Client Tax Organizer

In order for Personal Touch to commence processing of your return, you must complete and deliver this organizer to us.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					

Street Address	City	State	ZIP	Home Phone

	Taxpayer	Spouse	Marital Status
Blind	❏ YES ❏ NO	❏ YES ❏ NO	❏ Married
Disabled	❏ YES ❏ NO	❏ YES ❏ NO	❏ Single
Pres. Campaign Fund	❏ YES ❏ NO	❏ YES ❏ NO	❏ Widow(er). Date of spouse's death: ______________

Will file jointly: ❏ YES ❏ NO

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your return to be completed

- <u>Last year's tax return (new clients only)</u>
- All statements (W-2s, 1099s, etc)

Please answer the following questions to determine maximum deductions

1. Are you self-employed or do you receive hobby income? ❏ YES* ❏ NO
2. Did you receive income from raising animals or crops? ❏ YES* ❏ NO
3. Did you receive rent from real estate or other property? ❏ YES* ❏ NO
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ❏ YES* ❏ NO
5. Did you withdraw or write checks from a mutual fund? ❏ YES ❏ NO
6. Do you have a foreign bank account, trust, or business? ❏ YES ❏ NO
7. Do you provide a home for or help support anyone not listed in Section 2 above? ❏ YES ❏ NO
8. Did you receive any correspondence from the IRS or State Department of Taxation? ❏ YES ❏ NO
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ❏ YES ❏ NO

* Contact us for further instructions

10. Did you give a gift of more than $12,000 to one or more people? ❏ YES ❏ NO
11. Did you have any debts cancelled, forgiven, or refinanced? ❏ YES ❏ NO
12. Did you go through bankruptcy proceedings? ❏ YES ❏ NO
13. (a) If you paid rent, how much did you pay? ______________
    (b) Was heat included? ❏ YES ❏ NO
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ❏ YES ❏ NO
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ❏ YES ❏ NO
16. Did you have any children under age 18 with unearned income of more than $850? ❏ YES ❏ NO
17. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? ❏ YES ❏ NO
18. Did you install any energy efficiency improvements, or energy property to your residence such as exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? ❏ YES ❏ NO

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3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	❏	❏
	❏	❏
	❏	❏
	❏	❏
	❏	❏
	❏	❏
	❏	❏

4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

8. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		❏ YES ❏ NO
		❏ YES ❏ NO
		❏ YES ❏ NO
		❏ YES ❏ NO

10. Pension, Annuity Income

Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?
		❏ YES ❏ NO
		❏ YES ❏ NO
		❏ YES ❏ NO
		❏ YES ❏ NO

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	❏ YES ❏ NO	❏ YES ❏ NO
Railroad Retirement	❏ YES ❏ NO	❏ YES ❏ NO

Attach SSA 1099, RRB 1099

7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

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11. Other Income

List All Other Income (including non-taxable)

Alimony Received ____________
Child Support ____________
Scholarship (Grants) ____________
Unemployment Compensation Statement ____________
Unemployment Compensation (repaid if any) ____________
Prizes, Bonuses, Awards ____________
Gambling, Lottery (expenses) ____________ ____________
Unreported Tips ____________
Director / Executor's Fee ____________
Commissions ____________
Jury Duty ____________
Worker's Compensation ____________
Disability Income ____________
Veteran's Pension ____________
Payments from Prior Installment Sale ____________
State Income Tax Refund ____________
Other ____________ ____________
Other ____________ ____________

12. Medical/Dental Expenses

Medical Insurance Premiums
(paid by you) ____________
Prescription Drugs ____________
Insulin ____________
Glasses, Contacts ____________
Hearing Aids, Batteries ____________
Braces ____________
Medical Equipment, Supplies ____________
Nursing Care ____________
Medical Therapy ____________
Hospital ____________
Doctor/Dental/Orthodontist ____________
Mileage (no. of miles) ____________

13. Taxes Paid

Real Property Tax (attach bills) ____________
Vehicle Excise Tax ____________
Other Personal Property Tax (boats, motorhomes, trailers) ____________

14. Interest Expense

Mortgage interest paid (1st & 2nd or equity line of credit) (attach 1098)
____

Interest paid to individual for your home (include amortization schedule)
____

Paid to: Name ____________
Address ____________
Social Security No. ____________
Investment Interest ____________
Premiums paid or accrued for qualified mortgage insurance
____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property ____________
____
Description of Property ____________
____
Amount of Damage ____________
Insurance Reimbursement ____________
Repair Costs ____________
Federal Grants Received ____________

16. Charitable Contributions

Church ____________
United Way ____________
Scouts ____________
Telethons ____________
University, Public TV/Radio ____________
Heart, Lung, Cancer, etc. ____________
Wildlife Fund ____________
Salvation Army, Goodwill ____________
Other ____________ ____________
Non-Cash ____________ ____________
Volunteer (no. of miles) ____________ @ .14 ____________

17. Job-Related Moving Expenses

Date of move ____________
Move Household Goods ____________
Travel to New Home (no. of miles) ____________
Lodging During Move ____________

18. Employment Related Expenses
that you paid (Not self-employed)

Dues - Union, Professional ____________
Books, Subscriptions, Supplies ____________
Licenses ____________
Tools, Equipment, Safety Equipment ____________
Uniforms (include cleaning) ____________
Sales Expense, Gifts ____________
Tuition, Books (work related) ____________
Entertainment ____________

Office in home:
In Square Feet
a) Total home ____________
b) Office ____________
c) Storage ____________
Rent ____________
Insurance ____________
Utilities ____________
Maintenance ____________

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19. Child and Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. Business Mileage

Do you have written records? ❑ YES ❑ NO

Did you sell or trade in a car used for business? ❑ YES ❑ NO

If yes, attach a copy of purchase agreement

Make/Year Vehicle ______

Date purchased ______

Total miles (personal & business) ______

Business miles (not to and from work) ______

From first to second job ______

Education (one way, work to school) ______

Job Seeking ______

Other Business ______

Round Trip commuting distance ______

Gas, Oil, Lubrication ______

Batteries, Tires, etc. ______

Repairs ______

Wash ______

Insurance ______

Interest ______

Lease payments ______

Garage Rent ______

21. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. ______

Lodging ______

Meals (no. of days) ______ ______

Taxi, Car Rental ______

Other ______

Reimbursement Received ______

22. Investment-Related Expenses

Tax Preparation Fee ______

Safe Deposit Box Rental ______

Mutual Fund Fee ______

Investment Counselor ______

Other ______

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

Alimony Paid to ______

Social Security No. ______ $ ______

Student Interest Paid $ ______

Health Savings Account Contributions $ ______

Archer Medical Savings Acct. Contributions $ ______

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Q's, Comments, and Other Info

Residence:

Town ______ County ______

Village ______ School District ______

City ______ ______

27. DIRECT DEPOSIT OF REFUND

WOULD YOU LIKE TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED INTO YOUR ACCOUNT? ❑ YES ❑ NO
(THE IRS WILL ALLOW YOU TO DEPOSIT YOUR FEDERAL TAX REFUND INTO UP TO THREE DIFFERENT ACCOUNTS. IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION.)

ACCOUNT 1

OWNER OF ACCOUNT ❑ TAXPAYER ❑ SPOUSE ❑ JOINT

TYPE OF ACCOUNT ❑ CHECKING ❑ TRADITIONAL SAVINGS ❑ TRADITIONAL IRA ❑ ROTH IRA
❑ ARCHER MSA SAVINGS ❑ COVERDELL EDUCATION SAVINGS ❑ HSA SAVINGS ❑ SEP IRA

NAME OF FINANCIAL INSTITUTION ______________________________

FINANCIAL INSTITUTION ROUTING TRANSIT NUMBER (IF KNOWN) ______________________________

YOUR ACCOUNT NUMBER ______________________________

ACCOUNT 2

OWNER OF ACCOUNT ❑ TAXPAYER ❑ SPOUSE ❑ JOINT

TYPE OF ACCOUNT ❑ CHECKING ❑ TRADITIONAL SAVINGS ❑ TRADITIONAL IRA ❑ ROTH IRA
❑ ARCHER MSA SAVINGS ❑ COVERDELL EDUCATION SAVINGS ❑ HSA SAVINGS ❑ SEP IRA

NAME OF FINANCIAL INSTITUTION ______________________________

FINANCIAL INSTITUTION ROUTING TRANSIT NUMBER (IF KNOWN) ______________________________

YOUR ACCOUNT NUMBER ______________________________

ACCOUNT 3

OWNER OF ACCOUNT ❑ TAXPAYER ❑ SPOUSE ❑ JOINT

TYPE OF ACCOUNT ❑ CHECKING ❑ TRADITIONAL SAVINGS ❑ TRADITIONAL IRA ❑ ROTH IRA
❑ ARCHER MSA SAVINGS ❑ COVERDELL EDUCATION SAVINGS ❑ HSA SAVINGS ❑ SEP IRA

NAME OF FINANCIAL INSTITUTION ______________________________

FINANCIAL INSTITUTION ROUTING TRANSIT NUMBER (IF KNOWN) ______________________________

YOUR ACCOUNT NUMBER ______________________________

TO THE BEST OF MY KNOWLEDGE THE INFORMATION ENCLOSED IN THIS CLIENT TAX ORGANIZER IS CORRECT AND INCLUDES ALL INCOME, DEDUCTIONS, AND OTHER INFORMATION NECESSARY FOR THE PREPARATION OF THIS YEAR'S INCOME TAX RETURNS FOR WHICH I HAVE ADEQUATE RECORDS.

______________________________ __________ ______________________________ __________
TAXPAYER DATE SPOUSE DATE