



## 20 \_\_ \_\_ Tax Organizer

Date: \_\_\_\_\_

- Please note that you are responsible for providing all **true and complete** information necessary to complete this return;
- **Attach all supporting documents to this organizer;**
- We will not audit or otherwise verify any information, though we may require clarification or additional information;
- It is therefore your responsibility to establish proof or provide competent evidence for your claims should the need arise;
- We will prepare only the returns listed below. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to service you if such situation arises, under a separate engagement and fees;
- To affirm your **understanding of these arrangements**, please fill and sign this organizer in the space provided.

1. Personal Information									
Name			Soc. Soc. No./ITIN		Date of Birth		Occupation		Cell Phone #
Taxpayer									
Spouse									
Street Address					City:		State:		Zip:
E-mail									
Health Insurance			Yes <input type="checkbox"/> Employer Provided <input type="checkbox"/> OBAMA Care <input type="checkbox"/> (attach 1095 A) Others <input type="checkbox"/> No <input type="checkbox"/>						
Filling Status			Married <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> MFS <input type="checkbox"/> HH <input type="checkbox"/> Widow(er): <input type="checkbox"/> Provide date of spouse's death						
Disability Status			Blind: TP <input type="checkbox"/> SP <input type="checkbox"/> Deaf: TP <input type="checkbox"/> SP <input type="checkbox"/> Other: <input type="checkbox"/>		Pres. campaign: <input type="checkbox"/>				

2. Dependent (Children and Others)								
	Name (First, Last)	Relationship	DOB	SSN	Month	Disable	Stud	Dep. Income
1								
2								
3								
4								
5								
6								

3. Income (please check (✓) and attach necessary documents): Also indicate Taxpayer or Spouse										
Type	Documents	T	SP	Type	Documents	T	SP	Type	T	SP
Wages, Salary Income	W2			IRA	1099-R & 5498			Worker Comp		
Interest Income	1099- INT			Pension, Annuity	SSA-1099, RRB			Scholarship		
Dividend Income	1099- DIV			Commissions /Tips	1099 MISC			Alimony		
Partnership, Trust, Estate	S-Corp, Trust, K-1			ST income Tax Refund (if itemized prior year)	1099 G			Gambling		
Invest/ PPTy Sold	1099-B/S			Unemployment	1099 G			Jury Duty		

4. Other deductions				Work related moving exp		Miles from old to new work			
Trad IRA Contribution		Casualty loss		Any Government help during home purchase? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Other states lived + duration		Amount reimbursed		Year of Purchase		Pay now		Paid so far	



5. Itemized Deductions (Please attach all supporting documents) and Check ( <input checked="" type="checkbox"/> )						
Medical and Dental	\$	Real Estate	Doc	Employment Related	Has Been Canceled in 2019	
Co-payments		Sell or purchase	HUD	Charitable Contributions	Cash	Non-Cash
Prescription Drugs		Home -Personal	1098			
Eyeglasses		<b>Rental (***)Spreadsheet)</b>				
Dental/Braces		Investment (Spreadsheet)				
Medical miles				Job Related Moving	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Child or dependent care expenses (child under 13)				7. Education Expenses – Enclose 1098 T			
Provider Name				Student Name			
Address				SSN		School	
EIN/SSN		Amount Paid		Qualified Expense		EIN	

7. Business Income:		Business Name:		Type of Business:			
Address			EIN/SSN		Acct method		Inventory method
Did you file or receive Forms 1099	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year you start or acquire bus		Year Stop busi		
<b>*****Income Statement Spreadsheet*****</b>							
Income Statement Spreadsheet	<input type="checkbox"/>	Expenses Breakdown Spreadsheet	<input type="checkbox"/>	Mileage Log (accompanied by oil change receipts)	<input type="checkbox"/>		

8. Business Vehicle and Other Depreciation Assets: For Taxi Services Only					
Make & Model of Vehicle		Car lease or owned		Vehicle Expense	Actual
Date placed in service		Car dep in previous year		Gas, Lube, Oil	
Business Miles for the Year		Other vehicle available		Repairs & Maintenance	
		Available for personal use		Interest on car loan	
Parking & toll		Evidence Documented		Tire/Towing/Insurance	
		Is evidence written		Registration/Loan	

Please note: You still have to **ISSUE A payment CHECK** to us, in case your Tax Refund is denied by the IRS.

9. Please Answer these questions!!!!		10. Tax Preparation Fees: \$_____		How do you want to pay?	
Are you owing IRS any money	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank Product <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Cash <input type="checkbox"/>
Are Undergoing IRS audit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>How Do you want Your Refund?</b> IRS Direct: Bank <input type="checkbox"/> Check <input type="checkbox"/> <b>Bank Product (charges a fee):</b> Direct Deposit <input type="checkbox"/> Check <input type="checkbox"/> Visa Card <input type="checkbox"/>			
11. Bank Info: Name:		Routing #:		Acct #:	
12. Is there something else that we need to know? Attach necessary documents please					

- To affirm your **understanding of these arrangements**, please sign this organizer in the space provided.

Tax Payer Sign..... Date.....

Spouse Sign..... Date.....