

You will need:

- Picture ID (such as valid driver's license) for you and your spouse
- Social security cards for all persons on your tax return
- Dependents date of birth and relationship to child (ren).

- Tax information such as Forms W-2, 1099, 1098, 1095.
- Last year's Federal and State Returns if new client
- Are you a new client to our firm? Yes No
- What is your preferred method of contact?
 Phone call Email Text

Please complete pages 1-3 of this form. If you have questions, please ask one of our team members for assistance.
 You are responsible for the information on your return. Please provide complete and accurate information.

Part I – Your personal Information (if you are filing a joint return, enter your names in the same order as last year's return)

Taxpayer First Name	M.I.	Last Name	Telephone Number	Email Address	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse First Name	M.I.	Last Name	Telephone Number	Email Address	Spouse U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			Unit #	City	State
ZIP Code					
Taxpayer date of birth	Taxpayer date of death	Taxpayer Occupation		Last year, were you (mark if yes): <input type="checkbox"/> Totally and permanently disabled <input type="checkbox"/> Full-time Student <input type="checkbox"/> Legally Blind	
Spouse date of birth	Spouse date of death	Spouse Occupation		Last year, was your spouse (mark if yes): <input type="checkbox"/> Totally and permanently disabled <input type="checkbox"/> Full-time Student <input type="checkbox"/> Legally Blind	

 Can anyone claim you or your spouse on their tax return? Yes No

 Have you or your spouse: Been a victim of identity theft? Yes No Adopted a child? Yes No

Part II – Marital Status and Household Information

1. As of December 31, 2017, were you: Unmarried – Registered domestic partnerships, civil unions, or other formal relationships under state law.
 Married a. If yes, date of marriage? _____
 b. Did you live with your spouse any part of the last six months of 2017? Yes No
 Divorce – Date of final decree: _____
 Legally Separated - Date of separate maintenance agreement: _____

2. List the names below of:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

Child Tax Credit or EIC (Earned Income Credit): Please provide birth certificate, social security card, school records for each child and divorce decree (if applicable). The IRS requires these items for tax preparers.

Name (first, last)	Date of Birth (mm/dd/yyyy)	SS #	Relationship to you	# of months lived in the home	US Citizen? (yes/no)	Totally and Permanently Disabled (yes/no)	Full-Time College Student last year (yes/no)	Paid Childcare last year (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person have income above \$1050? (yes/no)

Check appropriate box for each question in each section

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scholarships? (Forms W-2, 1098-T) Were 100% used to pay tuition? Yes No *If yes, provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony income or separate maintenance payments? Amount: _____ *Divorce Decree/Receipts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Income (or loss) from the sale of Stocks, Bonds, or Real Estate? (Forms 1099-S, 1099-B, 1099-OID)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Payments from Pensions, Annuities, and/or IRS? (Form 1099-R) If yes, # of accounts last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Social Security or Railroad Retirement Benefits? (Form SSA-1099, RRB-1099) <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Income (or loss) from Rental Property? *Provide Rent and deposit collected and expenses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Were you granted, or did you exercise, any employee stock options?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Receive any income from an installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Other Income? (gambling, lottery, prizes, lawsuit awards, jury duty, Sch K-1, royalties, foreign income, etc.)? Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Will there be any significant changes in income or deductions next year, such as retirement?
Yes	No	Unsure	Part IV – Expenses/Deductions – Last Year, Did You (or Your Spouse) Pay:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony or separate maintenance payments? If yes, enter recipients SSN: _____ Amount? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. College or post-secondary educational expenses for yourself, spouse, or dependents? *1098-T & receipts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unreimbursed employee business expenses? (such as uniforms or mileage) *Provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Medical expenses? (including health insurance premiums) *Provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Charitable contributions? *Provide receipts with cash/check amounts for cash & non-cash contributions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Child or dependent care expenses, such as daycare? *Provide name, address, tax I.D. or SSN, & total paid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Work related moving expenses? (Hotel, Travel, Mileage, Storage, Moving Truck, Moving Supplies)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. For supplies uses as an eligible educator (teacher, teacher's aide, counselor, etc.)? *Documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Expenses related to self-employment income or any other income you received? *Documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Any interest on a loan for a boat or RV that has living quarters?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Sales tax on a major purchase, such as a vehicle, boat, or home? *Provide receipts with sales tax included.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Have any uninsured loss to your property? *Provide documentation.
Yes	No	Unsure	Part V – Life Events/Taxes – Last Year, Did You (or Your Spouse):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you involved in bankruptcy, foreclosure, or repossession? *Provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Buy, sell, or have a foreclosure of your home? (Form 1099-A) *Provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you refinance a mortgage or take a home equity loan? *Provide closing statement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you use mortgage loan proceeds for purposes other than to buy, build, or improve your home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you pay anyone for domestic services in your home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Purchase and install energy efficient home items? *Provide receipts and certified documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Were there any deaths in the family? *Provide Death Certificates.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Were you a citizen of or live in a foreign country, or receive income from a foreign investment, have a foreign bank account, or have foreign sourced contracts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you own a business or interest in a partnership, corporation, LLC, farming activities, or other venture?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Make estimated tax payments or apply last year's refund to this year's tax? *Provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you received any notice from the IRS or state revenue department with the past year? *Provide copy

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI – Health Care Coverage – Last Year, Did You, Your Spouse, or Dependent (s):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have coverage through the Marketplace (Exchange)? *Provide Form 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have an exemption granted by the Marketplace?

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as income, marital status, or family size changes to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

Part VII – Additional Information and Questions Related to the Preparation of Your Return

- Presidential Election Campaign Fund (If you check a box, your tax or refund will not change).
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. You Spouse
- If you are due a refund, would you like it directly deposited into your bank account? Yes No
Name of Bank: _____
 Checking Savings Routing Number: _____ Account Number: _____
- If you have a balance due, would you like to make a payment directly from your bank account? Yes No
Name of Bank: _____
 Checking Savings Routing Number: _____ Account Number: _____
- If you have a balance due, would you like to setup an installment agreement with the IRS? Yes No
- Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes No
- Have you been, or are you currently engaged, in an IRS Recognized Abusive Transaction, an IRS Listed Transaction, or an IRS Substantially Similar Transaction? Yes No If yes, please describe: _____

- Resident state as of 12/31? _____ Were you a: Full-year Part-year Non-resident
- If part-year, please provide states with the dates lived in each: _____

Additional comments or questions:

To the best of my knowledge, the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer Signature Date: _____ Spouse Signature Date: _____