Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided. 1. Personal Information Name Soc. Sec. No. Date of Birth Occupation Work Phone Taxpayer Spouse Home Phone Street Address City ZIP State **Taxpayer Spouse** Marital Status Will file jointly ☐ Yes ☐ No Blind Yes No Yes No Married Yes Single Disabled No Yes No Pres. Campaign Fund L J Yes No Widow(er), Date of Spouse's Death_ Yes No 2. Dependents (Children & Others) Full Dependent's Months Name Date of Social Security Relationship Disabled Lived Time Gross (First, Last) Birth Number With You Income Studen Please provide for your appointment: -Last year's tax return (new clients only) -Name and address label (from government booklet or card) -All statements (W-2s, 1099s, K-1s, etc) Note any other items of importance here:

Tax Organizer Questions

| | At any time during the year did you have the following? | YES | NO |
|----------------|---|-----|----|
| 1 | Wages, tips or other compensation? | | |
| 2 | Interest income? | | |
| 3 | Dividend income? | | |
| 4 | Self employment income? | | |
| 5 | Rental income? (If yes, Attach detail) | | |
| 6 | Income from S corp., LLC, Partnerships, Estates or Trust? | | |
| 7 | Social security income? | | |
| 8 | Distribution from pension/IRA? | | |
| 9 | Unemployment compensation? | | |
| 10 | Alimony? | | |
| 11 | Farm operations? | | |
| 12 | Gambling winnings/losses? | | |
| 13 | Miscellaneous income (prizes, awards, jury duty etc) | | |
| 14 | Sale of real estate? (Attach closing statements) | | |
| 15 | Sales of stocks, bonds and other capital gain income? | | |
| 16 | Are you receiving installment payments on sale of property? | | |
| 17 | Do you have any household employees? | | |
| 18 | Do you provide a home for or help support anyone not listed | | |
| 40 | in the dependent section (2)? | | |
| 19 | Did you pay interest on student loans? | | |
| 20 | Did you pay tuition expenses for higher education? | | |
| 21 | Did you make a gift of more than \$11000 to one or more people? | | |
| 22 23 | Did you go through bankruptcy proceedings? | | |
| 23 | Did you receive any notices from the IRS of State Department? If yes, please attach notice(s). | | |
| 24 | Do you have a home mortgage? | | _ |
| 24 | If, yes did you refinance your home this year? | | |
| 25 | Do you use a portion of your home exclusively for a business? | | |
| 23 | If yes, Total sq ft Office sq ft | | |
| 26 | Did you itemize deductions last year and receive a state refund? | | |
| 27 | Did you give over \$500 in non cash contribtions to charity? | | |
| 28 | Did you have out of pocket expense or use personal auto on the job? | | |
| 29 | Did you make estimated tax payments for the current year? | | |
| 30 | Did you contribute to an IRA, SEP, Keogh, Simple retirement plan? | | |
| 31 | Did you pay child or dependent care expenses? (attach detail) | | |
| 32 | Can you be claimed as a dependent by someone else? | | |
| 33 | Did you pay for private or employer sponsed health insurance on you | | |
| | or you dependent children? | | |
| 34 | Did you pay long-term care insurance premiums? | _ | _ |
| 35 | If you qualify, do you want to file your returns electronically at no charge? | | |
| 36 | Please provide me with a 5 digit pin for the electronic signature> | | |
| | Taxpayer Spouse | | |
| 37 | Do you want your refund directly deposited to your bank account? | | |
| 38 | Do you want the federal balance due if any, drafted from your account? | | |
| - - | If yes to 37 or 38 , attach copy of voided check. | | |
| 39 | May the IRS discuss this return with the preparer (Deborah A. Groce)? | | |

| 3. Wage, Salary Income | 8. Property Sold | | | | | |
|--|---|--|--|--|--|--|
| Attach W-2s: | Attach 1099-S and closing statements | | | | | |
| Employer Taxpayer Spouse | 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). | | | | | |
| 4. Interest Income | 9. I.R.A. (Individual Retirement Acct.) | | | | | |
| Attach 1099-INT & broker statements Payer Amount Tax Exempt | Contributions for tax year income Amount Date Roth Taxpayer Spouse | | | | | |
| 5. Dividend Income | Amounts withdrawn, Attach 1099-R & 5498 Plan Reason for Reinvested? Trustee Withdrawal Yes No | | | | | |
| From Mutual Funds & Stocks - Attach 1099 - DIV Capital Non- Payer Ordinary Gains Taxable | Yes No No Yes No | | | | | |
| | 10. Pension, Annuity Income | | | | | |
| | Attach 1099-R Reason for Withdrawal Payer* Withdrawal Pes No Yes No Yes No Yes No Yes No Yes No | | | | | |
| 6. Partnership, Trust, Estate Income List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1 | * Provide statements from employer or insurance company with information on cost of or | | | | | |
| | Social Security Benefits Yes No Railroad Retirement Yes No No Yes No Attach SSA 1099, RRB 1099 | | | | | |
| 7. Investments Sold | | | | | | |
| Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interes | t - Attach 1099-B & confirmation slips Date Acquired/Sold Cost Sale Price | | | | | |
| | | | | | | |

| 11. Other Income | 15. Casualty/Theft Loss | | | | | | |
|---|--|----------------------|--|--|--|--|--|
| List All Other Income (including non-taxable |) For property damaged by storm, water, fire, a stolen. | accident, or | | | | | |
| Alimony Received Child Support | | Location of Property | | | | | |
| Scholarship (Grants) Unemployment Compensation (repaid) Prizes, Bonuses, Awards | Description of Property | | | | | | |
| Gambling, Lottery: expenses Unreported Tips | Amount of Damage Insurance Reimbursement | | | | | | |
| Director / Executor's Fee Commissions | Repair Costs Federal Grants Received | | | | | | |
| Jury Duty Worker's Compensation Disability Income | 16. Charitable Contributions | | | | | | |
| Veteran's Pension Payments from Prior Installment Sale State Income Tax Refund | Church United Way | | | | | | |
| Other | | | | | | | |
| 12. Medical/Dental Expenses | Heart, Lung, Cancer, etc. Wildlife Fund Salvation Army, Goodwill | | | | | | |
| Medical Insurance Premiums (paid by you) | Other Non-Cash Volunteer (no. of miles) | | | | | | |
| Prescription Drugs Insulin Glasses, Contacts | 17. Job-Related Moving Expenses | | | | | | |
| Hearing Aids, Batteries Braces Medical Equipment, Supplies | Date of move | | | | | | |
| Nursing Care Medical Therapy Hospital | Move Household Goods Travel to New Home (no. of miles) Lodging During Move | | | | | | |
| Doctor/Dental/Orthodontist Mileage (no. of miles) | 18. Employment Related Expenses | That | | | | | |
| 13. Taxes Paid | You Páid (Not self-employed) | | | | | | |
| Real Property Tax (attach bills) | Dues - Union, Professional Books, Subscriptions, Supplies | | | | | | |
| Personal Property Tax Other | , , , , , , , , , , , , , , , , , , , | | | | | | |
| 14. Interest Expense | Uniforms (include cleaning) Sales Expense, Gifts Tuition, Books (work related) | | | | | | |
| Mortgage interest paid (attach 1098) | Entertainment | | | | | | |
| Interest paid (attach 1090) Interest paid to individual for your home (include amortization schedule) Paid to: Name | Office in home: In Square a) Total home Feet b) Office | | | | | | |
| Address Social Security No | Rent Insurance | | | | | | |
| Investment Interest | Utilities Maintenance | | | | | | |

| Name of Care Provider | | Address | | Soc. Sec. No. or Employer ID | | Amount Paid | | |
|---|-------------------|--------------|--|---------------------------------|----------|----------------|------------|--|
| | | | | | | | | |
| | | | | | | | | |
| Also complete this section if you receive d | dependen | nt care bene | efits from your emplo | yer. | | | | |
| 20. Business Mileage | | | 23. Estimated Tax Paid | | | | | |
| Do you have written records? | □Ye | s No | Due Date | Date I | Paid | Federal | State | |
| Did you sell or trade in a car used for business? | Yes | s 🗌 No | | | | | | |
| If yes, attach a copy of purchase agreeme | ent | | | | | | | |
| | | | | | | | _! | |
| Make/Year Vehicle Date purchased | | | 24. Other Deductions | | | | | |
| Total miles (personal & business) Business miles (not to and from work) | | | Alimony Paid to _ | | | | | |
| From first to second job | | | Social Security N | | | \$ _ | | |
| Education (one way, work to school) Job Seeking | | | Student Interest I | | | \$ — | | |
| Other Business | | | 25. Education Expenses | | | | | |
| Round Trip commuting distance | | | | | | | | |
| Gas, Oil, Lubrication | | | Ot death News Trees | | | | | |
| Batteries, Tires, etc. | | | Student's Nam | e i | ype oi | Expense | Amount | |
| Repairs | | | | | | | | |
| Wash | | | | | | | | |
| Insurance | | | | | | | | |
| Interest | | | | | | | | |
| Lease payments | | | | | | | | |
| Garage Rent | | | | | | | | |
| 21. Business Travel | | | | | | | | |
| If you are not reimbursed for exact amount expenses. | t, give tota | al | | | | | | |
| · | | | | | | | | |
| Airfare, Train, etc. Lodging | | | | | | | | |
| Meals (no. of days) | | | | | | | | |
| Taxi, Car Rental | | | Residence: | | | | | |
| Other | | | Town | | | | | |
| Reimbursement Received | | | Village | | | | | |
| | | | City | | | | | |
| 22. Investment-Related Expenses | 3 | | To the best of my | knowledg | ge the e | enclosed info | rmation is | |
| | | | correct and includ | | | | | |
| Tax Preparation Fee | | | information necessary for the preparation of this year's | | | | | |
| Safe Deposit Box Rental | income tax return | s for whic | h I hav | e adequate | records. | | | |
| Mutual Fund Fee Investment Counselor | | | | | | | | |
| | | | , | | | Date | · | |
| Other | | | | | Date | | | |
| | | | | | | l late | | |

19. Child & Other Dependent Care Expenses