

# Client Tax Organizer

*provided courtesy of*

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### ***Instructions:***

- **Save** this PDF file to your computer hard drive or storage device.
- **Fill** in the fields that apply to your situation; re-saving the file periodically as you go.
- **Print** out the organizer when you have completed it.
- **Bring** it to our office at your scheduled tax appointment.
- **Notes:**
  - For your identity protection, we strongly urge you NOT to email this file to us once it is completed. Most email programs are unencrypted and have security vulnerabilities.
  - If you prefer to handwrite your information on this form, simply print it out, fill it in, and bring it with you to your next tax appointment.

## Tax Organizer for \_\_\_\_\_ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

### Personal Information

#### **Taxpayer**

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

#### **Spouse**

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_

|          | Taxpayer                 |                          | Spouse                   |                          | Marital Status |                          |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|
|          | Yes                      | No                       | Yes                      | No                       | Married        | <input type="checkbox"/> |
| Blind    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single         | <input type="checkbox"/> |
| Disabled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Widow(er)      | <input type="checkbox"/> |

Filing Jointly Yes  No

Do you want to contribute \$3 to the Presidential Campaign Fund Yes  No

### Dependent Children (others)

| Name | Social Security Number | Date of Birth | Relationship | Dependent's Income |
|------|------------------------|---------------|--------------|--------------------|
|      |                        |               |              |                    |
|      |                        |               |              |                    |
|      |                        |               |              |                    |
|      |                        |               |              |                    |
|      |                        |               |              |                    |
|      |                        |               |              |                    |

Please bring the following to your appointment:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Did you receive any notices from the IRS this past year?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a foreign bank account?                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you pay to attend classes beyond high school?          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you pay interest on a student loan this past year?     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive any rental income from property?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive any farm income?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have self-employment income or expense?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Were there any births, adoptions, or deaths in the family? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Income**

**Wages (attach W-2s)**

Name of Employer

Taxpayer

Spouse

\_\_\_\_\_

\_\_\_\_\_

**Interest Income (attach 1099-INT)**

Payor (bank, etc.)

Amount

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Dividends (attach 1099-Div)**

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Partnership, S-Corp., and Other Income (attach K-1)**

List the sources

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Real Estate Sold (vacation property, bare land, etc.)**

| Description | Date Acquired | Date Sold | Selling Price | Cost |
|-------------|---------------|-----------|---------------|------|
|             |               |           |               |      |
|             |               |           |               |      |
|             |               |           |               |      |

**Investments Sold (stocks, bonds, mutual funds, other)**

| Name | Date Acquired | Date Sold | Selling Price | Cost |
|------|---------------|-----------|---------------|------|
|      |               |           |               |      |
|      |               |           |               |      |
|      |               |           |               |      |

**Individual Retirement Account (IRA)**

| Contributions for this past year | Amount | Roth | Regular |
|----------------------------------|--------|------|---------|
| Taxpayer                         |        |      |         |
| Spouse                           |        |      |         |

Withdrawals from IRA (attach 1099-R)  
Reason for withdrawals:

\_\_\_\_\_

\_\_\_\_\_

**Other Pension or Annuity Income (attach 1099-R)**

| Payor | Reason for withdrawal |
|-------|-----------------------|
|       |                       |
|       |                       |
|       |                       |
|       |                       |

**Other Income**

| Source                              | Amount |
|-------------------------------------|--------|
| State income tax refund             |        |
| Commissions                         |        |
| Unreported tips                     |        |
| Installment sales payments received |        |
| Alimony received                    |        |
| Scholarships or grants              |        |
| Unemployment compensation           |        |
| Worker's compensation               |        |
| Disability income                   |        |
| Other _____                         |        |

**Expenses**

**Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)**

| List type: | Amount |
|------------|--------|
| _____      | _____  |
| _____      | _____  |
| _____      | _____  |
| _____      | _____  |

Did you and your family have health insurance for all twelve months of the tax year?  
Yes  No

If less than twelve months health coverage, please give brief reason:

\_\_\_\_\_  
\_\_\_\_\_

Did you receive Form 1095-A, -B, or -C health insurance coverage?  
Yes  No

**Taxes Paid (other than on W-2 wage statements)**

| Type of tax                                 | Amount |
|---|--------|
| Federal income tax estimates (Form 1040-ES) | _____  |
| State income tax                            | _____  |
| Real estate tax                             | _____  |
| Personal property tax                       | _____  |
| Other _____                                 | _____  |

**Interest Paid**

|                                    | Amount |
|------------------------------------|--------|
| Mortgage paid to: _____            | _____  |
| Investment interest paid to: _____ | _____  |

**Child or Other Dependent Care Expenses**

Did you pay for dependent care this past year? Yes  No

Details: (Care provider, social security number, amount)

\_\_\_\_\_  
\_\_\_\_\_

**Casualty or Theft Loss**

Did you have property stolen or damaged by storm, water, fire, or accident this past year?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Charitable Contributions**

Paid by cash (check)

Organization: \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Moving Expenses (job related)**

Did you move this past year due to change in job locations?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Employment Related Expenses (not reimbursed)**

Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?

Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

**Investment Expenses**

| Item                     | Amount |
|--------------------------|--------|
| Investment interest paid | _____  |
| Safe deposit box rent    | _____  |
| Tax preparation fee      | _____  |
| Other _____              | _____  |