

CLIENT TAX ORGANIZER

Tax Year _____

Please complete this Questionnaire before your appointment. All clients must Sections 1 and 2.

1. PERSONAL INFORMATION

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone

	Taxpayer	Spouse	Marital Status	Will file jointly
Blind	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Married	<input type="radio"/> Yes <input type="radio"/> No
Disabled	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single	Date of Divorce _____
Pres. Campaign Fund	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Widow(er)	Date of Spouse's Death _____

2. DEPENDENTS (CHILDREN & OTHERS)

Name (Last, First)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

- Last year's tax return (new clients only)
- All statements (W-2s, 1099s, etc.)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

- | | |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Do you have a foreign bank account, trust, or bank? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Did you refinance your main home or other property? <input type="radio"/> Yes* <input type="radio"/> No</p> <p>8. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="radio"/> Yes <input type="radio"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="radio"/> Yes <input type="radio"/> No</p> <p>10. Did you give a gift of more than \$10,000 to one or more people? <input type="radio"/> Yes <input type="radio"/> No</p> <p>11. Did you go through bankruptcy proceedings? <input type="radio"/> Yes <input type="radio"/> No</p> <p>12. (a) If you paid rent, how much did you pay? <input type="radio"/> Yes <input type="radio"/> No
(b) Was heat included? <input type="radio"/> Yes <input type="radio"/> No</p> <p>13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="radio"/> Yes <input type="radio"/> No</p> |
|---|---|

* Contact us for further instructions

7. INVESTMENTS SOLD

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – **Attach 1099-B & confirmation slips**

Investments	Date Acquired	Date Sold	Cost	Sale Price

8. PROPERTY SOLD

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Improvements
Personal Residence *		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving)

9. I.R.A. (INDIVIDUAL RETIREMENT ACCOUNT)

Contributions for tax year income

	Amount	Date	Roth
Taxpayer			<input type="radio"/> Yes <input type="radio"/> No
Spouse			<input type="radio"/> Yes <input type="radio"/> No

Amounts withdrawn. **Attach 1099-R & 5498**

Plan Trustee	Reason for Withdrawal	Reinvested?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

10. PENSION, ANNUITY INCOME

Attach 1099-R

Payer*	Reason for Payment	Reinvested?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Railroad Retirement	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Attach SSA 1099, RRB 1099

11. OTHER INCOME

List All Other Income (including non-taxable)

Alimony Received	_____	Scholarship (Grants)	_____
Child Support	_____	Unemployment Compensation (Repaid)	_____
Prizes, Bonuses, Awards	_____	Gambling Lottery (expenses _____)	_____
Unreported Tips	_____	Director/Executor's Fee	_____
Commission	_____	Jury Duty	_____
Worker's Compensation	_____	Disability Income	_____
Veteran's Pension	_____	Payments from Prior Installment Sale	_____
State Income Tax Refund	_____	Other _____	_____

12. MEDICAL/ DENTAL EXPENSES

Medical Insurance Premiums	_____	Prescription Drugs	_____
Insulin	_____	Glasses, Contacts	_____
Hearing Aids, Batteries	_____	Braces	_____
Medical Equipment, Supplies	_____	Nursing Care	_____
Medical Therapy	_____	Hospitals and Nursing Homes	_____
Doctor/Dental/Orthodontist	_____	Lodging	_____
Mileage (no. of miles) _____ @ 12	_____	Other _____	_____

13. TAXES PAID

Real Property Tax (Attach bills)	_____	Personal Property Tax	_____
Other _____	_____		

14. INTEREST EXPENSE

Mortgage interest paid (Attach 1098)	_____	Investment interest	_____
Interest paid to individual for your home (including amortization schedule)			_____
Paid to: Name _____			
Address _____			
Social Security Number _____			

15. CASUALTY/THEFT LOSS

For Property damaged by storm, water, fire, accident or stolen.

Location of Property _____			
Description of Property _____			
Amount of Damage	_____	Insurance Reimbursement	_____
Repair Costs	_____	Federal Grants Received	_____

16. CHARITABLE CONTRIBUTIONS

Church	_____	United Way	_____
Scouts	_____	Telethons	_____
University, Public TV/Radio	_____	Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____	Salvation Army	_____
Other _____	_____	Non-Cash	_____
Mileage (no. of miles) _____ @ 12	_____		

17. JOB-RELATED MOVING EXPENSES

Date of move _____ Move Household Goods _____
Travel to New Home (no. of miles) _____ Lodging During Move _____

18. EMPLOYMENT-RELATED EXPENSES THAT YOU PAID (NOT SELF-EMPLOYED)

Dues – Union, Professional _____ Books, Subscription, Supplies _____
Licenses _____ Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____ Sales Expense, Gifts _____
Tuition, Books (work related) _____ Entertainment _____
Office in home: In Square Feet _____ Rent _____
b) Office _____ Utilities _____
a) Total home _____ Insurance _____
c) Storage _____ Maintenance _____

19. CHILD & OTHER DEPENDENT CARE EXPENSES

Name of Care Provider	Address	SSN or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. BUSINESS MILEAGE

Do you have written records? Yes No
Did you sell or trade in a car used for business? Yes No
If yes, attach copy of purchase agreement

Make of Vehicle _____ Year of Vehicle _____
Date Purchased _____ Total Miles (personal & business) _____
Business Miles (not to and from work) _____ Round Trip Commuting Distance _____
From First to Second Job _____ Gas, Oil, Lubrication _____
Education (one way, work to school) _____ Batteries _____
Job Seeking _____ Repairs _____
Other Business _____ Wash _____
Insurance _____ Lease Payment _____
Interest _____ Garage Rent _____

21. BUSINESS MILEAGE

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____ Lodging _____
Meals (no. of days _____) _____ Taxi, Car Rental _____
Other _____ Reimbursement Received _____

22. INVESTMENT-RELATED EXPENSES

Tax Preparation Fee _____ Safe Deposit Box Rental _____
Mutual Fund Fee _____ Investment Counselor _____
Other _____

23. ESTIMATED TAX PAID

Due Date	Date Paid	Federal	State	Due Date	Date Paid	Federal	State

24. OTHER DEDUCTIONS

Alimony Paid to _____ Social Security No. _____ \$ _____
Student Interest Paid \$ _____ Other _____ \$ _____

25. EDUCATION EXPENSES

Student's Name	Type of Expense	Amount

26. QUESTIONS, COMMENTS, & OTHER INFORMATION

Residence:

Town _____ County _____
Village _____ School District _____
City _____

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 returns for which I have adequate records.

_____ Date _____

_____ Date _____