

Client Tax Organizer

Please complete this Organizer before your appointment.

Please include actual W-2s, 1099s, 1098s, 1095s and any IRS/State correspondences with organizer.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Email Address					

<p>Taxpayer</p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Spouse</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er), Date of Spouse's Death _____</p>
Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> 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 answer the following questions to determine maximum deductions

- | | |
|---|--|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Do you have a foreign bank account, trust, or business interest? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$2,100? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths marriages, divorces, or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you pay interest on a student loan for yourself, spouse, or dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay for any in-home services (i.e childcare, cleaning) during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

3. Wage, Salary Income

Attach W-2s:

	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Interest Income - 1099 - INT

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____

5. Dividend Income - 1099 - DIV

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Partnership, Trust, Estate Income

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

10. Investments Sold - 1099 - B

Stocks, Bonds, Mutual Funds, Gold Silver, Partnership interest

Investment	Date Sold	Date Acquired	Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. 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).

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

Contributions for tax year 2017

	Amount	Date	<input checked="" type="checkbox"/> for Roth
Taxpayer	_____	_____	<input type="checkbox"/>
Spouse	_____	_____	<input type="checkbox"/>

Plan Trustee	Reason for Withdrawal	Reinvested?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Pension, Annuity Income - 1099 - R

Payer*	Reason for Withdrawal	Reinvested?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach SSA 1099, RRB 1099

11. Other Income

List All Other Income (including non-taxable)

Unemployment Compensation (1099-G) _____
 State Income Tax Refund (1099-G) _____
 Royalty/Rent _____
 Alimony Received _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____)
 Disability Income _____
 Payments from
 Prior Installment Sale Principle _____ Interest _____
 Cancellation of debt (1099-A or 1099-C) _____
 Jury Duty/Election Pay _____
 Commissions _____
 Director / Executor's Fee _____
 Unreported Tips _____
 Scholarship (Grants) _____
 Other _____

12. Medical/Dental Expenses

* Deductible only if net out of pocket expenses exceed 10.0% of adjusted gross income (AGI)

Medical Insurance (do not include pre tax premiums paid by you) _____
 Medicare _____
 Vision & Dental Insurance (not pretax) _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Medical Equipment, Supplies _____
 Nursing Care / Long Term Care _____
 Medical Therapy _____
 Hospital/Clinic _____
 Doctor/Dentist _____
 Mileage (no. of miles) _____

Long-Term Care Insurance Provider _____

Taxpayer Policy# & Amount _____ \$

Spouse Policy# & Amount _____ \$

13. Taxes Paid

Real Property Tax (attach County Statements) _____
 Personal Property Tax (Vehicle Tabs, MN only) _____
 Special Assessment paid in 2016: please provide _____
 all special assessment statements
 Other _____

14. Interest Expense

(Provide Forms 1098)

Primary
Residency

Second
Home,
Cabin

Home Mortgage ¹ _____
 Home Improvement Loan _____
 Home Equity Loan _____
 Loan Points _____
 Seller-Financed Mortgage List _____
 Name: _____ SSN: _____
 Address: _____

¹ Interest on a boat or recreation vehicle that has basic living accommodation may be deductible as home mortgage interest.

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen. Provide damage amount, insurance payments, repair costs, or Federal assistance.

Location of Property & Incident _____

16. Charitable Contributions

Monetary donations must be substantiated by bank record (such as a cancelled check) or a written receipt from the organization receiving the donation. The written receipt must include the organization's name and the date and amount of the donation. *Use separate sheet if needed.*

Cash, Check or Credit Card (include payroll deductions)

Churches or Synagogues \$ _____

United Way _____

Other: _____

Other: _____

Other: _____

Noncash:

Fair Market Value of Items Given to Charities

If over \$500, provide documentation.

Out-of-Pocket Expenses for Charitable Work

Charitable Miles: _____

Other: _____

17. Child & Other Dependent Care Expenses

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

Name of Care Provider	Address	Soc. Sec. No. or EIN	Amount Paid	In Taxpayer Home Y/N

18. Job-Related Moving Expenses

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

19. 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 a) Total home _____
 Feet b) Office _____
 c) Storage _____
 Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____
 Teacher Out Of Pocket Classroom Expenses _____

20. Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Investment Interest Expense _____
 Other _____

23. 2017 Estimated Tax Payments*

Amount applied from 2016 overpayment, if any.	Federal	Date Paid	State	Date Paid
	First Quarter			
Second Quarter				
Third Quarter				
Fourth Quarter				

21. 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 of Vehicle _____
 Date purchased _____ Price _____
 Total miles (personal & business) _____
 Business miles (not to and from work) _____
 From first to second job _____
 Job Seeking _____
 Other Business _____

FOR ACTUAL EXPENSES ONLY:

Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease payments _____
 Garage Rent _____

22. Business Travel

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

Airfare, Train, etc. _____
 Lodging _____
 Meal (no. of days _____) _____
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

24. Education Expenses 1098-E & 1098-T

Student's Name	Type of Expense (Tuition or Interest)	Amount	Date Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Question, Comments, & Other Information

25. Other Deductions

Alimony Paid to: _____

Social Security No. _____ \$ _____

Health Savings Account Contributions \$ _____

27. Additional Information:

MN Residents-Would you like to donate to the Nongame Wildlife Fund?
 Yes No _____ Amount

ND Residents-Would you like to donate to the Nongame Wildlife Fund?
 Yes No _____ Amount

Would you like to donate to the Trees for ND Program Trust Fund?
 Yes No _____ Amount

27. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account?

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

Yes No

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 _____