# Client Tax Organizer

Tax Year __________

## Personal Information:

| NAME | SSN # or ITIN # | Date of Birth | Occupation | Insured |
|---|---|---|---|---|
| | | | | Yes/No ☐ ☐ |
| | | | | Yes/No ☐ ☐ |
| Street Address | City | State | Zip | |

Phone # ________________________ Will you file a joint return? ☐ Yes ☐ No

Marital Status ☐ Married ☐ Single ☐ Widow(er) ☐ Head of House household

Email: ____________________________________________________

Spouse Phone # ____________________________________________

| Dependents: Name (First, Middle Initial and Last) | Relationship | Date of Birth | SS# or ITIN | # Months Lived with you | Full Time Student Yes or No | Any Income? Yes or No | Insured |
|---|---|---|---|---|---|---|---|
| | | | | | | | Yes/No ☐ ☐ |
| | | | | | | | Yes/No ☐ ☐ |
| | | | | | | | Yes/No ☐ ☐ |

If you were insured last year, what type of insurance did you have:

**Check any of the following which describes how you (and any other family members on this return) received health care coverage in** ☐

A. Received health care coverage through employer for entire year (including COBRA coverage) A. ☐

B. Received health care coverage from the government such as Medicaid, Medicare, Veterans benefits, and any other governmental health care program for the entire year B. ☐

C. Purchased private health insurance (not through the "Marketplace") for the entire year C. ☐

D. Purchased health insurance through the "Marketplace" (Form 1095-A) D. ☐

E. At least one family member (including taxpayer) did not have health care coverage at anytime during the year E. ☐

Bank Account Information:

Bank Name__________________________________________

Bank Routing Number__________________________________

Bank Account_______________________________________

# Self-Employed Business Deductions

Business Name ________________________________________EIN# ______________________

Business Address _____________________________________________Date Began___________

Type of Business ___________________________________________________________________

Did You Receive 1099 Income? ☐ Yes ☐ No

Did you Receive Cash payments? ☐ Yes ☐ No

| 1099-NEC OR 1099-MISC | Amount | |
|---|---|---|
| | | ☐ Taxpayer ☐ Spouse |
| | | ☐ Taxpayer ☐ Spouse |
| | | ☐ Taxpayer ☐ Spouse |

## Business Income/Loss

| | |
|---|---|
| Gross Receipts/Sale | |
| Returns/Refund/Bad Debt | |
| Beginning Inventory | |
| Closing Inventory | |
| Material/Supply Cost (not office supply) | |
| Taxes and Licenses | |
| Wages | |
| Contract Labor | |
| Repairs | |
| Commisions | |

## Vehicle Deductions

| | |
|---|---|
| Vehicle Year, Make, Model | |
| Date placed in service | |
| Vehicle Cost | |
| Total Miles Driven | |
| Business Miles Driven | |
| Commuting Miles | |
| Gas | |
| Repair/Oil,Tires | |
| Total Interest Paid | |
| Total Taxes Paid | |
| Lease Payments | |
| Parking | |
| Tolls | |
| Auto Insurance | |
| Wash | |
| Date Sold | |
| Did you have another Vehicle available to use? | |

## Estimated Tax Payments

| Date Paid | Amount |
|---|---|
| | |
| | |
| | |
| | |

## Business Expenses

| | |
|---|---|
| Advertising | |
| Office Rent | |
| Office Supplies | |
| Insurance –Not property | |
| Machine/Equipment Rent | |
| Bank Fees | |
| Cell phone | |
| Telephone | |
| Meals | |
| Medical Premiums | |
| Utilities | |
| Uniforms | |
| Professional Fees/Legal Fees | |
| Postage/Freight | |

## Newly Depreciable Business Assets

| Description of Asset | Date Acquired | Purchase Price |
|---|---|---|
| | | |
| | | |
| | | |

## Travel/Meal Expenses

| | |
|---|---|
| Travel Expenses (Hotel, Air) | |
| Meals (while on trip) | |
| Other | |

## Home Office:

Area of Home Used for Business?_________ Square foot of home ______

Do you rent? ☐ Yes ☐ No Amount Paid ______________________________________

Any Other Deductions/Expenses: ____________________________________________

________________________________________________________________________

________________________________________________________________________

During the year, did you sell, receive, exchange Bitcoins or Crypto? Yes ☐ No ☐

Income from any of the following:

☐ Alimony ____________________ ☐ Child Support ____________________ ☐ Other ____________________

☐ Gambling ____________________ If Yes, How much did you lose? ___________ Do you have proof ☐ Yes ☐ No

Rental Income:

Do you own Rental Property? ☐ Yes , if yes complete below ☐ No

| Rental Income: | Supplies | Mortgage Interest | Taxes | Insurance |
|---|---|---|---|---|
| Address of Property | Repairs | Management Fees | Utilities | Property Cost |

Medical Expenses:

| Hospital | |
|---|---|
| Doctor/Dentist | |
| Prescriptions | |
| Health Insurance | |
| Medical Miles Driven | |
| Other | |

Charitable Donations:

| Charity Name | Amount | Do you have a receipt? |
|---|---|---|
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | |

Primary Residence
Address: ____________________________________________________________

Lender's Name and address: ____________________________________________ Owner Financed? ☐ Yes ☐ No

Did you receive a Form 1098? ☐ Yes ☐ No
Property Tax ______________________________ Insurance ______________________________
Interest Paid on Bank Mortgage ___________ Interest on Home Equity loan? ______________________

Childcare Deductions

| Paid To: | Address: | EIN # or SS# | Amount Paid: | Child in Care: |
|---|---|---|---|---|
| | | | | |
| | | | | |

Professional Fees:
Tax Preparation Fees: _______________ Union/Professional Dues _________________ Professional Fees ______________________

Sign and date on the line below indicating that you have reviewed the organizer and all information used on your income tax return will be taken from information provided within in the organizer and information obtained from the IRS.

______________________________ ______________________________
Taxpayer Date

______________________________ ______________________________
Taxpayer Date