Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information									
Name		So	oc. Sec. No.	Date	of Birth	Occupation	on	Work	Phone
Taxpayer									
Spouse									
Street Address			City	l	State	te ZIP		Home Phone	
Email Address									
Disabled Yes N	Spouse lo Yes lo Yes lo Yes	No No No	Marital Si Marr Sing Wide	ied le	Date of Spo	Will file o		Yes	No
2. Dependents (Children & Oth	iers)								
Name (First, Last)	RAISTIANCHIN -	ate of Birth	Social Security Number	Mont Live Wit	d Disable	Full d Time Student	Gr	ndent's oss ome	ID Protection PIN
			Number	You	ı	Student		Jille	
								\longrightarrow	
Please provide for your appointment - Last year's tax return (new clients of a Name and address label (from gove		ard)	- All statemer	nts (W-	2s, 1098s, 1	099s, etc)			
Please answer the following questions to	determine maximum	deducti							
 Are you self-employed or do you receive hobby income? 	Yes*	No	_	s, divo	births, deat ces or ado _l te family?	-		Ye	es N
Did you receive income from raising animals or crops?	Yes*	No	10. Did you gi	ve a git	t of more tl	nan \$17,000)		
3. Did you receive rent from real estate or other property?	Yes*	No	to one or r	ve any	-	celled, forgi	iven,	Y€	
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?	Yes*	No	or refinance 12. Did you go proceedin	throu	gh bankrup	tcy		Y€	
5. Did you withdraw or write checks from a mutual fund?	Yes	No	13. (a) If you	•	nt, how mu	ch did you	pay? _		
6. Do you have a foreign bank account, trust, or business?	Yes	No	(b) Was h	eat inc	luded?			Ye	es N
7. Do you provide a home for or help support anyone not listed in Section 2 above?		No	14. Did you pa yourself, y during the	our sp	est on a stu ouse, or you			Y6	es N
8. Did you receive any correspondence from the IRS or State Department of Taxation?		No	•	your c	nses for yo lependent t ligh school	o attend	r	Ye	es N
CTORG01 10-03-23 * Contact us	s for further instructio	ons	-	has a	iterest in ar reporting ol ansparency	oligation un		Ye	es N

insurance) for yo dependents duri	althcare coverage (ou, your spouse and ng this tax season? 095-A, 1095-B, and spouse receive, seli	l If yes, 1095-C.		es No	improvements s windows, insula	as solar wa uel cells or such as ext ation, heat	ater heaters, energy efficient		Yes		No
0,0,	or otherwise disposer a financial interest		Y	es No	21. Did you own \$5 financial assets		ore in foreign		Yes		No
•	y children under the ear old students wit e of more than \$1,2	h	Y	es No	22. Have you or you an identity theft digit identity pro	protection	PIN by the IRS? I	-		_	
3. Wage, Sala	ry Income						Taxpayer			Spo	use
Attach W-2s:					7. Property	Sold					
Employer		Та	xpayer	Spouse	Attach 1099-S an	d closing s	tatements				
					Propert	ty	Date Acquired	Co	ost & I	lmp.	
			Н		Personal Reside	nce*					
					Vacation Home						
					Land Other			+			
					* Provide informa	ew residen	provements, prior ce. Also see Section		home	⊋,	
4. Interest Inc	come				8. I.R.A. (In	dividual F	Retirement Acc	ct.)			
Attach 1099-INT, For Payer	rm 1097-BTC & bro	ker staten	nents Amo	ount	Contributions for Taxpayer Spouse	-	come mount	Date			for oth
Tax Exempt					Amounts withdra Plan	wn. Attach	Reason for	В	einve	otod:	
					Trustee		Withdrawal	<u></u>	Yes		<u>:</u> No
5. Dividend In	come								Yes Yes Yes		No No No
From Mutual Funds	& Stocks - Attach 1								, 100		
Payer	Ordinary	Capital Gains		Non- axable	9. Pension,	Annuity	Income				
					Attach 1099-R Payer*		Reason for Withdrawal	R	einve	sted?	?
									Yes		No
									Yes		No
								_	Yes	Ш	No
									Yes		No
6. Partnership	o, Trust, Estate	Income			* Provide statem company with i contributions to	nformation	mployer or insura on cost of or	nce			
List payers of partne	ership, limited partn	ership, S-	corporati	on, trust,	Did you receive:		Taxpayer		Spor	ıse	
or estate income - A	• • • •	- ′	•		Social Securi Railroad Reti	-	Yes No		Yes		No No
					Attach SSA 1099,					<u></u>	
						1000					

10. Investments Sold

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

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

11. Other Income	14. Interest Expense		
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1	1098)	
List All Other income (including non-taxable)	Interest paid to individual for yo	ur	
Alimony Received	home (include amortization scl		
Child Support	— Paid to:	,	
Scholarship (Grants)	Name		
Unemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No.		
Gambling, Lottery (expenses)			
Unreported Tips	Premiums paid or accrued for q	ualified	
Director / Executor's Fee	mortgage insurance	aamea	
Commissions	mortgage madranec		
Jury Duty	45 6 11 /51 41		
Worker's Compensation	15. Casualty/Theft Loss	S	
Disability Income			
Veteran's Pension	For property damaged by storm		•
Payments from Prior Installment Sale	Location of Property		
State Income Tax Refund	_		
Other	Description of Property		
Other			
Outor			Federally Declared
		Other	Disaster Losses
12. Medical/Dental Expenses	Amount of Damage		
	Insurance Reimbursement		
Medical Insurance Premiums	_		
	Repair Costs		
(paid by you)	Federal Grants Received		
Prescription Drugs			
Insulin	16. Charitable Contribu	ıtions	
Glasses, Contacts			
Hearing Aids, Batteries		Other	
Braces		Other	
Medical Equipment, Supplies	Church		
Nursing Care	United Way		
Medical Therapy	Scouts		
Hospital			
Doctor/Dental/Orthodontist	University, Public TV/Radio		
Mileage (no. of miles):	Heart, Lung, Cancer, etc.		
	Wildlife Fund		
	Salvation Army, Goodwill	_	
13. Taxes Paid			
	Other Other		
Deal Dramants Tay (attack hills)	Non Cook		
Real Property Tax (attach bills)	Non-Cash		
Personal Property Tax	Walanda and C. S. S.		ው ስ ስስ
Other	Volunteer (no. of miles)	@ .14	\$0.00

17. Child & 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.

18. Job-Related Moving Expenses	21. Business Mileage
✓ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to	Do you have written records?
a military order.	Did you sell or trade in a car used
Date of move	for business? Yes No
Move Household Goods	If yes, attach a copy of purchase agreement
Lodging During Move	n yee, attach a copy of parchase agreement
Travel to New Home (no. of miles)	Make/Year Vehicle
	Date purchased
	Total miles (personal & business)
19. Employment Related Expenses That You Paid	Business miles (not to and from work)
(Not self-employed)	From first to second job
	Education (one way, work to school)
if Armed Forces reservist, a qualified performing artist,	Job Seeking
a fee-basis state or local government official, or an individual	Other Business
with a disability claiming impairment-related work expenses.	Round Trip commuting distance
Dues - Union, Professional	Gas, Oil, Lubrication
Books, Subscriptions, Supplies	Batteries, Tires, etc.
Licenses	Repairs
Tools, Equipment, Safety Equipment	Wash
Uniforms (include cleaning)	Insurance
Sales Expense, Gifts	Interest
Tuition, Books (work related)	Lease payments
Entertainment	Garage Rent
Office in home:	
In Square a) Total home	22. Business Travel
Feet b) Office	ZZ. Business maver
c) Storage	If you are not reimburged for event amount wive total evenues
Rent	If you are not reimbursed for exact amount, give total expenses.
Insurance	Airfare, Train, etc.
Utilities	Lodging
Maintenance	Meals (no. of days)
	Taxi, Car Rental
20. Investment-Related Expenses State use only	Other
20. Investment-helated Expenses State use only	Reimbursement Received
Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other	

23. Estimated Tax Paid		24. Other Deductions			
Due Date	Date Paid	Federal	State	Social Security No. Student Interest Paid Health Savings Account C Archer Medical Savings Ac	sontributions \$
25. Education	n Expenses			201 Queenene, con	
Student's Name		Expense			
				Residence: Town Village City	School District
27. Direct De	posit of Refund	d / or Saving	s Bond Purc	hases	
	ave your refund(s) on you to deposit you so. If so, please provi	ır federal tax ret	fund into up to th		Yes No
Owner of account					Taxpayer Spouse Joint
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IRA Coverdell Education Saving	Roth IRA HSA Savings SEP IRA
Name of financial in	stitution				
Financial Institution	Routing Transit N	umber (if know	/n)		
Your account numb	er				
ACCOUNT 2					
Owner of account					Taxpayer Spouse Joint
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IRA Coverdell Education Saving	Roth IRA HSA Savings SEP IRA
Name of financial in	stitution				
Financial Institution	Routing Transit N	umber (if know	/n)		
Your account numb	er				

ACCOUNT 3

Owner of account			Taxpayer	Spouse Joint
	ional Savings r MSA Savings	Traditional IRA Coverdell Education	H	th IRA A Savings SEP IRA
Name of financial institution				
Financial Institution Routing Transit Number (if kno	own)			
Your account number				
Would you like to purchase Series I Savings bonds	with a portion of	your refund? If so, please	e answer the follow	ing:
Amount used for bond purchases for yourself (and	spouse if filing joi	ntly).		
Amount used to buy bonds for someone else (or yo	ourself only or spo	use only if filing jointly).		
Owner's name		or Beneficiary's f applicable	X if name is for a beneficiary	Bond purchase Amount
				·
To the best of my knowledge the information income, deductions, and other information which I have adequate records.		_		
Taxpayer	Date	Spouse		Date