

# Client Tax Organizer

Please complete this Organizer before your appointment.

Please include actual W'2s, 1099's, 1098's, 1095's and any IRS/State correspondence 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					

	<b>Taxpayer</b>		<b>Spouse</b>		<b>Marital Status</b>	
Blind	<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	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<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	<input type="checkbox"/> Single	
Pres. Campaign Fund	<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	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____	

## 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 students with unearned income of more than \$2100? <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 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

\* Contact us for further instructions

### 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### 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).

### 4. Interest Income - 1099 - INT

Payer	Amount
Tax Exempt	

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

Contributions for tax year 2016

	Amount	Date	✓ for Roth
Taxpayer			
Spouse			

  

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

### 5. Dividend Income - 1099 - DIV

Payer	Amount

### 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

### 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 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

### 10. Investments Sold - 1099 - B

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

Investment	Date Sold	Date Acquired	Cost	Sale Price

### 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<sup>1</sup> \_\_\_\_\_

Home Improvement Loan \_\_\_\_\_

Home Equity Loan \_\_\_\_\_

Loan Points \_\_\_\_\_

Mortgage Insurance Premiums Paid on  
Policies Issued After 2006 \_\_\_\_\_

Seller-Financed Mortgage List

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

<sup>1</sup> 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. 2016 Estimated Tax Payments\*

	Federal	Date Paid	State	Date Paid
<i>Amount applied from 2015 overpayment, if any.</i>				
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 \_\_\_\_\_