment, Safety Equipment Job Seeking Uniforms (Include cleaning) Other Business Sales Expense, Gifts Tuition, Books (work related) Round Trip commuting distance Entertainment Gas, Oll, Lubrication Office in home: Batteries, Tires, etc. In Square a) Total home Repairs Feet b) Office Wash c) Storage Insurance Rent Interest Insurance Lease payments Utilities **Garage Rent** Maintenance 22. Business Travel 20. Investment-Related Expenses If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc.

Meals (no. of days _

Reimbursement Received

Taxi, Car Rental

Lodging

Tax Preparation Fee

Mutual Fund Fee

Other

Safe Deposit Box Rental

Investment Counselor

Due Date	Date Paid				
		Federal	State	Allmony Paid to	
			Otato	Social Security No.	\$
				Student Interest Paid	\$
				Health Savings Account Contributions	\$
				Archer Medical Savings Acct. Contributions	\$
25. Educatio	n Expenses			26. Questions, Comments, & Other	er Information
Student's Name	Type of	Expense	Amount		
				Residence:	
				Town County	
				Village School Dist	trict
uld you like to ha (The IRS will allo	eposit of Refund ave your refund(s) of w you to deposit you	directly deposite	ed into your acc	ount?	Yes
uld you like to he (The IRS will alloi different account	ave your refund(s)	directly deposite	ed into your acc	nases	Yes _
ould you like to ha (The IRS will allow different account COUNT 1	ave your refund(s) o	directly deposite	ed into your acc	ount?	
uld you like to ha (The IRS will allow different account COUNT 1	ave your refund(s) o	directly deposite	ed into your accound into up to the information.)	ount? ee Taxpayer raditional Savings	Spouse Jo
culd you like to ha (The IRS will allow different account COUNT 1 mer of account se of account	ave your refund(s) on you to deposit you to deposit yours. If so, please provi	directly deposite or federal tax refu ide the following Checking	ed into your accound into up to the information.)	ount?	Spouse Jo
culd you like to ha (The IRS will allow different account COUNT 1 mer of account se of account me of financial in	ave your refund(s) on you to deposit you to deposit yours. If so, please provi	directly deposite or federal tax refu ide the following Checking Archer MSA Sa	ed into your accound into up to the information.)	ount? ee Taxpayer raditional Savings	Spouse Jo