Client Organizer

Disingle OMarried OSeparated ODivorced OWidowed Are you or can you be claimed as a dependent on someone else's tax return? OYes ONo Spouse's Name: Name Change? If Yes, Previous Last Name: OYes ONo Occupation: Address: City State Zip Primary Phone (Cell): Home Phone: Work Phone: Direct Name Of Bank: Direct Name Of Bank: Direct Name Of Bank: Deposit Info Routing Number Account Number * For any new account information please provide a copy of a voided check Dependents									
OYes ONo Jocial Security Number: Date of Birth Occupation: Joseph Comparison: Jos	Personal Info	rmation							
The spot currently serving in the military on Active Duty? OYes ONo Marital Status: OSingle OMarried OSeparated ODivorced OWidowed or you or can you be claimed as a dependent on someone else's tax return? OYes ONo oppouse's Name: Name Change? If Yes, Previous Last Name: OYes ONo Date of Birth Occupation: OYes ONo Mailing Address: City State Zip Orimary Phone (Cell): Home Phone: Work Phone: Oriect Name Of Bank: Oriect Name	Taxpayer Nam	ne:		Name Char	nge?	If Yes, Prev	ious Last N	Name:	
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Peposit Info Routing Number	Direct	Name Of Bank	:		Che	ecking O	Savin	g O	
❖ For any new account information please provide a copy of a voided check Dependents First Name Last Name SSN Relationship Months in Date of Fulltime Student Student Disable	Deposit Info					_	·		
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First Name Last Name SSN Relationship in Date of Student Disable	* For any	new account	informatio	on piease pro	vide a c	opy or a vo	olaea cne		
First Name Last Name SSN Relationship in Date of Fulltime Disable Student	Dependents	3							
Student Student	First Name	Last Name	SSN	Relationship				Disable	
						Birth	Student		

Tell us about last year (check all that apply	7)							
☐ Did you live in any other state? ☐ Work in any other states?☐Was the move job related? If yes please list states and the dates you lived: Dates City State								
Dates	City			State				
Dates	City			State				
Unreimbursed Moving Expenses:		Move	ed out o	FNYC C	OYes O	No		
Income (W-2, 1099-Misc, 1099-R): ☐ Received wages, salaries or any other ☐ Received W-2 forms from ALL employed				ar?				
☐ Received unemployment compensation	n <i>(1099-G)?</i>	V	Vhich St	tate:				
 □ Received a state tax refund □ Received Alimony? □ Received Social Security Income (1099) □ Received pension, annuity, ROTH, IRA 			ow Muc					
☐ Take a distribution from any retiremen ☐ Received Royalties	it account?	Н	ow Muc	h:				
□ Received any Gambling Winnings (W2-G)? How Much: □ Received 1099-Misc. Income (prizes, awards, jury duty)? □ Own your own business or work as self employed? PLEASE USE BUSINESS ORGANIZER								
Investments (1099-B, 1099-INT, 109 Received interest on savings, cash, US Sell stock, mutual fund or other securi If you have over 20 stock transactions an Received interest on a partnership, S-C Contribute to a: ROTH IRA \$	bonds, sto ties? (Please electronic Corp, Estate raditional II Keogh S (HSA)?	se have copy of or Trus RA \$_ S	e cost b the 109 st (K1)?	99-B may	/ be req			
HealthCare: Due to HealthCare Act the Did you have health insurance coverage? Is your spouse covered by your plan? Were your dependants covered by the plant.	-	ormation	Оу Оу	isted on al es ONc es ONc es ONc)	ns.		
Did you obtain health insurance through the marketplace? OYes ONo								
If yes please provide form 109 Did you have coverage through your emp			ΟY	es ONc)			
If yes please provide form 109	-	5-C	- •					
Months of coverage: JAN FEB MAR APR MAY JU	N JULY	AUG	SEPT	OCT	NOV	DEC		

Adjustments to Income / Credits	
Д	ADJUSTMENTS
HSA Contributions:	*External from employer plan.
Unreimbursed Moving Expenses:	*Had to relocate for work purposes.
Self-employed SEP, SIMPLE and qualifie	ed retirement plans:
Student Loan Interest Paid:	Are you a Teacher? OYes ONo CREDITS
Child Care Expense	
Provider Name	SS# or EIN
Address	Amount Paid
Provider Name	SS# or EIN
Address	Amount Paid
Education:	Alliount Fuld
Tuition for Higher Education (1098-T):	
Student's Name:	Degree:
Institution:	Federal Tax ID#:
Payments Received:	2. Amounts Billed:
3	titution has changed its reporting method:
4. Adjustments made for prior year:	5. Scholarships and Grants:
6. Adjustments made to scholarships or	
7. Check if amount in box 1&2 includes	
8. Check if at least half-time student	\square 9. Check if graduate student \square 10. Insurance: \square
Student Loan Interest Paid:	
Affordable Care Act: Premium Tax (
All information required will be listed or	n form 1095-A provided by healthcare market place.
Adoption Credit: (Please provide Name,	SS#, DOB in Dependants Section)
Amount of expense incurred for adoption	on of child:
Residential Energy Credit: (The reside Cost incurred to primary residence: OYes Non-Business Energy Property	
Insulation Material	Energy-eff building prop
External Windows	Boiler or Furnace
External Doors	Circulating Fan
Qual. Metal Roof	
Qualified Solar Power	
Solar electric prop	Geothermal pump
Solar water heater	Qual fuel cell prop
Small wind energy	

^{*}Supporting documentation required for Solar Power Credit

Itemized Deductions

Itemized Deductions				
MEDICAL EXPENSES (Must Exceed 10% of Income)	CHARITABLE CONTRIBUTIONS			
65 and older must exceed 7.5%	CASH CONTRIBUTIONS	,		
Medical / Dental insurance premiums	Gifts given by cash, check or cc			
Medical Ins. premiums	Religious Organizations			
Long Term Insurance	Non-Profit Organizations			
Co-Payments	Non-Profit Hospitals			
Prescription drugs	Medical Research			
Doctor / Dentist	Civil Defense Organizations			
Hospitals / Nursing home				
Psychiatric Counseling	NON-CASH CONTRIBUTIONS			
Glasses, hearing aids, batteries	Gifts other than cash not limited to			
Auto travel & parking (Medical)	Furniture / Clothing / Electronics			
Mileage to and from facility	Salvation Army O Goodwill O			
	St. Mary's O Housing Works O			
UNREIMBURSED WORK EXPENSES	Donations over \$500 must provide			
Dues (Union and professional)	Donee Name			
Uniforms	Address			
Employment Related Education	City			
Job Seeking Expenses	State			
Business Insurance	Zip			
Licenses, fees, etc.	Description of property			
Professional books	Date if known			
Publications	Fair Market Value			
Dry Cleaning of Uniforms				
Seminars / Conferences	OFFICE-IN-HOME			
Cell Phone	Total Square footage of home			
Equipment	Square footage of office			
Computer	Rent			
Supplies	Utilities			
Entertainment	Phone			
Gifts to Clients	Internet / Cable			
Local Transit (not including daily commute)	Insurance			
	Improvements to office			
HOME MORTGAGE INTEREST	Other			
Primary Residence				
Primary Residence – 2 nd Mortgage	VEHICLE EXPENSE			
Secondary Residence	*Not Including Daily Commute			
Secondary Residence–2 nd Mort.	Overall Mileage			
MORT INTEREST TO AN INDIVIDUAL:	Business Mileage			
Name:	Parking for appointments			
Address:	A diary of mileage is required			
Amount:				
Primary Residence – 2 nd Mortgage	MISCELLANEOUS DEDUCTIONS			
	Attorney Fees			
TAXES PAID	Investment expenses			
Real Estate Tax Paid	Safe deposit box			
State Income Tax Paid	Tax prep fees			
Tax Paid on last year's return	Gambling Loss (to offset winnings)			
Estimated State Tax Payments				
Personal Property Tax	CASUALTY / THEFT LOSS*			
	Ponzi Scheme			
OTHER EXPENSES	Theft			
	Natural Disaster			
	*Additional info may be requested			
SUPPORTING DOCUME	ENTATION MAY BE REQUIRED			

Rental Income / Expense Sheet

PROPERTY	DESCRIPTION OF PROPERTY	ADDRESS
Α		
В		
С		
D		

	PROPERTY	PROPERTY	PROPERTY	PROPERTY
	Α	В	С	D
INCOME				
RENTS:				
OTHER:				
EXPENSES				
ADVERTISING				
AUTO				
TRAVEL				
CLEANING/MAINTENANCE				
COMMISSIONS				
INSURANCE				
LEGAL & PROFESSIONAL				
MANAGEMENT FEES				
MORTGAGE INTEREST				
REPAIRS				
SUPPLIES				
REAL ESTATE TAX				
WATER				
GAS				
ELECTRIC				
OTHER UTILITIES				
ASSOCIATION FEES				
OTHER (e.g. lawn care,				
pest removal,				
snow removal, etc.)				

CAPITAL IMPROVEMENTS

If during the year you purchased equipment, furniture or made Property Improvements list below

		PROPERTY	PROPERTY	PROPERTY	PROPERTY
		Α	В	С	D
DESCRIPTION	DATE	COST	COST	COST	COST

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

DESCRIPTION	DATE	DATE ACQUIRED	ORIGINAL COST	DATE SOLD	AMOUNT RECEIVED