Client Organizer

Index

TAX INFORMATION ORGANIZER

Client # ____ Tax Year ________________

BASIC INFORMATION

	TAXPAYER	SPOUSE
First name, middle initial	__________________	__________________
Last name	__________________	__________________ (if different)
Social Security #	____ - ___ - ____	____ - ___ - ____
Primary occupation	__________________	__________________
Date of birth	____ / ____ / ____	____ / ____ / ____
Date of death (if applicable)	____ / ____ / ____	____ / ____ / ____
Citizenship, if not US	__________________	__________________

☐ Check if dependent of another taxpayer

Name of taxpayer . . . . __________________

Relationship . . . . __________________

☐ Check if legally blind

ADDRESS

Mailing address

Address ____

Address ____

City ____________________ State __________ Zipcode ____________________

Primary residence
If different from mailing address:

Address ____

Address ____

City ____________________ State __________ Zipcode ____________________

Other address

Address ____

Address ____

City ____________________ State __________ Zipcode ____________________

Comments:

COMMUNICATIONS

	TAXPAYER		SPOUSE	
Home Phone #	( ) ________		( ) ________	
Work Phone #	( ) ________	Ext ____	( ) ________	Ext ____
Fax Phone #	( ) ________		( ) ________	
Email address:	________________		________________	
Mobile Phone #	( ) ________		( ) ________	
Pager/beeper #	( ) ________		( ) ________	

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: ______________________

to: ______________________

Mailing address

Address ______________________

Address ______________________

City ____________ State ________ Zipcode ____________

Phone # (   ) ____________

QUESTIONNAIRE
Part I

If submitting data for the first time, have you provided us with copies of the previous year's returns? . . . . YES ☐ NO ☐

If submitting data for the first time, or if you are placing previously depreciated items back into service, have you enclosed copies of the previous depreciation schedules? . . . . YES ☐ NO ☐
If you do not have the schedules, a contact who can provide them. ______________________

Did you enclose all copies of federal and state notices you received? . . . . YES ☐ NO ☐

Would you like to be advised if your return qualifies for electronic filing? . . . . YES ☐ NO ☐

Have you made any gifts in excess of $10,000 per donee? . . . . YES ☐ NO ☐

Do you have a Keogh plan? . . . . YES ☐ NO ☐
If so, did total assets exceed $100,000 at year end? . . . . YES ☐ NO ☐

If you claim dependents under age 65:
Did they have total income of $650 or more? . . . . YES ☐ NO ☐
Did they have any unearned income? . . . . YES ☐ NO ☐

If you claim dependents 65 years of age or over:
Did they have earned income? . . . . YES ☐ NO ☐
If yes, how much? ______________________
____
____

Did they have unearned income? . . . . YES ☐ NO ☐
If yes, how much? ______________________
____
____

	TAXPAYER	SPOUSE
When was your will or estate plan last revised?	______ / ______ / ______	______ / ______ / ______

QUESTIONNAIRE
Part II

For purposes of tax planning and estimated tax preparation, what changes do you expect next year for the following:

	TAXPAYER	SPOUSE
Gross income		
Municipal income		
Self-employment income		
Self-employment expenses		
Other income		
Itemized deductions		
Other adjustments		
Exemptions/dependents		
Filing status		
State(s) of residency		
Tax withholding		

Other:

Description		

FILING STATUS

Marital status as of the last day of the year

- ☐ Single
- ☐ Married, both agree to file jointly
- ☐ Married filing separately
  - ☐ Your spouse itemizes deductions
  - ☐ You lived apart from your spouse for the entire year
- ☐ Head of household, “married”
  - ☐ Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
  - ☐ You paid more than half the cost of keeping up the main home or rest home for a parent
  - ☐ Your spouse did not live in your home during the last six months of the year
  - ☐ You paid more than half the cost for upkeep of your home
- ☐ Head of household “unmarried”
  - ☐ Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
  - ☐ You paid more than the half the cost of keeping up the main home or rest home for a parent
  - ☐ You paid more than half the cost for upkeep of your home
- ☐ Qualifying widow(er) with dependent child
  Please provide dependent information (Code K)

DEPENDENTS

	Last name, first name, middle initial	Date of birth	Social Security #
1.	________________	____ / ____ / ____	________ - ____ - ________
2.	________________	____ / ____ / ____	________ - ____ - ________
3.	________________	____ / ____ / ____	________ - ____ - ________
4.	________________	____ / ____ / ____	________ - ____ - ________
5.	________________	____ / ____ / ____	________ - ____ - ________
6.	________________	____ / ____ / ____	________ - ____ - ________

	Relationship	Months lived in your home	Gross income	% of total support provided if less than 100%	Code(s)
1.					
2.					
3.					
4.					
5.					
6.					

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.

B Dependent filed a joint return for the year (please supply details).

C You provided more than half the person's total support for the year.

D Child did not live with you due to divorce or separation.

Date of agreement ____ / ____ / ____

E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

- ☐ Form enclosed
- ☐ Needs to be prepared

Other parent:

Name ________________________________

Address ________________________________

SS# ________ - ____ - __________

F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.

G Death of dependent. Date of death ____ / ____ / ____

H Taxpayer is not custodial parent.

I No Social Security number. Provide Form SS-5 to apply for one.

J Non-dependent - Earned Income Credit only.

K Child of qualifying widower.

PROFESSIONAL CONTACTS

Please provide us with the following information about professionals who provide services to you and whom we may need to contact.

Bank

Name of bank/credit union ____________________

Contact ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

Stockbroker

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

Attorney

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

Insurance agent, life

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

Insurance agent, casualty

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

Financial planner or consultant

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

IRA, Keogh, SEP or other retirement plan consultant

Name ____________________

Address ____________________

City ____________________ State __________ Zipcode ____________________

Phone ____________________ Fax ____________________

☐ Discuss referral with me.

ESTIMATED TAX PAYMENTS

Federal

	Date paid	Joint	Fill in only if separate allocations are required Taxpayer	Spouse
Overpayment applied from prior year's return	____ / ____ / ____	____________	____________	____________
1st quarter	____ / ____ / ____	____________	____________	____________
2nd quarter	____ / ____ / ____	____________	____________	____________
3rd quarter	____ / ____ / ____	____________	____________	____________
4th quarter	____ / ____ / ____	____________	____________	____________

State #1 Name of state ____

	Date paid	Joint	Taxpayer	Spouse
Overpayment applied from prior year's return	____ / ____ / ____	____________	____________	____________
1st quarter	____ / ____ / ____	____________	____________	____________
2nd quarter	____ / ____ / ____	____________	____________	____________
3rd quarter	____ / ____ / ____	____________	____________	____________
4th quarter	____ / ____ / ____	____________	____________	____________

State #2 Name of state ____

	Date paid	Joint	Taxpayer	Spouse
Overpayment applied from prior year's return	____ / ____ / ____	____________	____________	____________
1st quarter	____ / ____ / ____	____________	____________	____________
2nd quarter	____ / ____ / ____	____________	____________	____________
3rd quarter	____ / ____ / ____	____________	____________	____________
4th quarter	____ / ____ / ____	____________	____________	____________

ESTIMATED TAX PAYMENTS

Local #1 Name of locality ________________________________

	Date paid	Joint	Taxpayer	Spouse
Overpayment applied from prior year's return	____ / ____ / ____	________	________	________
1st quarter	____ / ____ / ____	________	________	________
2nd quarter	____ / ____ / ____	________	________	________
3rd quarter	____ / ____ / ____	________	________	________
4th quarter	____ / ____ / ____	________	________	________

Local #2 Name of locality ________________________________

	Date paid	Joint	Taxpayer	Spouse
Overpayment applied from prior year's return	____ / ____ / ____	________	________	________
1st quarter	____ / ____ / ____	________	________	________
2nd quarter	____ / ____ / ____	________	________	________
3rd quarter	____ / ____ / ____	________	________	________
4th quarter	____ / ____ / ____	________	________	________

WAGES

	TAXPAYER	SPOUSE
Number of W-2s enclosed	______________	______________

Comments:

____
____
____
____
____
____

How many exemptions are you claiming on your W-4?

	TAXPAYER	SPOUSE
Federal	______________	______________
State		
Name of state(s)		
______________	______________	______________
______________	______________	______________

Are you making any additional withholding adjustments?

	TAXPAYER	SPOUSE
Federal	______________	______________
State	______________	______________

WAGES

The following is for situations where you have lost or otherwise cannot provide a Form W-2.

	TAXPAYER	SPOUSE
Employer name		
Employer address		
Employer ID#.		
Wages (Box 1)		
Federal tax withheld (Box 2)		
Social Security wages, if different (Box 3)		
Social Security tax withheld (Box 4)		
Medicare wages, if different (Box 5)		
Medicare tax withheld (Box 6)		
Social Security tips (Box 7)		
Allocated tips (Box 8)		
Advance EIC payment (Box 9)		
Dependent care benefits (Box 10)		
Box 13, enter description and amount . .		
Box 14, enter description and amount . .		
State wages, if different (Box 17)		
State tax withheld (Box 18)		
Local wages, if different (Box 20)		
Local tax withheld		

Indicate which, if any, of the following are checked on your W-2:

Taxpayer

Statutory employee	Pension plan	942 emp	Deferred comp
☐	☐	☐	☐

Spouse

Statutory employee	Pension plan	942 emp	Deferred comp
☐	☐	☐	☐

Comments:

PENSIONS AND IRA DISTRIBUTIONS

	TAXPAYER	SPOUSE
Payer	__________	__________
Payer address	__________	__________
Payer city, state, zipcode	__________	__________
Payer identification number	__________	__________
Gross distribution (Box 1)	__________	__________
Taxable amount (Box 2)	__________	__________
Check if payer did not compute	☐	☐
Check if IRA or SEP	☐	☐
Distribution code (Box 7)	__________	__________
Federal tax withheld (Box 4)	__________	__________
State tax withheld (Box 10)	__________	__________
Local tax withheld (Box 13)	__________	__________
Amount rolled over within sixty days of distribution	__________	__________
Name of financial institution	__________	__________

INTEREST INCOME
1099-INT

FINANCIAL INSTITUTIONS

	Payer	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 ✓	Bank or credit union Box 1	US Bonds T Bills Box 3	Federal tax withheld Box 4	Foreign taxes paid Box 5	Country	Early withdrawal penalty Box 2	Accrued interest included
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

✓ Please check if attaching Form 1099. Fill out only "Payer".

Were proceeds from redemption of Series EE Savings Bonds used to pay higher education costs for yourself, your spouse, or a dependent?

If so, what amount? ______________________________

Did you receive any interest from a foreign bank account? __________________________

INTEREST INCOME 1099-INT

SELLER-FINANCED MORTGAGES

	Payer	Social Security #	Address	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 ✓	Property description	Accrued interest included
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

✓ Please check if attaching Form 1099. Fill out only “Payer”.

TAX-EXEMPT INTEREST AND DIVIDENDS

	Payer of tax-exempt interest	Taxpayer (T) Spouse (S) Joint (J)	Statement ✓	% in residency state	Total	In-state bonds	Out-of-state bonds	Private activity bond interest
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

✓ Please check if enclosing statement and prospectus, if a fund. Fill out only “Payer”.

Include percentage fund breakdown, if provided by mutual fund company.

DIVIDEND INCOME
1099-DIV

	Payer	Taxpayer (T) Spouse (S) Joint (J)	Form 1099 ✓	Gross dividends (Box 1a)	Capital gains distribution (Box 1c)	Nontaxable distribution (Box 1d)	Federal tax withheld (Box 2)	Foreign tax paid (Box 3)	Foreign country or US possession (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

✓ Please check if attaching Form 1099. Fill out only “Payer”.

STF NXJV1000.17

OTHER INCOME

	TAXPAYER	SPOUSE
Gambling winnings (Form W-2G)		
Income tax withheld		
State tax refund (1099-G) Name of state		
Local tax refund Name of locality		
Unemployment received		
Unemployment repaid		
Alimony received		
Social Security benefits (SSA-1099, box 5)		
Tier I Railroad Retirement Benefits (RRB-1099, Box 5)		
Taxable scholarships and fellowships		

Income subject to self-employment tax with no offsetting expenses

Payer	Amount	Amount

Other income

Description		

OTHER ADJUSTMENTS

	TAXPAYER	SPOUSE
Self-employed health insurance		
Alimony paid		
Recipient's name		
Recipient's Social Security #		
Moving expenses, Form 3903		
Miles from old home to new workplace . .		
Miles from old home to old workplace . . .		
Travel and lodging (meals are non-deductible)		
Transportation and storage of goods		
Reimbursement not included on Form W-2		

IRA, KEOGH, AND SEP CONTRIBUTIONS

	TAXPAYER	SPOUSE
IRA		
Are you covered by an employer retirement plan?		
Do you want to maximize your deductible IRA?		
If no deduction is available, would you consider a non-deductible IRA?		
Have you previously made non-deductible IRA contributions?		
If yes, what is your basis in your non-deductible IRA contributions?		

Contributions for current year deduction:

Date	Amount	Amount

	TAXPAYER	SPOUSE
Keogh and SEP		
Type of plan(s) (Profit sharing, money purchase, (SEP, or defined benefit)		
Would you like to maximize your contribution?		
Contribution range you are considering		

Contributions for current year deduction:

Date	Amount	Amount

Would you consider extending your tax return in order to increase your deductible contribution? . . . . YES ☐ NO ☐

Copy of plan document is enclosed . . . . YES ☐ NO ☐

Plan document was previously provided . . . . YES ☐ NO ☐

Copies of any current year amendments enclosed . . . . YES ☐ NO ☐

DEPENDENT CARE

Provider 1:

Name . . . . ____________________

Address . . . . ____________________

SS# or EIN . . . . ____________________

Amount paid this year . . ____________________

Provider 2:

Name . . . . ____________________

Address . . . . ____________________

SS# or EIN . . . . ____________________

Amount paid this year . . ____________________

Provider 3:

Name . . . . ____________________

Address . . . . ____________________

SS# or EIN . . . . ____________________

Amount paid this year . . ____________________

Number of children under the age of thirteen
as of the end of the tax year . . . . ____________________

If one spouse has no earned income, answer the following:

Spouse is a full-time student five months out of the year . . . . YES ☐ NO ☐
Spouse was physically or mentally incapable of self care . . . . YES ☐ NO ☐

Did you incur dependent care expenses for dependents,
other than children who are physically or
mentally incapable of self care? . . . . YES ☐ NO ☐

HOUSEHOLD EMPLOYEES (NANNY TAX)

Did you pay a household employee at least $1,000 this year? . . . . YES ☐ NO ☐
(e.g., housekeepers, nannies, nurses, yard workers,
health aides, babysitters)

If yes, provide the following information for each:

Name . . . . ______________________
Social Security number . . . . ______________________
Wages paid . . . . ______________________
Federal income tax withheld . . . . ______________________
FICA withheld . . . . ______________________
Medicare withheld . . . . ______________________
State income tax withheld . . . . ______________________

Name . . . . ______________________
Social Security number . . . . ______________________
Wages paid . . . . ______________________
Federal income tax withheld . . . . ______________________
FICA withheld . . . . ______________________
Medicare withheld . . . . ______________________
State income tax withheld . . . . ______________________

Do you have an Employer Identification Number
(you can no longer use your Social Security
number for household employees)? . . . . YES ☐ NO ☐

Has a W-2 been filed? . . . . YES ☐ NO ☐
Please prepare them. . . . . YES ☐ NO ☐

Have the necessary state employment returns been filed? . . . . YES ☐ NO ☐
Please prepare them. . . . . YES ☐ NO ☐

Was the household employee under eighteen years of
age and a student? . . . . YES ☐ NO ☐

BUSINESS INCOME AND EXPENSE (SOLE PROPRIETORSHIP)

Principal business or profession ____

Principal business code ____

Business name, if different ____

Business address if different
from mailing address ____

City ______________________________ State __________ Zipcode ______________

Business employer identification number, if different ______________________________

Taxpayer ☐ Spouse ☐

Accounting method: Cash ☐ Accrual ☐ Other ☐ ______________________

Inventory method: Cost ☐ Lower of cost or market ☐
Other ☐ N/A ☐

Did you materially participate in business? . . . . Yes ☐ No ☐

See vehicle expenses and/or office use of home, if applicable. ☐

Any asset additions should be noted on Asset Acquisition Form. ☐

Check if this is the first year of the business. ☐

<u>Income</u>

1. Gross receipts or sales . . . . 1. ______________________
2. Returns and allowances . . . . 2. ______________________

<u>Other income</u> . . . . ______________________

<u>Cost of goods sold</u>

1. Beginning of year inventory . . . . 1. ______________________
2. Purchases . . . . 2. ______________________
3. Cost of items used personally . . . . 3. ______________________
4. Cost of labor . . . . 4. ______________________
5. Materials and supplies . . . . 5. ______________________
6. Other costs . . . . 6. ______________________
7. End of year inventory . . . . 7. ______________________

BUSINESS INCOME AND EXPENSE (SOLE PROPRIETORSHIP)

continued

Expenses

1. Advertising	1.	______
2. Bad debts (N/A cash basis)	2.	______
3. Commissions and fees	3.	______
4. Employee benefits	4.	______
5. Employee health insurance	5.	______
6. Other insurance	6.	______
7. Mortgage interest reported on Form 1098	7.	______
8. Other interest	8.	______
9. Legal and accounting fees	9.	______
10. Allocation of tax preparation fees	10.	______
11. Office expense	11.	______
12. Pension and profit sharing plans	12.	______
13. Rent, vehicles	13.	______
14. Rent, equipment	14.	______
15. Rent, building	15.	______
16. Repairs and maintenance, building	16.	______
17. Repairs and maintenance, equipment	17.	______
18. Repairs and maintenance, vehicles	18.	______
19. Supplies	19.	______
20. Payroll taxes	20.	______
21. Other taxes:		
Description		
21a. ______	21a.	______
21b. ______	21b.	______
21c. ______	21c.	______
21d. ______	21d.	______
22. Licenses	22.	______
23. Travel	23.	______
24. Meals and entertainment (in full)	24.	______
25. Utilities	25.	______
26. Wages	26.	______
27. Management fees	27.	______
28. Consulting expenses	28.	______
29. Payroll service	29.	______
30. Employee vehicle expenses	30.	______
31. Employee mileage reimbursements	31.	______
32. Client gifts limited to $25 each	32.	______
33. Education and seminars	33.	______
34. Other:		
Description		
34a. ______	34a.	______
34b. ______	34b.	______
34c. ______	34c.	______
34d. ______	34d.	______
34e. ______	34e.	______
34f. ______	34f.	______

RENTAL AND ROYALTY INCOME AND EXPENSE

Residential ☐ Commercial ☐

Location ______________________________

If vacation home:
Number of days rented . . . . ______________
Number of days used personally . . . . ______________

Taxpayer (T); Spouse (S); or Joint (J) . . . . ______________

Percentage ownership if not 100% . . . . ______________
Please indicate if income and expenses below
are listed at 100% or your percentage . . . . ______________

Did you live in part of the rental? . . . . ______________
If so, what percentage did you occupy as a tenant? . . . . ______________

☐ Check if rented to related party. Explain.

____
____
____

Income

1. Rental income . . . . 1. ______________
2. Royalties received . . . . 2. ______________

Expenses

1. Advertising . . . . 1. ______________
2. Association dues . . . . 2. ______________
3. Auto miles driven . . . . 3. ______________
   See vehicle expense. ☐
4. Travel . . . . 4. ______________
5. Cleaning and maintenance . . . . 5. ______________
6. Commissions . . . . 6. ______________
7. Insurance . . . . 7. ______________
8. Legal and professional fees . . . . 8. ______________
9. Allocated tax preparation fees . . . . 9. ______________
10. Licenses and permits . . . . 10. ______________
11. Management fees . . . . 11. ______________
12. Mortgage interest reported on Form 1098 . . . . 12. ______________
13. Other interest . . . . 13. ______________
14. Repairs . . . . 14. ______________
15. Supplies . . . . 15. ______________
16. Property taxes . . . . 16. ______________
17. Utilities . . . . 17. ______________
18. Other:

Description

18a. ______________ . . . . 18a. ______________
18b. ______________ . . . . 18b. ______________
18c. ______________ . . . . 18c. ______________
18d. ______________ . . . . 18d. ______________
18e. ______________ . . . . 18e. ______________

Asset additions and/or property improvements should be reported on Asset Acquisition Form. ☐

FARM INCOME AND EXPENSE

Principal product____________________ Product code____________________

Employer ID #, if any ________________________________

Accounting method: Cash ☐ Accrual ☐

Check if you materially participated ☐

Taxpayer ☐ Spouse ☐

Income

1. Sales of livestock and other resale items . . . . 1. __________
2. Cost of above . . . . 2. __________
3. Sales of livestock, produce, etc. you raised . . . . 3. __________
4. Cooperative distributions (1099-PATR) . . . . 4. __________
5. Cooperative distributions, taxable portion . . . . 5. __________
6. Agricultural program payments . . . . 6. __________
7. Agricultural program payments, taxable portion . . . . 7. __________
8. Commodity Credit Corporation loans . . . . 8. __________
9. Crop insurance proceeds . . . . 9. __________
10. Custom hire . . . . 10. __________
11. Other ____________________ 11. __________

Expenses

1. Car and truck expenses . . . . 1. __________
2. Chemicals . . . . 2. __________
3. Conservation expense . . . . 3. __________
4. Custom hire (machine work) . . . . 4. __________
5. Employee benefit programs . . . . 5. __________
6. Employee health insurance . . . . 6. __________
7. Feed purchased . . . . 7. __________
8. Fertilizers and lime . . . . 8. __________
9. Freight and trucking . . . . 9. __________
10. Gasoline, fuel, and oil . . . . 10. __________
11. Other insurance . . . . 11. __________
12. Mortgage interest reported on 1098 . . . . 12. __________
13. Other interest . . . . 13. __________
14. Labor hired . . . . 14. __________
15. Legal and professional fees . . . . 15. __________
16. Allocated tax preparation fees . . . . 16. __________
17. Pension and profit sharing plans . . . . 17. __________
18. Vehicle rental . . . . 18. __________
19. Machinery and equipment rental . . . . 19. __________
20. Land rental . . . . 20. __________
21. Other ____________________ 21. __________
22. Repairs and maintenance . . . . 22. __________
23. Seeds and plants purchased . . . . 23. __________
24. Storage and warehousing . . . . 24. __________
25. Supplies purchased . . . . 25. __________
26. Payroll taxes . . . . 26. __________
27. Other taxes . . . . 27. __________
28. Utilities . . . . 28. __________
29. Veterinary, breeding, and medicine . . . . 29. __________
30. Other:

Description

30a. ____________________ . . . . 30a. __________

30b. ____________________ . . . . 30b. __________

30c. ____________________ . . . . 30c. __________

PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS

Entity #1 name . . . . ____________________

Type of entity . . . . ____________________

Taxpayer ☐ Spouse ☐

K-1 is attached . . . . YES ☐ NO ☐

If K-1 is not attached, estimated date it will be available . . . . ____ / ____ / ____

Firm preparing K-1 . . . . . ____________________

Contact person . . . . ____________________

Firm phone # . . . . ____________________

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate?	YES ☐	NO ☐
If yes, do you make significant management decisions (e.g., approving tenants, rental terms and expenditures)?	YES ☐	NO ☐
Does someone else manage day to day activities?	YES ☐	NO ☐
Number of days average period of rental ____________		
Are any significant personal services involved with the rental (e.g., housekeeping)?	YES ☐	NO ☐

For activities other than rental real estate:

How many hours do you participate? ____________		
For the tax year, was your participation substantially all the participation in the activity for all individuals (including non-owners)?	YES ☐	NO ☐
For the tax year, did you participate in the activity as much as any other individual (including non-owners)?	YES ☐	NO ☐
Were you considered a material participant for any five of the previous ten years?	YES ☐	NO ☐
If the activity is a personal service activity (e.g., health, law, engineering, etc.), did you materially participate in any three years?	YES ☐	NO ☐
Did you participate in the activity on a regular, continuous, and substantial basis?	YES ☐	NO ☐

Did you dispose of this activity during the tax year? . . . . YES ☐ NO ☐

PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS

Entity #2 name . . . . ______________________________
Type of entity . . . . ______________________________

Taxpayer ☐ Spouse ☐

K-1 is attached . . . . YES ☐ NO ☐

If K-1 is not attached,
estimated date it
will be available . . . . ____ / ____ / ____

Firm preparing K-1 . . . . . ______________________________
Contact person . . . . ______________________________
Firm phone # . . . . ______________________________

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? . . . . YES ☐ NO ☐
If yes, do you make significant management decisions (e.g., approving tenants, rental terms and expenditures)? . . . . YES ☐ NO ☐
Does someone else manage day to day activities? . . . . YES ☐ NO ☐
Number of days average period of rental ______________
Are any significant personal services involved with the rental (e.g., housekeeping)? . . . . YES ☐ NO ☐

For activities other than rental real estate:
How many hours do you participate? ______________
For the tax year, was your participation substantially all the participation in the activity for all individuals (including non-owners)? . . . . YES ☐ NO ☐
For the tax year, did you participate in the activity as much as any other individual (including non-owners)? . . . . YES ☐ NO ☐
Were you considered a material participant for any five of the previous ten years? . . . . YES ☐ NO ☐
If the activity is a personal service activity (e.g., health, law, engineering, etc.), did you materially participate in any three years? . . . . YES ☐ NO ☐
Did you participate in the activity on a regular, continuous, and substantial basis? . . . . YES ☐ NO ☐

Did you dispose of this activity during the tax year? . . . . YES ☐ NO ☐

PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS

Entity #3 name . . . . ______________________________

Type of entity . . . . ______________________________

Taxpayer ☐ Spouse ☐

K-1 is attached . . . . YES ☐ NO ☐

If K-1 is not attached, estimated date it will be available . . . . ____ / ____ / ____

Firm preparing K-1 . . . . . ______________________________

Contact person . . . . ______________________________

Firm phone # . . . . ______________________________

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate?	YES ☐	NO ☐
If yes, do you make significant management decisions (e.g., approving tenants, rental terms and expenditures)?	YES ☐	NO ☐
Does someone else manage day to day activities?	YES ☐	NO ☐
Number of days average period of rental ______________		
Are any significant personal services involved with the rental (e.g., housekeeping)?	YES ☐	NO ☐

For activities other than rental real estate:

How many hours do you participate? ______________		
For the tax year, was your participation substantially all the participation in the activity for all individuals (including non-owners)?	YES ☐	NO ☐
For the tax year, did you participate in the activity as much as any other individual (including non-owners)?	YES ☐	NO ☐
Were you considered a material participant for any five of the previous ten years?	YES ☐	NO ☐
If the activity is a personal service activity (e.g., health, law, engineering, etc.), did you materially participate in any three years?	YES ☐	NO ☐
Did you participate in the activity on a regular, continuous, and substantial basis?	YES ☐	NO ☐

Did you dispose of this activity during the tax year? . . . . YES ☐ NO ☐

BUSINESS USE OF HOME

Do you use any part of your home regularly and exclusively for business? . . . . YES ☐ NO ☐

Estimated percentage of time spent in home office compared to total time spent in this business activity (e.g., 10%, 20%) . . . . ____________________

Description of work done in home office . . . . ____________________

Description of work done outside of home office . . . . ____________________

Total area of home . . . . ____________________

Total area of home used regularly for business . . . . ____________________

	Direct costs (benefit only business portion of home)	Indirect (other)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other ____________________		

If daycare facility:

Days as daycare facility . . . . ____________________

Hours per day used as daycare facility . . . . ____________________

Prior year carryover of unallowed losses . . . . ____________________

Cost of home and improvements and prior depreciation . . . . ____________________

Cost of home, improvements, furniture, and equipment should be included on Asset Acquisition Form. ☐

CAPITAL GAINS AND LOSSES

Investment	Gross proceeds	Date acquired	Date sold	Cost/ basis	Net sales proceeds
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______
______	______	___ / ___ / ___	___ / ___ / ___	______	______

Number of 1099-Bs enclosed to tie out gross proceeds. ______________________

Have you considered reinvested dividends in your basis calculation? . . . . YES ☐ NO ☐

Any previous year capital loss carryforward? . . . . . YES ☐ NO ☐

If yes, amount? ______________________

INSTALLMENT SALES

If first year, include closing documents and basis information

Sale #1

Description . . . . ______________________
Payments received this year . . . . ______________________
Interest . . . . ______________________
Principal . . . . ______________________
Total . . . . ______________________

Gross profit % from prior year sale . . . . ______________________

Sale #2

Description . . . . ______________________
Payments received this year . . . . ______________________
Interest . . . . ______________________
Principal . . . . ______________________
Total . . . . ______________________

Gross profit % from prior year sale . . . . ______________________

ASSET ACQUISITION LIST

	Description	Activity	Date acquired	Cost	Business use %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

ASSET DISPOSITION LIST

	Description	Activity	Date sold	Proceeds	Selling expense	Date purchased	Purchase price	Prior §179	Prior depreciation	Prior business use %
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										

CASUALTY AND THEFT LOSS

Check one:

☐ Business ☐ Personal

☐ Taxpayer ☐ Spouse ☐ Joint

	Property A	Property B	Property C	Property D
Description				
Date of casualty or theft				
Cost or basis				
Insurance reimbursement				
Fair market value before casualty or theft				
Fair market value after casualty or theft				
Check if supporting documentation is enclosed	☐	☐	☐	☐

CONTRIBUTIONS

Cash, check, or charge

Donee	Gross amount	FMV services or merchandise received in return

Note: you may include any credit card charges made in December even if they are not paid until January.

Individual contributions equal to or greater than $250 must be substantiated in writing by donee.

☐ Contribution carryover from prior years
Please provide support and details.

Charitable mileage and expenses ____________________

Non-cash contributions

	Donee	Address of donee	Description of gift
1.			
2.			
3.			
4.			
5.			
6.			

	Date of purchase	Date of contribution	Original cost	FMV of gift	How property was acquired (see Table A)	Method used to determine FMV (see Table B)
1.	___ / ___ / ___	___ / ___ / ___				
2.	___ / ___ / ___	___ / ___ / ___				
3.	___ / ___ / ___	___ / ___ / ___				
4.	___ / ___ / ___	___ / ___ / ___				
5.	___ / ___ / ___	___ / ___ / ___				
6.	___ / ___ / ___	___ / ___ / ___				

Acquisition of property
Table A
1 = Gift
2 = Purchase
3 = Exchange
4 = Inheritance

Determination of FMV
Table B
1 = Comparable sales
2 = Thrift shop value
3 = Appraisal
4 = Catalog

☐ Any gifts over $5,000?

NON-CASH CONTRIBUTION WORKSHEET

LADIES' CLOTHING	Quantity	FMV	Total
Blouses			
Bathrobes			
Boots			
Bathing suits			
Coats			
Dresses			
Evening dresses			
Fur coats			
Handbags			
Jackets			
Suits			
Shoes			
Skirts			
Sweaters			
Slacks			
MEN'S CLOTHING			
Jackets			
Coats			
Pants/shorts			
Slacks			
Shirts			
Sweaters			
Shoes			
CHILDREN'S CLOTHING			
Blouses			
Boots			
Coats			
Dresses			
Jackets			
Jeans			
Pants			
Snowsuits			
Shoes			
Skirts			
Sweaters			
Slacks			
Shirts			
OTHER			

DRY GOODS	Quantity	FMV	Total
Blankets			
Bedspreads			
Curtains			
Drapes			
Pillows			
Sheets			
Throw rugs			
Towels			
FURNITURE			
Rugs			
Radios			
Portable TVs (B&W)			
Portable TVs (color)			
Typewriters			
Vacuum cleaners			
Baby furniture			
HOUSEHOLD ITEMS			
Bric-a-brac			
Small appliances			
Toaster			
Coffee maker			
Electric frypan			
Pots/pans			
Utensils			
Dishes			
Glassware			
Lamps			
Rugs			
Luggage			
Sewing machines			
Mirrors			
Clocks			
Chairs			
Tables			
TOTAL			0.00

Date of gift ______________________________ ☐ Receipt enclosed

Donee ____

Donee's address ____

City _________________________ State _____ Zipcode _____________

MISCELLANEOUS DEDUCTIONS

		TAXPAYER	SPOUSE
1. Job-hunting expenses			
1a. Travel/airfare/lodging	1a.		
1b. Food	1b.		
1c. Agency fees	1c.		
1d. Resumes	1d.		
Other:			
Description			
1e.	1e.		
1f.	1f.		
1g.	1g.		
1h.	1h.		
1i.	1i.		
1j.	1j.		
2. Union dues and expenses	2.		
3. Professional society dues	3.		
4. Board of trade/real estate	4.		
5. Trade associations	5.		
6. Professional journals	6.		
7. Tools	7.		
8. Uniforms	8.		
9. Maintenance and cleaning of uniforms	9.		
10. Protective clothing	10.		
11. Tax preparation fees	11.		
12. Estate planning fees, tax portion	12.		
13. Legal fees related to tax advice	13.		
14. Legal fees related to producing or collecting taxable income	14.		
15. IRA trustee fees billed and paid separately	15.		
16. Excess deduction of estate or trust	16.		
17. Service charges on dividend reinvestment plans	17.		
18. Investment fees and expenses	18.		
19. Investment journals and publications	19.		
20. Malpractice insurance	20.		
21. Safe deposit box	21.		
22. Other:			
Description			
22a.	22a.		
22b.	22b.		
22c.	22c.		
22d.	22d.		
22e.	22e.		
22f.	22f.		
22g.	22g.		

MEDICAL EXPENSES

		TAXPAYER	SPOUSE
1. Medicare B premiums	1.	________	________
2. Other insurance premiums	2.	________	________
3. Doctors and dentists	3.	________	________
4. Hospitals and nursing homes	4.	________	________
5. Transportation and lodging	5.	________	________
6. Miles driven for medical treatment	6.	________	________
7. Parking for medical treatment	7.	________	________
8. Eyeglasses	8.	________	________
9. Equipment and supplies	9.	________	________
10. Prescriptions and drugs	10.	________	________
11. Laboratory exams	11.	________	________
12. Insurance reimbursement on above amounts	12.	________	________

TAXES PAID

	Name	Amount
Prior year 4th quarter state estimate paid this year		
Prior year 4th quarter other state estimate paid this year		
Prior year 4th quarter local estimate paid this year		
Prior year state extension payment		
Prior year other state extension payment .		
Prior year local extension payment		
Paid with prior year state return		
Paid with prior year other state return		
Paid with prior year local return		
State taxes paid in current year for prior year		
Local taxes paid in current year for prior year		
Real estate taxes, principal residence * . .		
Real estate taxes, second residence * . . .		
Real estate taxes, investment property * .		
Personal property taxes		
Auto license fees, if based on value		
Foreign income taxes paid (if not withheld on interest or dividends)		

* Include closing statement for any properties bought or sold

INTEREST EXPENSE

Home mortgage

Payee	Principal home (P) Second home/vacation residence (S) Home equity (HE)	Reported on Form 1098 Yes/No	Amount Taxpayer	Amount Spouse

Points paid on refinancing, current year . . . . ______________________

Points paid previously and being amortized . . . . ______________________

Prior points paid . . . . ______________________

Date paid . . . . ____ / ____ / ____

Life of loan financed . . . . ______________________

If previously refinanced, what was balance of debt owed prior to refinancing? . . . . ______________________

If second home is a boat, motor home, etc:

Has kitchen . . . . YES ☐ NO ☐

Has sleeping quarters . . . . YES ☐ NO ☐

Has toilet facilities . . . . YES ☐ NO ☐

If home equity loan(s), what was (were) the outstanding balance(s) as of the end of the year? . . . . ______________________

Investment interest

Payee	Related investment

EMPLOYEE BUSINESS EXPENSE (OTHER THAN VEHICLE)

Taxpayer ☐ Spouse ☐

Activity/Employer ____________________

Expenses

1. Lodging . . . . 1. ____________
2. Meals and entertainment (in full) . . . . 2. ____________
3. Airfare . . . . 3. ____________
4. Car rental . . . . 4. ____________
5. Local transportation . . . . 5. ____________
6. Education . . . . 6. ____________
7. Office supplies . . . . 7. ____________
8. Printing . . . . 8. ____________
9. Postage . . . . 9. ____________
10. Other:

Description

10a. ____________ . . . . 10a. ____________
10b. ____________ . . . . 10b. ____________
10c. ____________ . . . . 10c. ____________
10d. ____________ . . . . 10d. ____________
10e. ____________ . . . . 10e. ____________
10f. ____________ . . . . 10f. ____________
10g. ____________ . . . . 10g. ____________

Reimbursements not on W-2

1. Meals and entertainment . . . . . 1. ____________
2. Other reimbursements . . . . 2. ____________

VEHICLE EXPENSE

Taxpayer ☐ Spouse ☐

Activity(s) ______________________________

Was another vehicle available for personal use?	YES ☐	NO ☐
If employer provided vehicle, is personal use during off-duty hours permitted?	YES ☐	NO ☐
Do you have evidence to support deduction?	YES ☐	NO ☐
If yes, is evidence written?	YES ☐	NO ☐

	Vehicle 1	Vehicle 2
Is vehicle owned or leased?		
Vehicle description		
Date placed in service		
Original cost		
Prior depreciation		

Mileage

			Vehicle 1	Vehicle 2
A	For employer and temporary job sites	A		
B	For self-employment	B		
C	For rental activity	C		
D	From job to school	D		
E	Between 1st and 2nd jobs	E		
F	Commuting to and from work	F		
G	Investment/tax preparation	G		
H	Charitable	H		
I	Other personal miles	I		
J	Total miles	J	0.00	
	Average daily commuting miles			

Note: the sum of items "A" through "I" should equal item "J", the total miles the vehicle was driven during the year.

VEHICLE EXPENSE

continued

		Vehicle 1	Vehicle 2
Expenses			
1. Gas	1.		
2. Parking and tolls	2.		
3. Lease payments	3.		
4. Initial value of vehicle being leased	4.		
5. Repairs and maintenance	5.		
6. Maintenance supplies	6.		
7. Car washes and waxes	7.		
8. Tires	8.		
9. Insurance	9.		
10. Interest (sole proprietor only)	10.		
11. Auto license	11.		
12. Auto registration	12.		
13. Value of employer provided vehicle on W-2	13.		
14. Other:			
Description			
14a	14a		
14b	14b		
14c	14c		
14d	14d		
14e	14e		
14f	14f		
14g	14g		

SALE OF YOUR HOME

Date former main home was sold ______________________________________

Was any part of the home used for business? . . . . YES ☐ NO ☐
Was any part of the home rented out? . . . . YES ☐ NO ☐
Have you bought a new home? . . . . YES ☐ NO ☐
If no, do you intend to? . . . . YES ☐ NO ☐
Anticipated date you will be living in new residence . . . . ______________________________________
Anticipated cost of replacement home . . . . ______________________________________

	Taxpayer	Spouse	Joint
Who owned the home that was sold?	☐	☐	☐
Who owns or will own new residence?	☐	☐	☐

If you are over 55, was the home your main residence and owned and lived in for at least three of the five years preceding the sale? . . . . YES ☐ NO ☐

Have you had any previous principle residence sales? . . . . YES ☐ NO ☐

Have you ever elected to use the once in a lifetime exclusion of gain on sale of a personal residence? . . . . YES ☐ NO ☐

Selling price of home ____
Broker's commissions ____
Attorney's fees____
Other closing costs____
Other expenses of sale ____
Decorating or repair costs ____

Was the sale an installment sale? . . . . YES ☐ NO ☐

Cost of main home ____
Closing costs of purchase ____
Improvements (e.g., new roof, additions, landscaping, etc.):

Description	Amount

Please provide copies of closing documents for our files.

CREDITS

Did you purchase a qualified electric vehicle? . . . . YES ☐ NO ☐

Did you purchase a diesel-powered car or truck for your business? . . . . YES ☐ NO ☐

Have you paid federal tax on fuel purchased for off-highway use?

Type of fuel . . . . ______________________

Gallons . . . . ______________________

		TAXPAYER	SPOUSE
1. Current year investment credit (Form 3468)	1.		
2. Current year jobs credit (Form 5884)	2.		
3. Current year credit for alcohol used as fuel (Form 6478)	3.		
4. Current year credit for increasing research activities (Form 6765)	4.		
5. Current year low-income housing credit (Form 8586)	5.		
6. Current year enhanced oil recovery credit (Form 8830, Part I)	6.		
7. Current year disabled access credit (Form 8826)	7.		
8. Current year renewable electricity production credit (Form 8835, Part I)	8.		
9. Current year Indian employment credit (Form 8845)	9.		
10. Current year credit for employer Social Security and Medicare taxes paid on certain employee tips (Form 8846)	10.		
11. Current year credit for contributions to selected community development corporations (Form 8847)	11.		
12. Carryforward of general business credits (attach schedule)	12.		

ADDITIONAL INFORMATION

Please elaborate on any of your tax data, or include other facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have. Use as many additional pages as you need.