

# Individual Tax Organizer

## Personal Information      Taxpayer      Spouse

First Name & Initial		
Last Name		
Social Security Number		
Date of Birth		
Occupation		
Email Address		
Best contact number		
Drivers License #, State		
Issue Date - Exp Date		

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you new to the firm: \_\_\_\_\_ Who Referred You: \_\_\_\_\_  
*\*\* If you are new to the firm, please provide the last two years tax returns.*

Taxpayer Legally Blind Y / N      Spouse Legally Blind Y / N  
 Taxpayer Disabled Y / N      Spouse Disabled Y / N

Filing Status: Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Married Filing Joint \_\_\_\_\_ Widower \_\_\_\_\_ Year of Spouse death \_\_\_\_\_

## Dependents (children & others)

Name	Soc Sec #	Date of Birth	Months Lived in Home	Relationship to taxpayer	College Student?	Childcare costs	Disabled (Y/N)

Did any of the children have income above \$1050 for the year? Y / N      Can anyone else claim a child listed above for tax year 2018? Y / N

If you are due a refund, would you like it directly deposited into your bank account? Name of Bank: \_\_\_\_\_  
 Checking \_\_\_\_\_ Savings \_\_\_\_\_ Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*\*\* Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.*

If you owe the IRS, would you like it automatically deducted from your bank account? Y / N      Date for withdrawal: \_\_\_\_\_

## Please mark the items that pertain to you and write detail after question:

- |   |  |
|---|--|
| <p>_____ Did you receive unreported tip income of \$20 or more in any month?</p> <p>_____ Did you purchase a new energy-efficient car, truck or van?</p> <p>_____ Are you involved in a bankruptcy, foreclosure, repossession, or had any debt cancelled?</p> <p>_____ Did you give a gift of more than \$15,000 to one or more people?</p> <p>_____ Did you convert part or all of your traditional/ SEP/Simple IRA to a Roth IRA?</p> <p>_____ Did you or will you contribute any money to an IRA for 2018?</p> <p>_____ Did you roll over any amounts from a retirement account?</p> <p>_____ Did you purchase or sell a main home during the year? (Please provide closing statements)</p> <p>_____ Did you buy or sell any stocks, bonds or other investment property?</p> <p>_____ Did you receive income from an installment sale?</p> | <p>_____ Could you be claimed as a dependent on someone else's return?</p> <p>_____ Did you pay anyone for domestic services in your home?</p> <p>_____ Were you a citizen of, have income from, or lived in a foreign country?</p> <p>_____ Do you own or have financial interest in a foreign bank or financial account?</p> <p>_____ Were any children adopted in 2018? (Provide statements for expenses)</p> <p>_____ Did you incur a loss because of damaged or stolen property?</p> <p>_____ Are you a member of the military?</p> <p>_____ Were you notified or audited by either the IRS or a State taxing agency?</p> <p>_____ Did you buy any internet merchandise for which you did not pay sales/use tax?</p> <p>_____ Did you make any contributions to a 529 plan?</p> |
|---|--|

**Income**

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2's		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security and/or Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Brokerage Statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, S- Corp & Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B		
Property Sold	Form(s) 1099-S & closing statements		

**Other Income**

Type	Amount
Jury Duty	
Gambling/lottery winnings	
Disability Income	

Type	Amount
State Income Tax Refund	
Alimony Received	
Other	

**Adjustments to Income**

Type	Amount
Alimony Paid	
Name: _____	
SS #: _____	
Educator Expense	
Health Savings Account	

Type	Amount
Tuition and Fees Pd (provide 1098-T)	
IRA/SEP Contribution-Taxpayer	
IRA/SEP Contribution-Spouse	
Student Loan Interest	

**Day Care Expense**

Provider #1	
Address	
EIN/SS #	
Amount Pd	
Children cared for:	

Provider #2	

**Health Insurance**

Taxpayer <input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer or Medicaid <input type="checkbox"/> Was exempt from health care mandate <input type="checkbox"/> Not insured at all  List months covered: _____	Attach Form 1095-A, 1095-B, and/or 1095-C  Exemption Certificate No. _____
Spouse <input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer or Medicaid <input type="checkbox"/> Was exempt from health care mandate <input type="checkbox"/> Not insured at all  List months covered: _____	Attach Form 1095-A, 1095-B, and/or 1095-C  Exemption Certificate No. _____
Dependent <input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer or Medicaid <input type="checkbox"/> Was exempt from health care mandate <input type="checkbox"/> Not insured at all  List months covered: _____	Attach Form 1095-A, 1095-B, and/or 1095-C  Exemption Certificate No. _____
Dependent <input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer or Medicaid <input type="checkbox"/> Was exempt from health care mandate <input type="checkbox"/> Not insured at all  List months covered: _____	Attach Form 1095-A, 1095-B, and/or 1095-C  Exemption Certificate No. _____

**\*\* If more dependents attach additional sheets containing the above information.**

**Estimated Tax Payments**

	Federal	State
1st Quarter		
2nd Quarter		

	Federal	State
3rd Quarter		
4th Quarter		



## Tax Return Preparation

We will prepare your tax return based on information you provide. In the even your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

## Taxpayer Responsibilities

- \*You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
  - \*You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
  - \*You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
  - \*You must review the return carefully before signing to make sure the information is correct.
  - \*Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
  - \*You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.
- Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. *For a joint return, both taxpayers must sign.*

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

## Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and prodedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.